

Box Tree Cottage Cambridge Limited

Box Tree Cottage Residential Home

Inspection report

16 Way Lane
Waterbeach
Cambridge
Cambridgeshire
CB25 9NQ

Tel: 01223863273

Date of inspection visit:
15 June 2017

Date of publication:
20 July 2017

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

Box Tree Cottage Residential Home provides accommodation and personal care for up to 14 adults requiring support with their mental health needs. At the time of our inspection there were three people living at the service who received the regulated activity of personal care. The service is situated in a village location outside of the city of Cambridge.

The service did not have a registered manager in post. There was both a home manager and care manager in post to deal with the day to day running of the service. 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.

This inspection was carried out on 15 June 2017 and was an unannounced inspection. At the last inspection on 18 March 2015, the service was rated as 'good.' At this inspection we found the service remained 'good.'

Staff were knowledgeable of how to report incidents of harm and poor care. Staff helped people in a manner that supported their safety and people were looked after by staff in a caring and patient way. Staff encouraged people to make their own choices and live as independently as possible. People's privacy and dignity were promoted by staff and people were treated with respect.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care arrangements took account of people's wishes including their likes and dislikes. People's care plans recorded their individual needs, choices and any assistance they required. Risks to people who lived at the service were identified, and plans were put into place by staff to monitor and minimise these risks such as for those people who required support with their mental health needs.

People were looked after by enough, suitably qualified staff to support them safely with their individual needs. Where needed, staff were flexible around when they needed to work to support any short notice absences.

Staff enjoyed their work and were supported and managed to look after people. Staff understood their roles and responsibilities in meeting people's needs and they were trained to provide effective and safe care. Staff were supported to maintain their skills by way of supervision and appraisals. Pre-employment checks were completed on new staff members before they were assessed to be suitable to look after people.

People were supported to take their medicines as prescribed and medicines were safely managed by staff who were trained, and whose competency had been assessed. Where there had been any errors in the administration of people's medicines, these had been identified and dealt with to reduce the risk of

recurrence.

The service was flexible and responsive to people's needs. People were encouraged to maintain contact with their relatives and friends when they wished to do so. Staff assisted people to maintain their links with the local community.

People were supported to eat and drink sufficient amounts of food and fluids. People's choice about what they wished to eat and drink was promoted and supported. Staff monitored people's health and well-being needs and acted upon issues identified by assisting people to access a range of external health care services.

There was a process in place so that people's concerns and complaints were listened to and acted upon and where possible resolved to the complainants satisfaction.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. People who lived at the service and staff were encouraged to share their views and feedback about the quality of the care and support provided. Actions were taken as a result to drive forward any improvements required.

Further information is in the detailed findings below.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Box Tree Cottage Residential Home

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 15 June 2017. The inspection was carried out by one inspector, a registration inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience or experience of caring for someone who uses this type of service. Their area of expertise was in relation to mental health services and caring for an older people and people with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 looked at this and other information we hold about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we asked for information from representatives of the local authority contracts monitoring team, the local authority safeguarding team, healthwatch and a fire safety officer to aid us with planning this inspection.

During the inspection we spoke with three people who used the service, the home manager; the care manager; one senior care worker and the head cook. We looked at three people's care records and records in relation to the management of the service, management of staff, management of people's medicines, compliments and complaints, and three staff recruitment files.

Is the service safe?

Our findings

People we spoke with told us that they felt safe living at the service. One person told us, "Yes, I feel very safe here." They confirmed to us that they felt safe from 'bullying' and that they would speak to a member of staff if they had any concerns. Another person said, when asked if they felt safe, "Yes, 10 out of 10."

Staff spoken with were able to demonstrate they knew how to identify any suspicions of harm or poor care, and that they would report any concerns. They were able to give examples of different types of harm and describe the action they would take in reporting such incidents, internally, or to external agencies. One staff member said, "We are here to look after people...they need to know that they are safe and kept safe." This showed us that staff knew the processes in place to reduce the risk of harm occurring.

Records showed that pre-employment checks were carried out to clarify that the proposed new staff member was of a good character. This demonstrated to us that there was a process of checks in place to make sure that staff were deemed suitable to work with the people they supported.

People had individual care and support plans, and risk assessments in place in relation to their identified support and care needs, and assessed areas of risk. Risks included, people not maintaining their own personal care; being at risk of falls; continence needs; prescribed medication, and mental health support needs. Risk assessments gave guidance to staff to help assist people to live as safe and independent a life as possible, and reduce the risk of people receiving unsafe care and support.

Risk assessments included risks in the event of a foreseeable emergency such as a fire risk. Records showed that personal emergency evacuation plans were available for people living at the service. This showed us that regular checks were completed to make sure that people, staff, and visitors to the service were, as practicable as possible, cared for in a place that was safe to live and work in.

Staff we spoke with confirmed to us that people were supported by sufficient numbers of staff. They told us that staff were flexible and able to work to support short notice absences, such as supporting a person to attend a health care appointment. Staff also said that the owners of the service and management were available 'on-call' if needed to step in at short notice. Safe staff numbers were determined by the amount of support people required. However, this information was not always documented.

The majority of people we spoke with were aware of their prescribed medicine and its importance. We saw that staff explained to people discreetly what their medication was for when administered. One person confirmed to us that, "Yes, I have lots of pain relief." We found that people's prescribed medicines were stored safely and at the correct temperature. Records of the management of people's medicines were maintained. Staff told us, and records confirmed, that staff were trained to administer medicines and that their competency to do this checked by a more senior staff member. Audits were carried out so that people could be assured that they would be administered medicines as prescribed. Where there had been any errors in the administration of people's medicines, these had been identified and dealt with to reduce the risk of recurrence. However, records of these investigations were not always readily available on request

during this inspection. The manager told us that going forward they would make sure that records of these investigations would be available on request.

Is the service effective?

Our findings

Staff spoken with, told us that they were supported with supervisions, competency checks and an annual appraisal. They confirmed to us that the owners of the service had also supported them in developing their skills and knowledge by encouraging them to undertake additional training. Staff said that when 'new' they were supported with an induction process. This included training and 'shadowing' a more experienced member of staff. This was until they were deemed competent and confident by the manager to provide effective care and support.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). People's capacity to make day-to-day decisions were assessed where necessary, and staff acted in people's 'best interest' where appropriate.

Staff we spoke with demonstrated to us an understanding of how they put their MCA 2005 and DoLS training into practice. One staff member said, "Everyone here has capacity. If they are deemed not to [have capacity] certain decisions that they could not make on their own would be done [by staff] in their best interests." We found that people were supported with making decisions and had no unlawful restrictions imposed on them. People confirmed to us that they were able to come and go from the service as they wished. One person confirmed to us, "They [staff] let me come and go as I like. I am not detained in any way."

Observations showed that staff respected people's right to make their own choices. Staff demonstrated to us their understanding of why it was important to respect people's preferences. One person said, "Yes, they [staff] give me choices. Yes, they respect my choices...they ask my permission before they help me." Each morning a 'house meeting' was held to discuss the plans for the day and choices of activities. It was also an opportunity for people to raise any suggestions or concerns they might have. We saw staff ask people their choice over drinks, meals and social activities and respect the choice that was made throughout this inspection.

People were positive about the meals and choices of meals provided. We saw that the lunchtime experience for people was relaxed and managed efficiently. People could eat in the place of their choosing. We saw that people were offered a choice of meals, fresh fruit, and hot or cold drinks. Alternative meals and individual diets were catered for, such as, vegetarian options. One person said, "I can choose from a menu...Yes, [staff] will make me a snack between main meals." Another person told us if staff promoted fluid intake, particularly during the hot weather, "I don't need this encouragement, I drink loads myself anyway."

People told us and we saw that they had access to external health care professionals and were supported by staff to attend these appointments. One person said, "I am going to the doctors tonight, this PM." Records we looked at confirmed that people had access to external health care professionals when needed. We saw that those people assessed to be at risk were referred by staff to specialist external health care professionals when appropriate.

Is the service caring?

Our findings

People made positive comments about the care and support provided by staff. One person told us, "I am cared for 24 hours per day, every day of the year. All the staff know me very well and are very friendly. I rely on them to support me through the day." Another person told us that the service was, "Nine out of 10...I do like it here"

Staff were quick to offer people reassurance when people were becoming anxious or confused. We saw that this was done in a patient and kind manner and helped the person being supported become more settled and less anxious.

People's respect, dignity and independence was promoted by staff. Staff were seen knocking on people's bedroom doors before gaining permission to enter. We saw that people's bedrooms had security locks on the door which they could lock if they wished to maintain their privacy. One person told us, "They [staff] knock and wait for me to invite them in."

People told us that their preference for either a male or female staff member to support them with their personal care was respected. One person said, "I do not mind and have no preference." Whilst another person told us, "I have told them that I prefer women to look after me. My care is given to me by women as I have requested."

People's diverse needs were planned for, this include any religious or cultural needs. Care and support records gave guidance to staff to help them understand how to support people to meet these needs. They also included people's end of life wishes.

Two out of three people told us that they were involved in making decisions about their care. One person said, "They [staff], explain my care plan and ask me if things are okay, often throughout the day." However, another person told us, "I have not seen my care plan if that is what you mean." Care records we looked at showed that staff reviewed and updated care and support plans needed. This helped ensure that people were provided with care and support by staff based upon their most up-to-date care needs. Although, the new electronic care records we looked at did not always document that people were involved in their reviews.

Advocates are people who are independent of the service and who support people to make and communicate their wishes. The manager told us that advocacy information was available for people if they needed to be supported with this type of service. They confirmed that during this inspection no one in the service was being supported in this way.

Is the service responsive?

Our findings

We saw people maintaining their links with the community with support of staff members. People were able to come and go from the service as they pleased on the understanding that they signed in and out of the service, in case of an emergency. Two people told us that staff had supported them to attend a church coffee morning in a local village. The manager said that they were further developing their links with the community by organising holidays for some people at the service, supported by staff members in the autumn.

The manager told us that they had identified that activities during the day, at the service, for people to take part in needed some improvement. They showed us the different external organisations that promoted sessions in arts and crafts, they had contacted for support in this improvement.

Prior to living at the service, people's health care and support needs were assessed, planned and evaluated to agree their individual plan of care and support. Staff we spoke with demonstrated to us a good understanding of each individual persons care, support needs and backgrounds. Care plans contained sufficient information about people's lives [life history] before they moved into the service, so that staff could understand the people they assisted with their personalised care needs.

People told us and our observations showed how staff would be there for them when needed. We saw that although staff were busy, there were enough staff to provide support and care to people in an unrushed manner.

People we spoke with told us that they knew how to make a complaint or raise a suggestion or concern. One person told us that, "I do not make complaints but I could if I wanted to." Another person confirmed to us that when they raised a concern, they were listened to and, "Things were sorted out to my satisfaction."

Records of complaints were held, however, these records did not always clearly document the action taken as a result of learning from the incident. The manager explained that this was an area of improvement that had been identified and was being worked on. We asked staff what action they would take if they had a concern raised with them. They told us that they knew the process for reporting concerns and that they would raise these concerns with the manager. Daily meetings at the service gave people opportunity to make any suggestions that they may have and raise any concerns. On the day of our visit this meeting was attended well by people living at the service and we observed that people's wishes and suggestions were listed to and acted upon.

Is the service well-led?

Our findings

The registered manager was not in post during this inspection. The service had recently recruited a home manager to cover the day-to-day running of the home and to apply for the role of registered manager. There was a new care manager role since the last inspection. These posts were supported by a team of care staff and ancillary staff.

We observed that people and staff interacted positively with the home manager, who spent time out and about at the service. People had positive comments about the staff and the manager. One person said, "I can talk to the manager whenever I want to." Another person told us, "I want to say I do not believe I could receive better care both physically or mentally in any other care home than I do here at Box tree Cottage Residential Care Home."

Staff spoke of an honest culture that existed within the service and that they were free to make suggestions, raise concerns, and drive improvement. They told us that the manager was supportive to them and the manager had an 'open door' policy. This meant that staff could speak to them if they wished to do so. One staff member said, "Current management are great, laid back and open [promoting] person centred care." Another staff member told us, "[Home manager] is new but I am confident in her. She is brilliant; she always has time to talk to you."

People were given the opportunity to feedback on the quality of the service provided via a survey. Information from the feedback was used to improve the quality of service where possible. The feedback showed positive comments about the quality of the service provided. With one person describing their relationship with the staff and management as, 'excellent.'

Staff told us that staff meetings happened and that they were an open forum where staff could raise topics they wished to discuss. Topics included care and support updates for people using the service and the improvements expected when recording incidents and accidents, medication administration records and general documentation. Meeting minutes, that staff had read, demonstrated to us that the manager used these meetings to discuss different topics.

The manager notified the CQC, in a timely manner, of incidents that occurred within the service that they were legally obliged to inform us about such as incidents of harm.

We found that the provider was not using the correct template to display their previous inspection report rating conspicuously within the service for people and their visitors to view. This was corrected during this inspection.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who lived at the service.

The manager showed us records of their on-going quality monitoring process. Monitoring included, but was not limited to, medication audit; finance audit; and care plan audit. Any improvements required were recorded in an action plan.

The manager told us that they kept up to date with current guidance as they had signed up for 'web alerts' from an external company specialising in health and social care. This showed that the manager had taken steps to keep aware of up to date guidelines and guidance.