

Bornel Care Limited

# West Banbury Cottages

## 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 ●

# Summary of findings

## Overall summary

West Banbury Cottages provides accommodation and personal care for up to 15 young adults with learning disabilities who enjoy an active outdoor lifestyle. The service consists of eight cottages with an onsite swimming pool and shared activities room. At the time of our inspection there were 11 people living at West Banbury Cottages.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

The service continued to provide safe care to people. One person commented: "Staff keep me safe." Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

The service was very caring and people had built strong relationships with each other and staff. People engaged in a wide variety of activities and spent time in the local community going to specific places of interest.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received and make continuous improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# West Banbury Cottages

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection: It took place on 13 and 15 February 2017 and was unannounced.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with four people receiving a service, three relatives and 10 members of staff, which included the registered manager. We spent time talking with people and observing the interactions between them and staff.

We reviewed three people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from relatives and health and social care professionals to obtain their views of the service provided to people. We spoke with two relatives and received feedback from three professionals.

# Is the service safe?

## Our findings

The service continued to provide safe care to people. One person commented: "Staff keep me safe." Other people living at the West Banbury Cottages were not able to comment directly on whether they felt safe. We spent time in all areas of the service and spoke with staff to help us make a judgement about whether people were protected from abuse. Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. For example, staff communicated with people in a way they understood in order to meet their needs.

To minimise the risk of abuse to people, all staff undertook training in how to recognise and report abuse. Staff told us they would immediately report any concerns to the manager and were confident that action would be taken to protect people. A staff member commented: "I would go straight to (registered manager) and report. I would also document all the details."

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for behaviour management, diabetes and accessing the local community. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, people had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others find challenging. A professional commented: "The care plans and behavioural support plans have a lot of detail regarding how to support people safely, their likes/dislikes, and importantly what to do to de-escalate or distract."

Staff confirmed that people's needs were met promptly and they felt there were sufficient staffing numbers. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both onsite and in the local community.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines safely from staff who had received training to carry out this task. Medication administration records were correctly signed when they were administered. One person had a specific medical condition which meant they may need emergency medicine to ensure their safety. Staff told us they had received the appropriate training to administer the prescribed medicine in an emergency and were aware of the policy and procedure to follow.

Some people were prescribed medicines on an 'as required' basis. There were instructions to show when

these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were administered in accordance with the protocols in place.

## Is the service effective?

### Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs.

Staff monitored people's health and made sure they were seen by appropriate healthcare professionals to meet their specific needs. For example, when one person came to live at the service they were not walking, needing assistance all the times. Through staff encouragement and input from an occupational therapist they were now able to walk with assistance. There was specific guidance for staff to follow to help maintain their mobility and independence. The registered manager had also liaised with the Intensive Assessment and Treatment Team (IATT) for people who required additional support to manage their behavioural needs. As a result of this staff reported that people were more settled and their well-being had improved. For example, through a consistent approach incidents had reduced significantly.

Care continued to be taken to ensure staff were trained and supported to a level to meet people's current and changing needs. Staff received a range of training and supervision, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling, autism awareness, epilepsy and rescue medicines, diabetes awareness, first aid and behaviour management strategies. Staff had also completed nationally recognised qualifications in health and social care. One staff member commented: "There is a comprehensive training programme." A relative commented: "The staff know what they are doing."

People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for medicines and appropriateness of placement. This demonstrated that staff worked in accordance with the MCA. The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

People were supported to maintain a balanced diet. One person told us, "Soup today, I like soup." People

had preferred meals documented, which helped inform the menu. A staff member commented: "People are involved in choosing the menu. There are always alternatives." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. People's weights were monitored on a consistent basis to ensure their general well-being.



## Is the service caring?

### Our findings

West Banbury Cottages continued to provide a caring service to people and was very much people's home. People had built strong relationships with each other and the staff who worked with them. There was a happy atmosphere. People commented: "Happy here"; "I like living here. I am chilling out"; "They (staff) look after me" and "They (staff) are nice." Relatives commented: "(Relative) loves it at West Banbury" and "The staff are really friendly and (relative) is happy." The atmosphere was relaxed and happy. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. A professional commented: "Staff interactions with people are positive and attentive."

Throughout the inspection there were kind and friendly interactions between people and staff. Staff knew people well and were able to communicate effectively with everyone. Staff took time for people to communicate their wishes through the use of individual cues, and looking for a person's facial expressions, body language, spoken word and objects of reference. The service used a variety of communication tools to enable interactions to be led by people receiving care and support. For example, pictures and specific signs.

People lived in cottages either on their own or with other people. Each cottage was personalised to reflect their tastes and personalities. People had unrestricted access to their rooms and were able to spend time alone if they chose to. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. Staff recognised how important it was for people to be in control of their lives to aid their well-being. For example, offering people choices of how they spent their time. Staff commented: "Care plans outline how we need to encourage people to make choices" and "We are here for the residents. It's about making a difference. We really care about people and want them to enjoy a good life, the same as what we would want."

Staff gave information to people, such as when activities were due to take place. Staff communicated with people in a respectful way. Their relationships with people were caring and supportive and they spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, we saw staff working closely with people, engaging with them in a way they responded positively to. It was evident how kind and compassionate staff were. Staff explained it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything. One staff member commented: "I love working here. Best job I have ever had."

Staff showed a commitment to working in partnership with people. They spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff gave

us examples of how people had been empowered to develop new skills. For example, horse riding and attending college.

The service had received several compliments about the care provided to people. For example, 'Thank you for all you do to make (relative) life happy' and 'Thank you for looking after (relative) so well. He has improved so much for the better.'

## Is the service responsive?

### Our findings

The service continued to be responsive. Staff knew people very well and provided care and support which was person centred and took account of their needs and wishes.

Care files gave information about people's health and social care needs. They were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their wellbeing and sense of value. Staff comments included: "It's important for people to lead a life, that we would also want to lead" and "It's important for people to develop skills. (Person) now is involved in cooking."

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication, social activities and eating and drinking. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

Activities formed an important part of people's lives. People engaged in wide variety of activities and spent time in the local community going to specific places of interest. For example, people enjoyed swimming onsite, spending time in the activities room doing arts and crafts, watching movies and having discos, shopping, meals out, college and horse riding. A staff member commented: "I love working here, great facilities." People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends. Family members were visiting people on the second day of our inspection.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system and a complaints leaflet was available. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Where complaints had been made, they had been dealt with in line with the complaints procedure and were resolved to people's satisfaction.

## Is the service well-led?

### Our findings

There was a registered manager in post. 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.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged an open culture. Staff felt able to raise concerns and would be listened to. Comments included: "100% supported. (Registered manager) is great, can always go to her" and "(Registered manager) is very understanding, a good manager. There is a good team feeling and pulling together." Relatives commented: "The (registered manager) is very professional. Leads very well" and "(Registered manager) dots the I's and crosses the T's."

Leadership was encouraged. The service had made a commitment by engaging with an organisation which specialised in leadership coaching. As a result, the service had committed themselves to creating a culture where staff were forward thinkers. This was through leadership training for senior staff to then be cascaded throughout the staff team who worked at West Banbury Cottages. A quote by the registered manager in the document stated 'we want to invest in our people, in their futures, so that we can all be proud of what we do every day.'

Various staff meetings occurred on a regular basis. Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change.

People's views and suggestions were taken into account to improve the service. Surveys had been completed by people using the service with staff support and relatives in 2016. The surveys asked specific questions about the standard of the service and the support it gave people. Where actions were required these had been followed up by the registered manager. For example, improvements to food and alternative activities. This showed that the organisation recognised the importance of continually improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisations philosophy was embedded in West Banbury Cottages.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and social worker. Medical

reviews took place to ensure people's current and changing needs were being met.

There was evidence that learning from incidents and accidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances and additional staff training. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed and maintenance jobs completed. In addition, a service improvement plan had been developed by the registered manager. This was completed in line with the Care Quality Commission's 'five questions.' The plan identified those things which could be improved or developed further. For example, meeting with other providers to share good practice and setting up care 'champions' which would mean staff will have areas of interest in, for instance, autism and infection control.