Langley House Trust

Box Tree Cottage

Inspection report

110 Allerton Road
Bradford
West Yorkshire
BD8 0AQ

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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

The inspection took place on 5 September 2016 and was announced.

Box Tree Cottage is a specialist service offering short stay hostel accommodation for up to seventeen males who have either offended or who are at risk of offending. The service is staffed 24 hours and meals are provided on site.

There was a registered manager in post at the time of the inspection. 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 received training to protect people from harm and they were knowledgeable about reporting any suspected harm. There were a sufficient number of staff available for operational purposes and recruitment procedures ensured that only staff suitable to work in the caring profession were employed. Risk assessments were in place where risks to people's health, safety and welfare had been identified and action had been taken to reduce these risks.

The registered manager demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and staff showed a good knowledge of the people they supported and their capacity to make decisions.

The staff we spoke with were able to describe how individual people preferred their support to be delivered and the importance of treating people with respect.

The support plans we looked at were person centred and were reviewed on a regular basis to make sure they provided accurate and up to date information. The staff we spoke with told us they used the support plans as working documents and the information provided enabled them to carry out their role effectively and in people's best interest.

Medicines were administered by competent and trained staff and people received their medicines as prescribed and in a timely manner.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the support they received.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence learning from incidents took place and appropriate changes were made to procedures or work practices if required.

Members of the senior staff team were accessible and provided staff with leadership and direction. There were clear lines of communication and accountability within the staff team which meant the service was managed effectively and in people's best interest.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the procedures for safeguarding vulnerable adults.

Assessments were undertaken in relation to potential risks to people who used the service and staff. Written plans were in place to manage these risks.

The staff recruitment and selection procedure was robust and there were adequate staffing levels to keep people safe.

Is the service effective?

Good

The service was effective.

People were involved in discussions about their care and support needs.

Staff had the skills and knowledge to meet people's needs and received regular training and support to make sure they carried out their roles effectively.

People's nutritional needs were met.

Is the service caring?

Good

The service was caring.

Support was provided in a caring and respectful way.

People's right to privacy, dignity and independence was valued.

People were involved in reviewing their care needs and were able to express their views about how they preferred their care and support to be delivered.

Is the service responsive?

Good

The service was responsive.

Support plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences and provided a personalised service.

People were able to participate in a range of activities both within the hostel and the local community.

There was a clear complaints procedure and people who used the service knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led.

The service was well managed and there were clear lines of communication and accountability within the staff team and staff felt valued by senior management.

Effective procedures were in place to monitor and review the safety and quality of people's support.

There were systems in place to seek the views of people who used the service and to use their feedback to make improvements.

Box Tree Cottage

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 5 September 2016 and the inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available. The inspection was carried out by one inspector and a specialist advisor.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing support being delivered. We looked at three people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with four people who used the service. We also spoke with the registered manager, the deputy manager, the area manager, three project workers and the cook.

Before our inspections we usually ask the provider to send us 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 did not ask the provider to complete a PIR on this occasion.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. We spoke with one person who said, "This is the place for me; if I did not live here my life would be a mess." Another person said, "I've tried to cope alone but I keep forgetting to look after myself; the staff make sure I am well cared for and get my 'meds' [medicines]."

We saw evidence of policies and service agreements to protect people from abuse from other service users. People we spoke with were aware of the policy on unacceptable behaviours to other people. We saw where people had been issued with verbal and written warnings regarding their conduct. This approach ensured the risks to people from other service users were reduced. However, we found the registered manager had failed to inform the Commission (CQC) of one notifiable incident. This was discussed with the registered manager who confirmed the matter would be addressed immediately.

The staff we spoke with demonstrated a good understanding of protecting vulnerable adults. They told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local safeguarding authority and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing they would be taken seriously.

Many people who lived at Box Tree Cottage had a history repeated offending resulting in custodial sentences and were considered to be a high risk of committing offences again. Assessments were undertaken to identify risks to people who were using the service. Risk assessments were carried out across a range of identified issues. These included the risk of suicide, absconding, violence and aggression, arson, gambling and sexual exploitation. Against each identified risk was a contingency plan designed to mitigate risk. For example, we saw one person was at risk of self-harm as a result of using illegal drugs and substances. We saw the person had given their consent for random room searches to be carried out along with routine drug screening tests. All risks were rated to record the potential impact of the risks and the likelihood of occurrence. The risk mitigation plan was influenced by multi-agency public protection arrangements (MAPPA) to ensure the successful management of offenders. Detailed outcomes of MAPPA meetings enabled staff to construct care plans which met the needs of people receiving care and support. It also gave direction to staff regarding the protection of other people.

People we spoke with told us there was enough staff to meet their needs. The duty rota's and our observations throughout the day of inspection demonstrated enough staff were on duty to meet people's needs in the location and to be escorted to undertake activities in the community.

Risks associated with the employment of people were minimised because the provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the hostel. Staff recruitment records showed appropriate checks had been undertaken before staff began work, and Disclosure and Barring Service checks (DBS) had been completed. These checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people. The recruitment process was overseen by the provider's human resource department. The registered manager told us all new staff

were initially employed on a probationary period prior to being offered a permanent contract if found suitable for the post.

We looked at people's medicine administration records (MAR) and reviewed records for the receipt, administration and disposal of medicines and conducted a sample audit of medicines to account for them. We found records were complete and people had received the medication they had been prescribed. We found people's medicines were available at the home to administer when they needed them. We asked a care worker about the safe handling of medicines to ensure people received the correct medication. Answers given demonstrated medicines were given in a competent manner by well trained staff. We saw some people administered their own medicines with appropriate storage being available in their bedrooms. However, other people even though they had capacity had chosen to have staff administer their medicines to assure compliance. Their signed consent was retained in their care file.

We looked at the storage facilities for medicines. We saw whilst medicines were stored securely the medicine trolley was secured to the wall directly next to a radiator. No recordings were kept to demonstrate medicines were stored at the correct temperature. The registered manager assured us the trolley would be moved to a more appropriate location. We saw facilities existed for the storage of medicines in a fridge. Medicine fridge temperatures were taken daily and recorded. Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

We also looked at the medicines policy. We saw the policy had not been reviewed for three years and therefore may not relate to current accepted guidance. The registered manager assured us they would review the policy and make sure it referred to current and relevant guidance.

Good

Is the service effective?

Our findings

We spoke with people about the food at Box Tree Cottage. One person said, "I've only been here a few days but it's the best food I've had in ages." Another person described the food as good and varied.

We spoke with the cook who was also the food safety trainer for the organisation for both people who used the service and staff. It was apparent when speaking with the cook that they were very enthusiastic about their role and took pride in not only ensuring the meals served were appetising but also in helping people to develop their culinary skills. One person said, "I recently moved out of Box Tree Cottage and now live in a smaller house in the community and have to do my own cooking. If [Name of cook] had not shown me how to cook I would have struggled but I am actually doing OK. I still come back and help [Name of cook] if there is a party or something else going on and really enjoy it."

Our discussions with staff demonstrated they had sufficient knowledge and skills to deliver a good quality of care. For example, we spoke with staff about the management of potentially violent and aggressive situations. Their answers showed they had a good understanding of how to de-escalate volatile situations without the needs for physical or drug interventions. The care records we looked at showed staff had acted appropriately in these circumstances and had fully recorded the events and the eventual outcome.

Whilst we found some gaps in the current training matrix we were assured by the manager that arrangements had been made to remedy the shortfall. We found some staff had not received updating in the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and fire safety training. The registered manager confirmed arrangements were in hand for them to attend refresher training in the near future.

The registered manager told us that all new staff completed an induction training programme and completed The Care Certificate within the first twelve weeks of employment. The Care certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager told us the training and personal development needs of individual staff members were identified during their formal one to one supervision meetings and their annual appraisal. Staff spoke positively about the training provided by the organisation and confirmed they received regular updates in a range of mandatory topics.

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 Act 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. In the case of Domiciliary Care applications must be made to the

Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and the registered manager had an understanding of how these principals applied to their role and the support the service provided.

We spoke with the registered manager and they told us all the people who currently used the service had capacity to make their own decisions and our observations and review of people's support plans agreed with that position.

We spoke with the registered manager about the use of restraint and any policy documents to underpin restraining methods. We were told all forms of restraint were not a feature of the service. Any need to protect people or staff from harm was provided by attempts to de-escalate situations or to withdraw all staff and other people to a place of safety and if necessary involve the police. Discussions with staff demonstrated the policy was well understood.

We saw evidence of written consent agreement regarding the sharing of information with other agencies such as the probation service and mental health services. We spoke with people who used the service and they confirmed they had signed the agreement at the commencement of their tenancy.

The care records we looked at showed staff worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. This included GPs, psychiatrists, community psychiatric nurses, district nurses, opticians and dentists. There were close working relations between the community mental health team and the service and this was an important factor in supporting effective care for people with a mental illness.

Good

Is the service caring?

Our findings

All of the people we met appeared relaxed and happy with the staff, and appeared to have a trusting relationship with them. We observed staff supporting people in a positive way. One person told us, "I get a bit anxious but the staff do their best to help me". Another person said, "The staff here are very good and are helping me get better."

When staff spoke with us they were respectful in the way they referred to people. They were able to tell us about people's complex needs, and how they promoted their independence by supporting them to make choices. For example, one person had a long history of an addiction to gambling. The person had difficulty prioritising how they managed their money, with their money commonly spent on gambling before paying rent. We saw and heard evidence of the attempts that were being taken to help the person with money management and make rational choices.

We saw from care records people received support from visiting healthcare professionals and other agencies, such as the probation service. Many people living at the hostel had lost contact with close family. As such, visiting professional support also acted in an advocacy role to give guidance and support during reviews of people's health and social needs.

Staff we spoke with demonstrated empathy towards the needs of people and were fully aware of how life experiences or poor choices had contributed to their mental and physical ill-health. Staff were able to describe how their actions were contributing to help people live more productive and engaging lives. For example, many people had not had opportunities to engage in activities for enjoyment. We heard how people were being encouraged to pursue hobbies and sports to increase their well-being and divert thoughts away from their past problems.

We witnessed interactions between staff and people which were mutually respectful, good humoured and caring. We saw staff were attempting to encourage people to develop social and domestic skills to enable them to live in a less supported environment in the future. For example, people were encouraged to help with washing-up after meals and to keep their rooms clean and tidy. Whilst these tasks were challenging for some people support plans showed other people were making progress in achieving a degree of independence.

Good

Is the service responsive?

Our findings

The support plans we looked at recorded what each person could do independently and identified areas where the person required support. When people moved into the hostel detailed assessments took place which ensured people's independence was promoted. We also saw evidence of pre-admission assessments conducted by a wide range of individuals including, psychiatrists, the probation service and senior staff at the home. This assessment ensured the service could meet people's complex needs. Many people who used the service had lived disrupted lives and the home sought to provide a stable environment in which to attempt to give people opportunities for their future.

We were told two people living at the hostel were diagnosed with a severe mental disorder, were at risk of harm, may tend to neglect themselves and had a history of having being detained under the Mental Health Act 1983. As such these people's care was influenced through a Care Programme Approach (CPA). This approach ensures a multidisciplinary involvement in assessing, planning and reviewing people's mental health care needs.

We found the support plans were detailed, recovery-oriented and person centred. Our examination of care files and subsequent discussion with people who used the service demonstrated the support plan provided an accurate description of people and their needs. We saw support plans were subject to regular review.

We saw support plans were largely derived from risk assessments which sought to protect both the person and others from harm. We saw some elements of support plans were specifically designed to care and support people in a community setting.

Whilst some people who had recently served a custodial sentence were not entirely free to make choices we saw they had been involved in developing the care plan and had signed to say they agreed with them.

Throughout the inspection we observed people being given choice in how they wished to spend their day. These choices extended from what and when they wished to eat, to how they wished to be entertained, such as going to the cinema.

The staff we spoke with demonstrated a good knowledge of all people's needs and we observed staff supporting and responding to people's needs appropriately throughout the day of inspection. The people we spoke with indicated that they were happy living at Box Tree Cottage and with the staff that supported them. One person said, "I would have been lost without the help of staff at Box Tree Cottage but I now feel more positive and can see a future for myself."

We observed positive interactions between people and staff and saw staff spent time with people, engaged them in conversations and offered support and assistance as and when required.

We found systems in place to manage complaints. However, we found one complaint had not been dealt with appropriately and there was no evidence the complainant had been made aware of the outcome of the

investigation. The registered manager assured us the process would be reviewed and fully implemented in future.

Good

Is the service well-led?

Our findings

We found the registered manager took steps to provide for an inclusive approach to care delivery. We saw evidence regular staff and service user meetings were held. Staff told us there was an open culture within the home and the registered manager listened to them. Staff told us they appreciated being involved in decision making and felt their involvement had contributed to the quality of service delivery.

One staff member said, "The manager is supportive and approachable and ensures both people who use the service and staff receive the support they need. It is an excellent place to work." Another staff member said, "I really enjoy my job, we have a good staff team who are focused on providing people with the help and support they need to regain their confidence and self-esteem."

People who used the service also told us they had confidence in the registered manager and staff team and the service was well managed. One person said, "I have had a few problems in the past but I am now sorting things out with the help of [Name of manager] and staff and things are slowly getting better." Another person said, "It's a good place, staff listen to you and do whatever they can to help."

We sat in on the morning staff handover. Whilst the handover was delivered by the person-in-charge overnight the manager ensured all matters arising were allocated to individual staff members to take responsibility for. Throughout our inspection we saw a high level of focussed communication between the registered manager and staff regarding people's needs.

We saw there was an "On call" rota for the service which meant staff could contact one of the managers for advice out of normal hours. The registered manager told us in the unlikely event of the duty manager not being able to deal with the matter there was always a senior manager employed by the organisation available to provide help and support. This meant if there was an untoward incident staff were well supported and there were clear lines of communication and accountability.

We found quality assurance monitoring systems were in place which were designed to ensure compliance with current legislation and there was evidence staff carried out a rolling programme of meaningful audits. We saw as part of this system the registered manager completed and sent a monthly "project manager monthly report" to the area manager and an action plan was put in place if any shortfalls in the service were identified.

We saw an annual customer satisfaction carried was carried out to seek people's views and opinions of the service provided. The registered manager told us the information received was collated and us any suggestions that may improve service delivery were welcomed. We saw the customer survey for 2016 was due to be carried out throughout September 2016. We have therefore asked the registered manager to forward us a copy of the survey results once collated.

We found the quality assurance monitoring systems to be robust and well carried out. We saw evidence of reflective practice where mistakes were seen as opportunities to learn and drive up quality.

Our discussions with the registered manager and area manager showed them to be open, transparent and knowledgeable about the service and the support people received. It was also apparent they were committed to making sure staff felt valued and appreciated.