

Bos Y'n Dre

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Bos Y'n Dre is a residential care home that was providing personal care to four people with a learning disability at the time of the inspection.

People's experience of using this service: Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions effective and well-led to at least good. At this inspection we found the heating system had been improved and systems to manage people's personal monies were robust.

The service was based in the registered managers home and there was an inclusive and family orientated atmosphere. People were clearly relaxed in their environment and moved around the premises independently. A shared lounge contained people's possessions and various puzzles, books etc. so people could choose to pick them up at any time.

Everyone we spoke with was positive in their feedback. Comments included; "I am always totally impressed with the care that each resident receives", "[Relative] has grown into a lovely man since being at the service. He is much more chatty and loves to laugh now which goes to prove how much love and care has been shown him" and "I feel safe, yes, very."

The providers and registered manager had built trusting relationships with people and knew them well. There were no staff employed at the service other than the registered manager. The providers had originally started and ran the service and were still available to support if necessary. They visited regularly and were an important part of the service, spending time with people and taking part in trips out.

The registered manager had completed training and refreshed it regularly in line with best practice or when circumstances changed. They had no system for keeping up with developments in the care sector and we have made a recommendation about this in the report. The contact details for the service had changed and this had not been updated with the Care Quality Commission (CQC). Because of this oversight we had not received a completed PIR.

Care was planned to meet people's needs and preferences. The registered manager supported people to be involved in the development of care plans and any reviews. Over time they had developed techniques to encourage people to be more involved and 'own' their care plans. They contained positive information about people's skills and talents. There were descriptions of when people needed support and what they could do independently. People were supported to have maximum choice and control of their lives and the registered manager supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (Published 15 February 2018).

Why we inspected: This was a scheduled inspection which was planned according to the previous rating.

Follow up: We will continue to monitor the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Requires Improvement ●

The service was not entirely well-led.

Bos Y'n Dre

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one adult social care inspector.

Service and service type: Bos Y'N Dre is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a manager registered with CQC. 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.

Notice of inspection: We gave the service notice of the inspection site visit because it is small and people are often out during the day. We needed to be sure someone would be available to support the inspection.

What we did: Before the inspection we reviewed information we held about the service including previous reports.

During the inspection we spoke with the registered manager and two people about the care they received. We reviewed people's care records, Medicine Administration Records and other records relating to the running of the service. Following the inspection visit we contacted a relative and two external healthcare professionals for their views of the service.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider did not complete the required Provider Information Return. We took this into account in making our judgements in this report.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and providers had built trusting relationships with people over a number of years.
- People told us they felt safe and they were relaxed and comfortable in their surroundings. We observed people moving around the premises and they were clearly comfortable and used to doing this.
- The registered manager had completed safeguarding training and this was refreshed as needed.
- An external healthcare professional commented; "I always leave feeling that each resident is in a very safe and caring environment."

Assessing risk, safety monitoring and management

- Care plans outlined general risks and the measures in place to keep people safe.
- Some risks had not been clearly defined and written guidance on how to support people in order to mitigate risk was sparse. We discussed this with the registered manager who said they would further develop their risk assessments.
- Although the records lacked detail the registered manager and providers knew people well and understood how to keep people safe.
- The environment and utilities were checked regularly by external contractors to help ensure they were safe.

Staffing and recruitment

- There were no staff employed at the service other than the registered manager. When they required time off people were supported by the registered providers.
- There were policies and procedures in place to support the registered manager if they ever needed to recruit new staff.

Using medicines safely

- Only one person was had been prescribed long term medicines. There were robust systems in place to help ensure medicines were administered safely.
- The pharmacist had recently changed how they administered medicines and the registered manager had updated their training in response.
- The person had annual health checks and these were used as an opportunity to assess if the medicines were still necessary for the person's health and well-being.

Preventing and controlling infection

- People were encouraged and supported to keep their home clean and tidy. Bedrooms were very clean

and the registered manager told us, "I rarely have to do anything other than a quick dust round."

- The shared areas of the premises were also clean and tidy. There were gloves available outside a shared bathroom for use when supporting people with personal care.

Learning lessons when things go wrong

- The registered manager had a positive approach to learning from negative events. They described an occasion when one person had become distressed and the steps they had taken to identify the cause of the distress. They had then changed their approach to a particular task to avoid a repeat occurrence.
- Accidents were recorded and with details of the circumstances surrounding the event. There had been very few accidents or incidents at the service.

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

Good: ☐ 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 had been assessed before they went to live at Bos Y'n Dre. People had met with staff and other people at the service to make sure all parties were in agreement with the move.
- The registered manager was focussed on delivering care and support in a way which led to good outcomes for people.

Staff support: induction, training, skills and experience

- No staff were employed at the service apart from the registered manager. They were supported the registered providers. All had experience supporting people and the registered manager updated their training regularly.

Supporting people to eat and drink enough to maintain a balanced diet

- People had access to a varied and health diet. One person told us; "We're all healthy eaters."
- People had drinks offered to them regularly and were encouraged to try new flavours. For example, one person was trying a new fruit tea which they said they would have again.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other healthcare professionals when necessary. For example, a chiropodist visited the service every six weeks. People saw a dentist, optician and GP regularly. Everyone had an annual health check.
- The registered manager had recognised when one person's health was declining and ensured they were seen by the appropriate services.
- When people had accessed other agencies the registered manager had ensured good systems of communication were in place.

Adapting service, design, decoration to meet people's needs

- At the last inspection on 20 November 2017 we asked the provider to take action to make improvements to the heating system, and this action has been completed. The environment was warm and comfortable.
- A conservatory had been adapted for use as a dining room after it was identified that people were not choosing to use it as a sitting area.
- Bedrooms were personalised and reflected people's individual tastes and preferences.
- The garden was steep and accessed by steps. A handrail was in place to for people to use when ascending the steps.

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA. No-one had been assessed as lacking capacity to make decisions. The registered manager worked to find ways to support people so they were able to make decisions about their care and support.
- The registered manager had completed training in the MCA and associated DoLS and were aware of their legal obligations if anyone became unable to continue to consent to their care.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The registered manager demonstrated a caring, non-judgemental and accepting attitude towards people. They had high expectations for people and were proud of their achievements.
- The service had a very domestic feel to it and truly felt like a home. A relative commented; "[Person's name] has been made to feel part of the family. Also when I visit, the house always feels peaceful and homely and I am made to feel very welcome. [Registered manager] has become a great friend to me."
- The registered manager lived in the service with their partner and young family. They told us there were plenty of relaxed and unforced interactions and described how all parties spent time together.
- One person had attended a local church regularly in the past but had chosen not to continue as they found the environment physically uncomfortable. However, the link to the church had been maintained and the registered manager told us they would support them to attend a service if they wanted to.

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

- Most people were able to express their views verbally and were in constant conversations about how they wanted to spend their time and live their lives.
- One person had fewer verbal skills and the registered manager explained how they were able to understand what the person wanted and whether they were happy or not.
- As well as gathering people's views informally, people received questionnaires annually to complete. These were presented using simple text and pictures to make them meaningful and support people's understanding.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Although the registered manager knew people well there was a lack of information about people's personal histories in care plans. We discussed the importance of recording and keeping this type of information and they agreed they would work with people and their families to develop this aspect of the records.
- There was a strong emphasis on supporting people to remain independent. People's care plans included information on things they could do for themselves and those that they needed support with.
- People were supported to maintain and develop relationships with families and friends. Relatives were regularly updated with people's wellbeing and progress. The registered manager told us; "I said to [person's relative], this is her home, it's where she lives. You must visit whenever you want."

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service understood people's information and communication needs. These were identified, recorded and highlighted in care plans. The service met individuals' information and communication needs and these were shared appropriately with other professionals involved in people's care. For example, hospital passports had been developed.
- Care plans reflected people's individual needs and preferences. These had been developed in partnership with people. The registered manager explained how they found ways to involve people and work with them in ways which suited them. They told us; "They are all different and you have to tweak how you do it but it is worth it. Particularly with [Person's name], you saw him thinking, this is mine, it's about me."
- Information in care plans was individualised and emphasised people's skills and talents. For example, one care plan read; "I'm awesome at dancing."
- People spent their time doing things they enjoyed both in and outside of the service. The registered manager explained how people's interests varied and the opportunities they were given to try new experiences.

Improving care quality in response to complaints or concerns

- People told us they had not made a complaint but would be confident to approach the registered manager if they had any worries.
- A complaints form was available for people to use and this was provided in an easy read format to support people's understanding.
- A complaints policy was in place which included contact details for CQC and the local authority.

End of life care and support

- Care plans contained brief information about people's preferences after their death. No-one was receiving end of life care.

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

RI: ☐ Service management and leadership was inconsistent.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At the last inspection on 20 November 2017, we asked the provider to take action to make improvements to the way in which people's personal monies were managed and recorded and this action had been completed. There were clear records of expenditures, receipts were kept and a running total kept of people's available cash.
- The ethos of the service was to provide a family environment for people to live in and this was clearly evident.
- There was an emphasis on tailoring care and support to meet people's individual needs and preferences.

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

- The registered manager had not kept their contact details updated with CQC and consequently had not received a PIR. They were unaware of the need to complete this document. Therefore we are not able to rate this key question as higher than requires improvement.
- Quality monitoring systems were in place to help maintain the smooth running of the service.

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

- The registered manager spoke regularly with relatives and encouraged their involvement. However, there was no formal system in place for gathering their views. We discussed this with them and they agreed they would implement this in the future.

Continuous learning and improving care

- The registered manager was unaware of some developments in the care sector. They had no system for keeping up to date with good working practice.

We recommend the provider seek advice and guidance on accessing external organisations in order to keep updated on any developments in the care sector.

Working in partnership with others

- Professionals with experience of the service told us they found the registered manager open and communicative. One commented; "I have absolutely no negative feedback and can only praise [registered manager] for the care and support they give to the residents, who are always happy and chatty with me."

