

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 

### 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 six cottages with an onsite swimming pool and shared activities room.

This inspection took place on 5 November 2014 and was announced at short notice. The service was first registered with the commission in 2013 and had not been previously inspected. At the time of our inspection there were seven people living at the service.

At the time of our inspection the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider's nominated individual who had responsibility for supervising the management of this service was performing the role of acting manager and

# Summary of findings

the process of recruiting a new manager was well underway. Staff told us the nominated individual had provided effective leadership to the service and relatives explained that although they had been informed of the changes to the management of the service they had not noticed any impact on the quality of care the service provided.

People told us they were “happy” and indicated they enjoyed living at West Banbury Cottages. We saw people and staff relaxing together and enjoying a variety of activities throughout our inspection. Relatives were pleased with the quality of care provided and one relative said “It’s a nice place, more than I ever thought I would get for (the person)”. Professionals told us they believed the service provided good quality care and explained that people’s relatives had also reported that the care provided was good.

The staff team was well motivated and had been provided with appropriate training and support. We observed staff actively engaging with and encouraging people to join in with activities. Staff told us they enjoyed their work and found it particularly rewarding when they were able to support people to access new experiences. Staff recruitment processes were robust and appropriate pre-employment checks had been completed to ensure people’s safety.

Staff told us “staffing levels are good” and we found staffing levels routinely exceeded those required to meet people’s care needs. People were safe and able to engage in a wide variety of activities both within the service and the local community.

People’s care plans were detailed and contained sufficient information to enable staff to meet people’s

care needs. People who used the service and their relatives had been involved in the development of care plans to help ensure they reflected people’s wishes and interests. Relatives told us, “We have been very involved in the care planning” and “we have a sit down with them every three or six months and talk with them about the care records”. Risk assessments provided staff with clear guidance on how to support people appropriately and minimise identified risks.

There were a wide variety of activities available to people at West Banbury Cottages. These included swimming, farm visits, discos and visits to local tourist attractions. When planning activities staff accounted for and respected people likes and preferences.

The staff had worked effectively in partnership with other local care providers and health professionals in order to meet people’s care needs. People’s move to the service had been well managed and staff had developed supportive and caring relationships with people.

The nominated individual was proud of the service and explained that the provider had developed the service specifically to cater for the needs of young adults who enjoyed the outdoors.

Quality assurance processes were effective. Incident and accidents had been appropriately investigated and procedures had been updated as a result of the findings of these investigations.

There were appropriated systems in place for the management and investigation of complaints. The service’s policy documents had been produced in easy to read formats that included the use of pictures and symbols to enable people to access this information.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Staffing levels exceeded those required to meet people's identified care needs.

Recruitment procedures were robust and staff understood how to report any concerns they had outside the organisation.

Risks had been assessed in relation to each individual and staff had been provided with appropriate guidance on risk management. Medicines were managed in accordance with best practice

Good



### Is the service effective?

The service was effective. Staff were well trained, had received appropriate supervision and the Induction procedures for new members of staff were robust. This meant people were supported by well trained and supported staff who understood the service's policies and procedures.

The nominated individual had a good understanding of the Mental Capacity Act and appropriate applications had been made in relation to the Deprivation of Liberty Safeguards.

The service worked well with other health and social care services to ensure people's care needs were met.

Good



### Is the service caring?

The service was caring. People got on well with their care staff and we observed staff providing support with compassion and kindness.

People's privacy was respected.

Staff supported people to maintain relationships that were important to them.

Good



### Is the service responsive?

The service was responsive. People's care plans were detailed and contained sufficient information to enable staff to meet their needs.

There were a wide variety of activities available and people took part in activities they enjoyed.

People's individual cottages had been adapted where necessary to meet their individual care needs.

There were appropriate procedures in place for the management and investigation of complaints.

Good



### Is the service well-led?

The service was well led. The service did not have a registered manager but the nominated individual provided effective leadership for the staff team whilst another manager was recruited.

Quality assurance systems were effective and designed to drive improvement in the quality of care provided.

The staff worked well with Health and social care professionals and other local care services to ensure people's care needs were met.

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 inspection took place on 5 November 2014 and was announced. The provider was given 24 hours' notice of this inspection because the service provided care for seven young adults who were often out during the day and we wanted to be at the home when people were there to speak with us. The inspection team consisted of two inspectors.

We met and spoke briefly with five people who used the service. Staff supported people to express to us their views in relation to the quality of care they received at West Banbury Cottages. In addition we spoke with four relatives, five members of care staff, the provider's nominated individual who was the acting manager of the service and two healthcare professionals who visited the service regularly..

We visited people in their cottages and observed the support people received within their homes and their gardens. We inspected a range of records. These included three people's care plans, three staff files, staff training records, staff duty rotas, policies, procedures and the home's quality assurance systems.

# Is the service safe?

## Our findings

People were comfortable with their staff and one person told us, “I feel safe”. We observed staff using appropriate techniques to keep people safe. For example in one cottage we saw staff using distraction techniques and verbal prompts in a relaxed and friendly manner to protect one person from an identified risk. Relatives told us, “(My relative) is safe. The whole place is secure and we don’t have any concerns” and another said, “yes (my relative) is safe and enjoying it there”. Health and social care professionals who regularly visited the service told us they felt people were safe.

People’s care needs assessments showed they required support from a minimum of six care staff. There were nine care staff and the nominated individual on duty on the morning of our inspection. The service’s staff rota showed the service routinely had more staff on duty than required to meet people’s care needs. The nominated individual said, “we always run with two and a half people over on shift” and “all staff have a one and a half hours paid break per shift”. This meant additional staff were always available to help people if their care needs changed. Staff members told us, “staffing levels are good”. This meant people were safe because there were sufficient staff available to meet their care needs and additional staff were available on each shift to respond to any incidents that might occur.

The service had an arrangement with a local staff agency provider to help ensure that, if additional staff were required at short notice, these staff could be sourced immediately. This group of agency staff had previous experience of providing care to people at West Banbury Cottages. Staff said, “they always use the same ones (agency staff) so they know the clients”. This meant people were always supported by staff they knew who understood their care needs.

People were protected from the risks associated with the provision of care by unsuitable staff because staff recruitment practices were safe and robust. All of the appropriate checks had been completed before staff began work.

People had been protected from the risk of abuse as all staff had received training to enable them to identify possible signs of abuse and knew how these issues should be reported. Staff said that, if they had any concerns, about the safety of people they would initially discuss these with the nominated individual. They would be happy to raise issues outside the organisation if they needed to. Relevant information and contact details were available from the office. We saw a poster detailing the local procedures for the safeguarding of adults displayed in the office and the service’s safeguarding policies accurately reflected local safeguarding procedures.

Care plans included detailed risk assessments designed to promote people’s independence and freedom whilst ensuring people were protected from identified risks. These risk assessments included clear guidance to staff on how people should be supported in order to keep them safe.

Detailed personal emergency evacuation plans had been developed to provide staff with specific guidance on what each person needed in the event of an emergency. Staff were aware of these plans and clearly explained how they would support each person if an emergency occurred.

People’s Medicines were managed safely. All medicines were stored securely and there were appropriate facilities for the storage of medicines that required refrigeration. Medicines Administration Record (MAR) charts were fully completed, regular medicines audits had been conducted and there was an up to date homely remedies policy available to staff. Homely remedies are medicines that are not formally prescribed such as non-prescription pain killers and cough medicine.

# Is the service effective?

## Our findings

Staff knew people well and had a detailed understanding of each individual's care needs. Records showed all staff had received appropriate training to enable them to meet people's care needs. Staff comments included, "we get enough training" and, "I've had enough training. I'm doing level three NVQ. If I want more they will get it for me". Staff had received training on a variety of topics relevant to the people they were supporting including; dignity in care, equality and diversity, epilepsy and medicines administration. All staff reported that they were well supported by the nominated individual and records demonstrated all staff had regular one to one meetings with their line manager to review their performance and identify any additional training needs. Staff members told us, "I love it here" and, "my supervision is due tomorrow, we have it every month or so".

The provider had detailed induction procedures for new members of staff designed to ensure staff had sufficient knowledge and understanding to enable them to meet people's care needs. In addition all new members of staff completed the Common Induction Standards (CIS) training during their 12 week probationary period. The CIS is a national tool used to enable care workers to demonstrate their understanding of high quality care in a health and social care setting. The provider's nominated individual told us they were currently updating the service's induction procedures to ensure they met the requirements of the new care certificate. The care certificate is due to be introduced in April 2015 and is designed to ensure that staff have the required values, behaviours, competences and skills to provide high quality, compassionate care. Staff met regularly with senior staff during their induction period to ensure new members of staff understood their role and were competent to provide care independently. One new member of staff told us, "I didn't work on my own until I felt confident". Relatives told us they felt their family members were well supported by staff, their comments included, "the staff are really on the ball and very proactive" and a health and social care professional said, "(the person) was very relaxed with staff".

Staff were able to communicate with people effectively using a variety of methods tailored to people's individual needs. Care plans included clear guidance for staff on how to support people to communicate their choices and

decisions. We observed staff in one cottage using short standard phrases as described in the person's care plan to share information and in another cottage we saw staff using pictures to aid communication and help enable people to make meaningful choices.

The nominated individual had a good understanding of the requirements of the Mental Capacity Act 2005 (MCA). They demonstrated this had been put into practice when a best interest decision had been made for a person to discontinue a course of treatment. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

The nominated individual had considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS is part of the Mental Capacity Act 2005 (MCA) and provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. The nominated individual was aware of the changes to the interpretation of the Deprivation of Liberty Safeguards as a result of the "Cheshire West" case. Where people did not have capacity to make decisions in relation to where they lived the nominated individual had correctly identified that the controls in place at the service represented a deprivation of liberty. Appropriate applications to the local authority for the authorisation of these deprivations of liberty had been made and were in the process of being formally reviewed.

The care plans included detailed guidance for staff on how to assist people to cope when they became anxious or distressed. Where there were risks that people's behaviour may challenge staff the care plans included clear detailed guidance on the stepped approaches to be used. These consisted of preventative strategies such as, "when (the person) is distressed or anxious only one member of staff should talk to (the person) and give clear and simple instructions". If this was unsuccessful staff were advised to change roles with a member of staff from another cottage as this change was, "often enough for (the person) to start to calm". The service's physical intervention policy made it clear that staff should only use restraint as a last resort when all other strategies had failed. All staff had received appropriate conflict management training and all incidents where restraint had occurred had been documented and

## Is the service effective?

investigated by the nominated individual. We discussed these issues with the nominated individual who said, “I am a big believer in diversionary tactics” and records demonstrated incidents of restraint were rare.

Each cottage had its own kitchen facilities and people were supported by staff to prepare meals and develop their cooking skills. There was plenty of fresh food available in peoples’ cottages and people were supported by staff to plan their menus and purchase food from local shops. We observed people making lunch with support from staff during the inspection and staff told us “(the person) helped make sausage rolls”. Records showed people normally ate in their own cottages or with their neighbours. We saw recent correspondence from a health professional that recognised people at West Banbury Cottages were, “eating a good diet which includes plenty of fruit”.

People had been supported to attend clinics and access a variety of health care services by staff. Where staff had raised concerns or identified additional care needs the staff had sought timely assistance from external health and social care professionals. Professionals told us the staff responded appropriately to any advice provided and reported they were impressed by how staff had incorporated guidance they had provided into daily routines.

The staff worked effectively with other organisations to help ensure people’s health needs were met. We saw people had been supported to access services from a variety of health providers including GPs, speech and language therapists and other specialists. Professionals told us, “they are always willing to listen and work with us” and “whatever you say they take it on board”.



# Is the service caring?

## Our findings

People were relaxed and comfortable with staff. During our visit we saw people enjoying a variety of activities including listening to music and preparing lunch with support from staff. People said they were “happy” and indicated using gestures they enjoyed living at West Banbury Cottages. . Due to people’s complex health needs we were not always able to verbally seek people’s views on the care and support they received. We observed people relaxing and enjoying the company of their support staff. When people needed support they turned to staff for assistance without hesitation.

Staff told us, “It’s a rewarding job knowing you have enabled someone” and “It’s very satisfying when you get people to do things they’ve never done before”. We observed staff supporting people calmly and with compassion. Staff worked collaboratively with people to ensure their care needs were met and provided encouragement and reassurance while supporting people to engage with various activities.

All of the relatives we spoke with were highly complimentary about the care provided by the service. Relatives told us, “we have dropped in unannounced a few times and everything was great”, “I think it’s lovely” and “(My relative) is as happy as Larry”. One relative said, “It’s a nice place, more than I ever thought I would get for (my relative)”. Health and social care professionals said they were pleased with the care they had observed during their visits to the service and told us, “people are happy and parents who pop in on the way past tell me they are happy with the care their relatives receive”.

We observed that people were supported to complete tasks at their own pace with kindness, respect and compassion. Relatives felt their family members were well cared for by the staff at West Banbury Cottages. One relative said, “(My relative) is well looked after, we have no concerns at all”. We found Staff had a detailed understanding of people’s needs and were proactive in ensuring people received good quality care that met their needs and promoted their independence.

The staff used a variety of methods including social media and video conferencing to help enable people to maintain the relationships that were important to them. Relatives told us there were telephones in people’s cottages and they regularly phoned to speak with their relative or care staff.

Staff used a variety of techniques to empower people to make meaningful choices on a day to day basis. These included offering choices between alternative options and providing information using short simple sentences. Care plans included specific information for staff on how to support each individual to make choices. Records showed staff had worked with people individually to enable them to provide feedback on their experiences of care.

West Banbury Cottages consisted of a number of separate one or two bedroomed cottages set around a courtyard. Throughout the inspection we saw that staff respected people’s privacy and that each cottage was treated as their home. Staff told us, “we always have (the person’s)’s best interests at heart” and explained how they supported people to maintain their privacy. We saw and care records recorded that people were able to spend time alone when they wished.



# Is the service responsive?

## Our findings

Care plans contained detailed information about each person's individual care needs to enable staff to support them effectively. The aim of each care intervention was clearly explained and staff had been provided with detailed guidance on how each person preferred to be supported. For example one care plan said, "I can shower myself but always forget my hair and need help with this".

The care plans were stored securely in the service's office and were supported by summary 'care passports' available within each person's cottage. The care plans were personalised and provided staff with clear guidance on how to meet each individual's care needs. These care plans were detailed and included information on people's normal daily routines, likes and interests, risk assessments and information on people's preferred methods of communication. We compared the information in the care passport with people's care plans and found they were up to date and accurately reflected the information within the care plan.

Care plans had been reviewed and updated regularly to ensure they accurately reflected people's current care needs. Staff told us, "I write (the person's) care plan because I know them well". Relatives were aware of the care planning process and told us, "We have been very involved in the care planning" and, "we have a sit down with them every three or six months and talk with them about the care records".

The staff team worked well together and information was shared effectively via the communications book and the detailed staff handover meetings at each change of shift. Staff said the handover meetings were "definitely an effective way of sharing information so everyone knows what's going on". The tone of a minority of entries within the communications book was inappropriate and did not respect people who used the service. This was discussed with the nominated individual who was clearly concerned by the issues identified and said these issues would be addressed with the relevant members of staff immediately after the inspection.

The young adults who lived at West Banbury Cottages engaged with a wide variety of activities including shopping, beach walks, discos and visits to local tourist destinations. Staff told us, "we go out every day even if it is

just to the park or shops". One person was supported by staff to attend college. Staff told us this person was soon to progress to being unsupported at college as they had settled in well and no longer required support from staff.

On the day of our inspection people were due to attend a fireworks party in the evening. Staff told us they had not arranged a party at the cottages because some people would dislike it. This demonstrated the service took everyone's needs into account when planning activities.

The service had a swimming pool, one member of staff was a trained life guard and a second life guard had recently been recruited. Staff commented; "(the person) loves it, (the person) goes swimming all the time" Daily care records showed that when the home's lifeguard was unavailable people had gone swimming in local leisure centres. Three people went out on a trip together during the afternoon of our inspection. Relatives told us, "It fits (the person's) needs, there is lots to do" and professionals said, "they have a good selection of activities for the young people there".

Before people moved to West Banbury Cottages, staff had visited them at their previous homes on a number of occasions to provide them with support both within the home environment and whilst taking part in activities in the community. This meant that when people moved into West Banbury Cottages they already knew their care staff and staff understood their specific care needs and had experience of providing them with support. Health and social care professionals reported the transitions of new people into the service had been "well managed". Where appropriate the staff had adopted techniques that people had become accustomed to at other services in order to provide continuity and minimise the disruption to people's lifestyles when they moved into the service.

People chose how they spent their time. During our visits to individual cottages we saw some people chose to spend time on their own listening to music while others enjoyed spending time in the company of their care staff or walking in the gardens.

We saw the carpets in one cottage had recently been changed in response to people's care needs. Staff told us they had supported the person to choose the colour of their new carpet. One member of staff told us they had identified a need for some additional equipment. The staff

## Is the service responsive?

member told us the nominated individual had raised the issue with an appropriate professional who had worked with them to identify the most suitable equipment which had now been ordered.

We saw the nominated individual was in the process of developing an online questionnaire to enable relatives and family members to provide formal feedback on their observations of the care provided by staff. In addition the staff had trialled a number of different methods with people to help enable them to effectively provide feedback on the quality of care they had received from the service. We saw records that demonstrated the staff had responded appropriately where feedback had identified issues in relation to the quality of care people had received.

The service had not received any complaints. There were appropriate procedures in place to support and enable people who used the service or their relatives to make complaints if they wished to do so. Information about the service's complaints procedure was available in all of the cottages. These documents were provided in an easy to read format that included the use of pictures and symbols to explain information. Relatives told us they had also been provided with information on how to make complaints.

People were encouraged to engage with the local community. The service owned two minibuses and had purchased an additional four wheel drive vehicle to help ensure people would be able to access local facilities and continue their external activities during periods of adverse weather.

# Is the service well-led?

## Our findings

At the time of our inspection there was no registered manager at West Banbury Cottages. Records showed the previous registered manager had left in late July. The provider had ensured the staff team were provided with effective leadership by the nominated individual. We saw the nominated individual was present on site every day and was fulfilling the role of acting manager. The nominated individual told us five candidates had already been interviewed for the post of manager, two of whom were to be re-interviewed in the week following our inspection.

Staff told us, “(the nominated individual’s) been spot on, they’ve done it all” and relatives said, “They told us about the changes of manager and all that’s been going on but to be perfectly honest if they hadn’t we would not have known as it has had no impact on the care”. Professionals who regularly visited the service told us, “people are getting a quality service” and “(the nominated individual) has managed it very well”.

The nominated individual spoke fondly of people and demonstrated a detailed understanding of the care and support needs of the people who used the service. For example we were provided with a detailed briefing on the behaviours people were likely to express when we visited their cottages. The information provided was wholly accurate and enabled us to manage our visits to people’s homes effectively and safely.

The nominated individual received appropriate support from a variety of external manager peer support groups and the provider’s other directors. The directors visited the service regularly and were currently actively involved in the recruitment of a new manager for the home.

Staff were highly motivated and told us, “we want to be the best”. Throughout the inspection we observed staff actively engaging with and encouraging people to complete activities. The nominated individual said, “I am proud of the service” and “It’s people’s lives, it’s about valuing them”. The nominated individual explained that the directors had spent considerable time looking for an appropriate site for the service. As they intended to provide support for young people who enjoyed the outdoor environment. Relatives

told us, “for a new service I think it really is a breath of fresh air. I wish there were more places like this for young people” and professionals said, “they are always willing to listen and work with us”.

We saw the service had grown slowly with occupancy levels gradually increasing over the six months prior to our inspection. The nominated individual explained this was as a deliberate planned process as they wished to get to know new each individual and fully understand their care needs before accepting addition people into the service.

Incidents and accidents at West Banbury Cottages had been appropriately documented and investigated by the nominated individual. A poster in the office provided staff with clear guidance on procedures in relation to the reporting and investigation of both incidents and accidents. Systems for the recording of incidents were available in each cottage to ensure staff were able to complete these records while incidents were still fresh in their memories. Where incidents had occurred these had been investigated by the nominated individual. Any points of learning or changes to procedures identified during the investigation process had been resolved appropriately. This ensured the service learned from incidents and was better able to respond if similar incidents re-occurred.

The service’s procedures and policy documentation were up to date, reflected current best practice and staff knew how to access this information.

Staff worked well with other services to ensure people’s needs were met. The staff had sought support from health professionals appropriately and had developed effective relationships with other local care providers. For example the service had made arrangements with another local service that was based on a farm for one person to visit regularly as they enjoyed contact with animals. Health and social care professionals told us staff at west Banbury cottages worked well with them and that the nominated individual always responded promptly and appropriately to requests.

The nominated individual completed a number of regular audits to assess the quality of care provided. These included quarterly audits in relation to relevant legislation, health and safety, infection control and fire risk assessment reviews. We saw that where any issues had been identified by audits or brought to the attention of the nominated individual by staff these issues were dealt with and

## Is the service well-led?

resolved promptly. For example on the day before our inspection staff had reported to the nominated individual that it was quite dark when moving between cottages at night. We observed that during our inspection electricians visited the service to investigate the possibility of installing additional external lighting.

The staff told us they enjoyed their role and were well supported by the nominated individual. Staff comments

included, “we have staff meetings regularly to see how everyone is. We all get to have a say,” on call staff were “always available, you don’t feel isolated” and “we want to be the best”. The nominated individual recognised and valued the dedicated work of the staff team and commented, “everyone sings from the same hymn sheet here”.