

Housing 21

Box Tree Court

Inspection report

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Ratings

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| Overall rating for this service | Good ● |
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| 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

About the service

Box Tree Court is an extra care housing service in Boston Spa, in the City of Leeds metropolitan borough, which offers independent living with access to on-site care for people over the age of 55, with 44 apartments available for rent and shared ownership.

The court was designed to provide fully accessible facilities for both residents and visitors, including a café/bistro and hair salon for use by the community. There is also a residents' lounge, activity room, treatment room and communal gardens for residents and their guests to enjoy.

At the time of our inspection there were 15 people receiving the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Some improvements were needed to ensure medicines were consistently managed safely. The provider responded immediately during and after the inspection and took decisive action to rectify the issues we identified. This gave us reassurance medicines would now be safely managed.

Staff had an awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risks where possible. Risks to people's health and well-being were identified and monitored. Guidance was in place for staff on how to support people with these risks.

People's needs were comprehensively assessed; people and their relatives had been involved in the care planning process. Staff had developed supportive relationships with people and knew them well; people received person-centred care as a result. Staff supported people to access healthcare professionals.

Systems were in place to recruit staff safely. Staff were competent and had the skills and knowledge to enable them to support people effectively. Staff received the training and support they needed to carry out their roles effectively and received regular feedback; staff we spoke with confirmed this.

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

Staff promoted people's independence and treated them with dignity and respect. People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve desired outcomes. People and their relatives were complimentary about the

staff and their caring attitude.

People knew how to make a complaint and there was an effective complaints process in place. The manager and staff were committed to providing high quality care and support for people. The service had an open and supportive culture.

Systems were in place to monitor the quality and safety of care delivered. The provider and manager followed governance systems which provided oversight and monitoring of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 3 November 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Box Tree Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors, a specialist advisor in medicines and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post, however an application to register with CQC was in-progress.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and health care professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with the location manager, another extra care manager, the quality assurance lead, the regional operations manager and four staff members. We also spoke with the housing manager, who was responsible for oversight of the extra care premises. We spoke with two relatives and three people who used the service. We looked at five people's care files and multiple people's medicines records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, service evaluation information and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Some improvements were needed to ensure medicines were consistently managed safely.
- The service audited 25 percent of medicines each month.
- It was clear medicines issues were historical, and the new manager had been working hard to rectify the issues.

The provider and manager responded immediately during and after the inspection. They confirmed the immediate actions they had taken regarding the issues we identified about the management of people's medicines. This gave us reassurance medicines would now be managed safely.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. This included safeguarding and whistleblowing policies, which were accessible to staff, people and relatives.
- Staff had received safeguarding training and could tell us what action they would take if they identified any form of abuse.
- People and their relatives said they felt safe with the care provided. One person said, "Staff have developed a relationship with my mother, which makes her feel safe and cared for."

Assessing risk, safety monitoring and management

- Risks were managed to ensure people's safety.
- Assessments detailed what steps staff should follow to keep people safe. The manager regularly monitored the safety and quality of care provided to people through the use of audits.
- An electronic call monitoring system was in place. This was managed effectively by office-based staff and allowed for real time monitoring of care calls and for regular performance reports to be run. One person said, "I was very happy with the speed, efficiency and assistance my dad received from the very lovely staff at Box Tree."

Staffing and recruitment

- Staff were safely recruited and there were enough qualified and competent staff to safely support people.
- Recruitment records sampled demonstrated appropriate checks had been carried out before staff commenced employment to make sure they were suitable to work with vulnerable people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and relatives told us the service had been short staffed recently but managers had helped out

where needed and they still had a regular staff team who provided support. Staff told us they had enough time each visit to deliver the care and support people needed.

Preventing and controlling infection

- There was an infection prevention and control (IPC) policy in place which staff followed to reduce the risk of infection.
- Staff received additional training during the pandemic around IPC and Personal Protective Equipment (PPE).
- People we spoke with confirmed staff wore protective clothing. One person said, "The carers wear a mask and gloves. I've had my jabs at the health centre."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Lessons were learned through investigations into incidents and actions put in place to stop similar incidents occurring. The manager investigated all accidents and incidents fully. Any safeguarding investigation reports were shared with the local authority and CQC.
- A framework was in place for continuous learning. We saw how these were discussed during team meetings.
- People's views were sought to ensure the service was meeting their needs and to promote improvement. One person said, "I'd give the service five star. They do an excellent job and don't interfere where it isn't necessary. I'd recommend it to anybody."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and regularly reviewed or when required if a change occurred. The assessment process looked at all aspects of the person's needs and expected outcomes. A relative told us, "[My relative] being here has been a God-send to the family and [manager name] has been brilliant."
- People told us they were happy with the care they received and were able to make choices each day.
- People's preferences likes and dislikes, past life histories and background information were recorded in their care documentation. A staff member said, "Peoples' risk assessments are in their care files in their own property, and there are copies in the office; we are given time to read them when they are updated."
- People's relatives commented positively about the service provided and told us they were involved in discussions about the on-going care provided. One relative told us, "Yes the care plan is in the folder. The carers fill it daily and I check it. Before we came here, they [managers] asked what [person's] needs would be. The care has changed a bit since then."

Staff support: induction, training, skills and experience

- Staff received training and supervision to carry out their roles effectively.
- New staff were required to complete induction training before working unsupervised. Regular supervision meetings were planned and identified in advance. One staff member told us, "I had an induction and it was for about eight weeks. I felt confident about working alone at the end. I feel we have enough training and have put down for dementia and Alzheimer's courses and we can suggest any training needs and nominate ourselves." Another staff member said, I get supervision every month face-to-face and get the notes of what has been discussed and we can question this and then sign to agree the content; meetings are useful as new information comes to us and you can speak your mind."
- The manager told us all staff were required to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A care worker toolkit was completed to track staff progress.
- A person told us, "I think staff have the skills to do the job well."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff supported some people to maintain a diet of their choosing; support was provided dependent on the person's requirements. Detailed records were kept of the support provided to people each day. Staff had received training in nutrition and hydration.
- Staff worked in partnership with people when creating care plans and planning call times; this ensured

any person requiring support with their meals received support at a time that was suitable for them. One person said, "I get food and drink that I like; There is a limit to what I can eat."

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. A recent compliment from a relative demonstrated this and stated, 'Just a short note to say thank you to you both and the team for taking good care of [my relative] on her return to Box Tree following her extended time in two hospitals. I know you have made every effort to work with the Occupational Therapy people and others to get the appropriate aids supplied so that you can work out the appropriate care package for [my relative]. I expect that once you have everything in place [my relative] will be back to her old self now that she is back at home and we can again visit her.'

Staff working with other agencies to provide consistent, effective, timely care

- Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people.
- Advice provided by healthcare professionals was incorporated into people's care plans..
- People were encouraged to make their own decisions about their health needs.
- Written feedback we received from a healthcare professional stated, 'The proactive and person-centred approach that the team deliver has enabled several residents with complex care needs to remain in their own home. They [staff] proactively contact social care staff to ensure care packages meet the need of the client following discussion and reflection with myself.'

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The service worked within the legal requirements of the MCA.
- Staff had completed training in this area and those we spoke with demonstrated an understanding of the principles of the MCA.
- Consent was sought for issues such as care, support, the sharing of information, and administration of medicines. If people lacked capacity, this was recorded, and consent sought in line with the principles of the Act.
- Care plans were developed with people. People had agreed with the content, had signed to receive care and treatment, and gave their consent. People were encouraged to make decisions for themselves and were provided with sufficient information to enable this, in a format that met their needs.
- Where people had an appointed Power of Attorney for health and welfare or finances this was recorded in their care plans. At the time of the inspection no-one was being deprived of their liberty in their own home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service had an equality and diversity policy and procedure in place. Staff considered people's protected characteristics under the Equality Act 2010 and supported people to have their diverse needs met. Care plans included relevant information about people's diverse cultural, spiritual or other requirements.
- Staff treated people equally and without discrimination. Staff had received training in equality and diversity and people's individual needs, hopes and aspirations were recorded in their support plans. One person told us, "The staff are conscientious and caring, just lovely people. Sometimes they are the highlight of my day."
- Everyone we spoke with told us staff knew people's past histories, likes and dislikes and said they were happy with their care and enjoyed the company of their carers.
- Written feedback we received from a healthcare professional stated, 'The Box Tree Court team care passionately about their residents. This can be seen by the conduct of the care workers who are always keen to work with me to achieve the best possible outcome for the resident. I have never heard anyone speak negatively about a resident and there is real distress amongst the team when something happens to one of the residents. The team go over and above to care for both each other and residents, often staying late on shifts to help or make sure someone is safe. They are a huge support to me and have welcomed me to Box Tree so I also feel part of the team.'

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us their views and opinions were valued and listened to. One person told us, "They [staff] know how to help me; they are gentle and no bother at all." A second person said, "The staff are very friendly." A relative commented, "Normally staff are a happy and cheerful lot; they greet us when they come. We have no complaints. They are kind and caring. The odd one may have an off day."
- People's views were encouraged and considered when setting up their care package and there was evidence of people's involvement in care planning and reviews of care and support. One person said, "The carers chat with me; they talk about what is going on." A second person told us, "Staff ask if I want them to stay and talk; I have nothing but praise for them."
- People were encouraged to contact the manager at any time if they wished to make changes to their care arrangements. We saw evidence of people's relatives contacting the manager about their relative's care needs.
- During the inspection we observed the manager constantly interacting with people as they passed by the manager's office, providing advice and support and it was clear the manager operated an 'open door policy.' If anyone had any communication difficulties, alternative ways of communication were looked at. A local authority professional who recently visited the service told us, "Interaction between the management

team and tenants who stopped by the office was genuine and warm."

- Surveys were sent out, so people could express their opinions on the care they received and monthly residents' meetings were held. Survey results were provided to people.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with knew how people wanted to be supported, and how to ensure dignity when providing care. One staff member said, "If I was providing personal care, I would close the curtains and close the doors and cover up parts of the body with a towel that were not being washed and I always talk to the person first; it's key to explain to the person before you do something."
- Staff supported people in maintaining their independence by encouraging them to do what they could for themselves, for example, daily living tasks and support with hobbies and interests. One person told us, "I can do things for myself like sitting in my chair. I go out to the social club downstairs." A second person said, "I can cook my own food. I use a shower stool and wash myself. I do my own shopping and wander up the high street. The carers would help if I asked."
- People told us they were well treated. A relative said, "If [my relative] wants the bathroom then the door is closed and the carers just hover. They are polite and joke with him. The curtains are closed if they clean or dress him." A person told us, "The carers knock on the door even though I don't lock it. I leave it open, but one has ever wandered in."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A staff member told us, "I read care plans every day in case there are any changes and we always get introduced to people first to make sure the person is happy with us and they can choose a different staff member if need be."
- People told us they were aware of their care record and had been involved in the original formulation of their care plan on arrival at Box Tree Court; they told us staff updated their care files after each visit.
- Written feedback we received from a healthcare professional stated, 'The team are proactive about raising concerns or questions about care. They monitor needs closely so they can call for assistance in a timely manner.'
- All people were provided with a safety pendant to be used in case of an emergency. Where needed, door and chair sensors were in place. One person told us, "Once when I pressed my emergency button, I went to hospital, and the carers followed up and the problem was identified. I feel safe living here; staff come running, it's five star."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were explored as part of a care consultation and review process, during which the service looked at how to support people to have access to information. Documentation could be produced, for example, in larger print for people with sight problems.
- People's communication needs were clearly identified in their care planning information; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People we spoke with said they joined in bingo, going to the garden and a Saturday evening social gathering and aerobic classes. People went to the shops or listened to the radio or watched the television.
- During the inspection we saw people sitting in the sunshine in the landscaped garden areas, chatting and sharing information with each other, in a lively manner.

- One person had decided to organise a talk with other residents about Japan. This person had shared pictures, family stories and their experience of Japan with other people.
- Written feedback we received from a relative stated, 'The staff at Box Tree Court have been amazing. They have developed a relationship with [my relative] which makes her feel safe and cared for. They have learned to treat her firmly but with the banter to which she responds and in return she has become fond of many of the staff who provide her daily care.'
- Activities were carried out within the location premises and everyone was encouraged to attend if they wished. Staff provided support if the person wished to attend an activity but was unable to do so independently. Regular weekly bingo & armchair exercise classes were in place, and on the first day of the inspection we saw many people enjoying the optional 'chip shop Friday' lunch in the Bistro area.

Improving care quality in response to complaints or concerns

- The provider had clear policies and procedures in place for receiving and managing complaints. Care plans included a guide to making a suggestion, comment, compliment or complaint.
- Where complaints had been received, the provider took appropriate action and responded appropriately keeping all relevant records in one place. We saw a very large number of compliments had been received. No-one we spoke with disclosed any complaints or safeguarding issues.
- People using the service told us they would feel confident to complain if they needed to. One person said, "No complaints; they are far too good for that. I'm very pleased with the service. No concerns at all." A relative told us, "I have no formal complaint about any carer."

End of life care and support

- People were encouraged to identify their own wishes about this stage of their life and how they wanted to be cared for, with assistance from relatives or professionals, where necessary. These wishes were documented and communicated to staff.
- Staff worked closely with palliative care nurses and other health care professionals to ensure people's wishes were clearly followed. If people had chosen not to be resuscitated, relevant legal forms were in place in their care files.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of the inspection, the manager had applied to the Commission to be formally registered and dates had been identified in the very near future to progress the application.
- Staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles.
- All appropriate reporting had been carried out to alert CQC and local authorities when incidents occurred.
- Staff we spoke to were able to explain what to do in the event of an accident and were aware of the specific risks effecting people in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were at the centre of the service and staff made sure everything they did helped to improve people's wellbeing.
- Staff told us the management team were very supportive. A staff member said, "I feel I can talk to the managers about my concerns."
- People and relatives were complimentary about the staff culture. One person said, "We have a monthly newsletter. During COVID-19 we had paper slips through the door. I'm kept up to date and we get a good service." A second person told us, "The carers are all very caring and friendly. We talk about family and the state of the world. I do enjoy the conversations."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to be open and honest when something went wrong; apologies were given to people and lessons were learned.
- Results from audits, investigations, feedback sessions and surveys were used to improve the quality of care at the service.
- People we spoke with said the manager and the care manager were known by name and were approachable and available. Residents said they were happy with their care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were asked for their feedback to allow the management team to find ways to

improve the level of support provided to people.

- Staff worked closely with other health care professionals. People's care records showed involvement and guidance from other agencies.
- Through our discussions with people we were confident the service was delivered in a way that promoted and celebrated people's differences. People we spoke with said that residents meetings took place and a regular newsletter was available.

Continuous learning and improving care

- Staff told us they felt listened to. Staff understood the management vision and trusted them to develop the service.
- The service had a range of audits which were used to ensure the service maintained standards expected by the provider.
- People, staff and relatives said the manager was involved in people's care and was very approachable. People we spoke with said that managers called in on residents and asked how they were. The manager's office was nearby and easily accessible to people, who called in to raise any issues, which we observed during the inspection.

Working in partnership with others

- Staff recognised the importance of working in partnership with others. We saw examples of how staff had been proactive in making timely referrals to external agencies.
- The service had good links with the Housing Association and key organisations, reflecting the needs and preferences of people in its care.
- The service worked with external agencies and organisations to improve outcomes for people. Feedback included, "I have found our dealings with Box Tree Court to be positive and constructive. The site manager as well as the area manager have both been approachable, cooperative and helpful."