**St Bonaventures**

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

Date of Inspection: 29 November 2012  
Date of Publication: December 2012

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>Respecting and involving people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</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>St Bonaventures is a care home 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'.

### Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of this inspection:</td>
<td></td>
</tr>
<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>5</td>
</tr>
<tr>
<td>Our judgements for each standard inspected:</td>
<td></td>
</tr>
<tr>
<td>Respecting and involving people who use services</td>
<td>6</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>7</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>8</td>
</tr>
<tr>
<td>Staffing</td>
<td>9</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>10</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>11</td>
</tr>
<tr>
<td>About CQC Inspections</td>
<td>12</td>
</tr>
<tr>
<td>How we define our judgements</td>
<td>13</td>
</tr>
<tr>
<td>Glossary of terms we use in this report</td>
<td>15</td>
</tr>
<tr>
<td>Contact us</td>
<td>17</td>
</tr>
</tbody>
</table>
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 reviewed all the information we have gathered about St Bonaventures, looked at the personal care or treatment records of people who use the service, carried out a visit on 29 November 2012 and observed how people were being cared for. We talked with people who use the service and talked with staff.

What people told us and what we found

Not everyone who lived at the home was able to tell us about their experiences or give us their views of the service they received. People who were able did however tell us that they were very happy with the care and support they received.

We saw people’s preferences and choices were supported by the staff. People told us they decided how their rooms were decorated and what they wanted to furnish their rooms with. They also told us they planned the menus and decided what they wanted to eat and drink. They also went shopping to choose the style of clothes they liked and to pursue their hobbies and interest.

We observed staff supporting and interacting with people who used the service, and saw good standards of care being provided. Staff provided appropriate care to people and it was clear they knew the people they were supporting very well.

We looked at staffing levels at the home and found that whilst staffing levels were good during the day the staffing levels at night should be revised in terms of increased risk and the changing needs of people throughout the night.

We found staff were also well supported and received regular training to help keep their skills up to date. We saw there were regular meetings taking place to review staff practice and the performance of the service.

We also found the service had good systems in place to ensure the building and the equipment were safe and that the important areas of the service were regularly monitored.

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.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔  Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We observed staff offered people choice and involved them in making decisions throughout the morning. Staff provided consistent support to people in their household tasks and individuals were clearly confident in their home. People were at ease with staff and comfortable discussing their needs. Staff showed a good understanding and knowledge about each person they cared for.

We looked at three care records and saw where people had complex communication needs this was identified in their assessment. These identified individual's preferred type of communication. This was important to make sure staff were able to communicate with them in the way they understood and include them in all decisions affecting their lives.

We talked to the staff who told us they have a good understanding of people's individual wishes and their likes and dislikes. They told us they always supported people in the way they prefer and used different types of communication to ensure consent and agreement was given. The different ways staff support people's communication included the use of photographs and the use of pictorial images. They told us they looked out for people's body language and used that to determine their understanding and how comfortable people were with the choices they made.

The care records we looked at were comprehensive. They showed us people were involved in their assessments and were asked what care and support they needed. We looked at the care plans to see how people were involved and included in decision making. For those people who lacked capacity to make decisions about their care, we saw systems were in place to protect them and ensure their best interests were met.

Training records showed that staff who worked with people who used the service received Mental Capacity Act and Deprivation of Liberty safeguards training. Staff said they had received training that helped them understand how to provide good care which included key areas such as choice, respect, dignity and human rights.

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Training records showed that staff who worked with people who used the service received Mental Capacity Act and Deprivation of Liberty safeguards training. Staff said they had received training that helped them understand how to provide good care which included key areas such as choice, respect, dignity and human rights.
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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People we spoke with were very complimentary about the staff, they made comments such as "The staff are good." And "The staff take me out to the football and on holiday." Another person said, "I like it here. This is a good place to be." And "I like helping in the home with the washing up and setting the table." People also told us they had lots of opportunities to socialise and take part in a wide variety of different activities. They also told us about the different holidays they went on and different outings they enjoyed.

We also saw that relatives had recently completed a customer satisfaction questionnaire for the service. All the comments we saw were very positive.

We saw staff supporting people during the morning and concluded that staff supported and interacted with people appropriately. It was clear they knew the people they were supporting very well. Staff made people comfortable and reassured them. We also observed staff prompting and enabling people whilst supporting them to maintain their independence.

We talked to staff and found they have a good understanding of people's communication needs and they were able to help people make day-to-day decisions in their lives. Staff displayed a clear understanding of their other roles and responsibilities within the team. Staff confirmed they had received regular training updates to understand how to meet people's specialist needs, such as learning disabilities and dementia.

We looked at three care plans called 'My Life Plan'. Each person had an assessment of care needs and a plan of care on file which covered all the required areas. The care plans clearly explained how people wanted to be supported with their independence. We also saw that the plans were person centred which mean that all decision making involved the individual and included their choices and wishes. We saw the care needs were reviewed and discussed with individuals and reviews regularly undertaken. This is important to make sure people's changing needs were consistently met.
Safeguarding people who use services from abuse  ✔ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We toured the home in the morning and observed people were comfortable with staff. We saw positive interactions between staff and people living at the home. People had a good rapport with staff and we saw individuals were clearly relaxed and at ease.

When we talked with staff they confirmed they had received training in how to protect vulnerable people. They were able to describe the different types of abuse and confirmed they were aware of any action they should take. They said staff treated people well and any untoward practices would not be tolerated and would be dealt with promptly. Staff said they would report any concerns or allegations of abuse to the management team and were confident any issues would be dealt with appropriately.

We then looked at the training records of two members of staff and saw that they had completed safeguarding training as part of their induction programme and ongoing development training. We also saw safeguarding and whistle blowing policies were easily accessible to staff. This was important to make sure staff were aware of their role in keeping people safe from harm.

The Local Authority and Care Quality Commission had not received any safeguarding referrals from this service. The manager told us they were clear of their responsibilities in sharing any information and making safeguarding referrals. This is important in making sure people are protected from the risk of abuse.
**Staffing**  
✅ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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**Our judgement**

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people’s needs.

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**Reasons for our judgement**

We looked at this outcome in addition to the other areas because when we looked at the staffing rotas and spoke to the staff we could see the staffing levels in the home had remained the same for some time despite people’s needs changing in the home.

We saw from the staffing rota there were good levels of staffing on duty throughout the day and that staffing levels were flexible and changed to meet people's day to day needs. However when we looked at the night time rota we saw staffing levels reduced to only one member of staff in the building through the night who was the 'sleep in'person. This meant that staff only slept in the home overnight. The manager told us that only one member of staff sleeping through the night had always been the arrangement at the home.

We spoke to staff who told us it was a regular occurrence that they were woken through the night to support people with their care needs. They also had to support one individual who had a disturbed sleep pattern and deal with complex behavioural needs. We then looked at the daily records and care plans of individuals living in the home and could see that one individual's needs had significantly changed and this meant at times they needed more support through the night.

The manager explained there were people on call who lived in the local area and could be available quickly in an emergency. The manager did say that they now recognised that they needed to revise staffing levels and they were in the process of negotiating for increased staffing at the home. Staff were however presently meeting people's needs by waking up and attending to people’s requests for assistance. However the provider now needs to look at the staffing levels in terms of the increased risk through the night in light of the changing needs of the people living in the home.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The manager explained that staff also had regular opportunities to talk about their work and that there were daily handovers where care concerns or care practice issues were discussed.

We looked at two staff records and confirmed that these were in order and that staff were supported and well trained to support people with their care needs.

We spoke with staff who confirmed they had all completed an induction training programme and then undertaken further relevant training. This training included specialist training such as the Mental Capacity Act, dementia, epilepsy, medication, dysphasia and emergency first aid. This was important to make sure that the service safely met all people’s needs.

Staff also told us that they attended staff meetings and had monthly supervision meetings with their manager. They confirmed the manager was always available and supportive. Comments made to us by staff included "The manager is very supportive we can ask anything and she is always available." This was important to ensure that staff were properly supported to provide care and treatment to people who use the service.
Assessing and monitoring the quality of service provision  ✔ Met this standard

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw systems in place that assured people who live at the home, their representatives and staff were asked for their views about their care and treatment and these were acted on.

We saw care plans were comprehensive and there was consistent consultation about the care people received. We saw daily notes, assessments and care plans were accurate and contained appropriate and current information.

We saw care records were held in the office in a locked cabinet and staff were aware of the need to keep records secure to maintain the dignity and confidentiality of the individual.

We also saw staff records were in order and staff were supported and trained consistently to ensure staff were safe and competent to work at the home.

Staff said they had a good team that worked well together. They felt the service was well managed. They said the management team was supportive and approachable.

We looked at the health and safety records and confirmed these were regularly audited and that action was taken where concerns were raised.
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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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>Regulation 17</td>
</tr>
<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>Regulation 18</td>
</tr>
<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>Regulation 9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>Regulation 14</td>
</tr>
<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>Regulation 24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>Regulation 11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>Regulation 12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
<td>Regulation 13</td>
</tr>
<tr>
<td>Safety and suitability of premises - Outcome 10</td>
<td>Regulation 15</td>
</tr>
<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>Regulation 16</td>
</tr>
<tr>
<td>Requirements relating to workers - Outcome 12</td>
<td>Regulation 21</td>
</tr>
<tr>
<td>Staffing - Outcome 13</td>
<td>Regulation 22</td>
</tr>
<tr>
<td>Supporting Staff - Outcome 14</td>
<td>Regulation 23</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
<td>Regulation 10</td>
</tr>
<tr>
<td>Complaints - Outcome 17</td>
<td>Regulation 19</td>
</tr>
<tr>
<td>Records - Outcome 21</td>
<td>Regulation 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.
<table>
<thead>
<tr>
<th>Contact us</th>
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<tbody>
<tr>
<td>Phone: 03000 616161</td>
</tr>
<tr>
<td>Email: <a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
<tr>
<td>Write to us at: Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA</td>
</tr>
<tr>
<td>Website: <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
</tr>
</tbody>
</table>

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