Havencare (South West) Limited

Botchill House

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

Summary of findings

Overall summary

About the service
Botchill House is a residential care home providing personal and without nursing for up to 15 people with learning disabilities.

The service is in a rural setting and accommodation is provided in one adapted building with bedrooms on the ground and first floor.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 15 people. Ten people were using the service with no plans to increase these numbers. All ten had previously lived together in a ward in a large hospital and moved together to this service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People could not directly tell us about their experience of living at Botchill due to their complex needs and communication difficulties. We observed people moving freely around the house, enjoying each other's and staff company. People were relaxed and enjoying the warm weather. There were lots of different seating areas set up outside, some with shade. The garden provided people with lots of safe space to wander.

People's relatives were positive about the care and support people received. One said "We are very happy (name of person) is here. She is settled and happy."

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence. Although the service was in a rural location, people were supported throughout the day to enjoy trips out to the local town. A small group also went on a trip to a local zoo on the day we inspected.

Outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were encouraged to take part in activities of daily living such as helping with meal preparation.

Staff were skilled at understanding people's communication needs and this helped people to make their views known by various ways.

Staff were knowledgeable about people's needs, preferences and wishes. They ensured a person-centred approach through detailed and collaborative care planning. People's privacy and dignity was respected.

The service used individualised communication tools to assist people to make choices and make their needs known. The provider ensured best practice guidance was followed. They were signed up and contributors to a range of national organisations who promoted best practice for people with learning disabilities.

People were supported to enjoy a wide variety of meals, snacks and drinks. Staff were observant to ensure people had good hydration. Where people may be at risk of choking, staff closely monitored them when eating and drinking.

People's healthcare needs were well met. Staff used a variety of national tools to ensure people's particular health issues were closely monitored. Each person had a hospital passport which had important information about how best to communicate and care for the person.

People were protected because risks had been assessed and any measures needed to mitigate these were fully documented. New staff were only recruited once they had all their checks to ensure they were suitable to work with vulnerable people. People's medicines were safely managed.
There were quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

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

Rating at last inspection
The last rating for this service was Good (report published December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

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 well-led.

Details are in our well-Led findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Botchill House

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector 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
Botchill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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
The inspection was announced. We gave short notice because some people living with autism need time to process information about a new person visiting their home. The staff were given time to prepare social stories and the inspector supplied a photo of themselves prior to the inspection.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-
We spent time and spoke with three people living at the service and three relatives. We spoke with six staff including the registered manager, care workers and domestic staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed three care plans and their associated risk assessments. We also looked at medicine administration records and three staff files. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question had remained the same.

This meant people were safe and protected from avoidable harm.

Preventing and controlling infection
• Some parts of the home had a malodourous smell. The kitchen floor was dirty and there was dust on surfaces. Some of the sealant around the sink was coming away and it would be difficult to ensure this could be cleaned. There was no fly screen on the kitchen window. We saw there was an abundance of flies in other areas. When we fed this back to the registered manager, they explained there was no domestic staff on duty over the weekend. They said the areas we identified for improvement would be addressed promptly. Although there was no direct impact on people, there was a potential for infection control to become compromised in the areas we identified. The registered manager understood this and took immediate steps to address the concerns.
• Staff undertook training in infection control and were aware of how it applied to their practice.
• Staff confirmed there was always a plentiful supply of gloves and aprons available for their use in helping to prevent any cross infection.
• The laundry area was well organised, so cross infection was kept to a minimum.

Staffing and recruitment
• The provider had a robust recruitment process in place to ensure only staff who were suitable to work with people who may be vulnerable were employed. However, the way information was stored was not easy to check that full employment histories had been verified. The provider also recorded the date the Disclosure and Barring Service (DBS) check needed renewing, which by default showed when their original one was sent.
• There was sufficient staff available at all times to meet people's needs. There were usually three to four staff each day to assist people to get up and then this increased to six staff for the day. This ensured people could access the local community and do activities of their choice both as small groups and as individuals. At night there was one staff on duty and one staff on sleep in. They could be called to assist if there was an emergency or someone needed additional support.
• The provider ensured where possible staffing was over 20 per cent of what was required so holidays and sickness could be easily covered. The registered manager said in the past few months gaps in the rota had been covered by some agency staff. However, the used the same agency workers where possible to help with providing consistency for people.

Systems and processes to safeguard people from the risk of abuse
• Staff understood what and who to report any concerns about abuse to. This was part of their initial and

ongoing training.
• The registered manager understood their responsibility to report any concerns to the local authority safeguarding team and to CQC.
• There were clear polices and procedures for staff to follow. The provider ensured good oversight with a designated lead for safeguarding matters. They attended the Multi Agency Forum for Safeguarding Adults learning events. This was a forum for learning and discussing best practice.

Assessing risk, safety monitoring and management
• People's plans clearly identified risks. For example, where their behaviours may present a risk to themselves or others. The risk assessment identified what triggers may result in particular behaviour and what staff should do to de-escalate the situation. Plans were rated red, amber or green for low risk. There was also a blue section which contained information for calming techniques that may work. For example, one person was not keen on meeting new people and seeing new faces. The blue section informed staff if agency staff were planned to be on duty. The person liked to have a photo of the agency staff member given to them the night before. This allowed them time to process a new face coming to the service. They also requested one of the inspector prior to the inspection for the same reason.

Using medicines safely
• People were supported to receive their medicines on time. No one as able to self-administer their medicines.
• Staff had training and regular checks on their competencies. This ensured they were following best and safe practices when administering medicines.
• The fridge, which was used if medicines were needed to be stored at a low temperature, had on a few occasions gone above the recommended temperature. Staff had noted this and taken measures, such as put on a cooling fan and pull down the blinds. We discussed whether this was sufficient during the exceptional hot weather. No medicines were being stored in the fridge at the time. Therefore, there was no impact for people using the service. The registered manager said they would look at purchasing another one.

Learning lessons when things go wrong
• The service had a proactive and learning approach to accidents and incidents through staff debriefings and training for staff. For example, reviewing when someone's behaviours had escalated.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 had lived at the service for a long time having moved there from a long stay hospital. Their needs, preferred routines and wishes were well known to staff.
• Each person had a detailed care plan for staff to refer to. This enabled staff to deliver a consistent approach.
• The provider was signed up to a number of national best practice organisations. These included the British Institute for learning disabilities (BILD), Challenging Behaviour Foundation, SCIE, NICE. This enabled he service to keep up to date with national guidance and sharing of best practice. They were also signed up to the Person-Centred Charter, Restraint Reduction Network, Social Care Commitment. These were all initiatives set up to share best practice and improve the lives of people.

Staff support: induction, training, skills and experience
• The provider understood the importance of having a skilled team of workers to ensure peoples need were effectively met. Staff were offered training in all areas of health and safety as well as more specialised areas such as epilepsy, autism awareness and managing behaviour which may challenge.
• Staff said they felt supported and confident with the training they had completed. One said "There is always training available on all sorts of areas. I think this is very good."
• Staff who were new to care were expected to complete a Care Certificate. This is a national guide to ensure all areas of care and support were covered.
• Staff confirmed they were offered regular supervision in the form of a one to one meeting to discuss their role and training needs.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat a balanced diet. Staff chose the menus based on their knowledge of people's likes and dislikes.
• People were offered a variety and choice of meals, snacks and drinks throughout the day. People's special dietary requirements were considered. For example, one person was on additional calories and supplementary drinks to help them gain weight. Another person was being monitored because they had recently been diagnosed as having diabetes.
• People went to the shops to purchase their own snacks and drinks. These were kept in their own locked cupboards.

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

• Care plans showed people's needs had been assessed and monitored in conjunction with various healthcare professionals.
• Where people's needs had changed, staff consulted with GP's consultants and other relevant healthcare professionals.
• When people needed to be admitted to hospital, they had a hospital passport. This provided staff with essential information about the individuals communication and how best to support them to feel at ease.

Adapting service, design, decoration to meet people's needs
• Botchill House is an older style farmhouse which had been extended and adopted to meet people's needs.
• Signs and photos had been used to help people know where communal areas were.
• People's bedrooms had been personalised. People had fingertip recognition to enter their room. This meant they could easily assess their room, without a key and have some privacy. Staff had a fob which could open these doors for ease of access in care of an emergency.

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• The registered manager explained that everyone had an application for DoLS and one had been granted to date.
• Staff and management had a good understanding of MCA and ensuring people's rights were embedded into their everyday practice.

Good

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. (

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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
• It was clear from discussions with staff and our observations, people were treated with kindness and respect.
• Staff spoke passionately about people's diverse needs and how they worked to meet these. For example, ensuring that despite being in a rural location people went out and about into the local community most days.
• Relatives confirmed people were respected and well cared for. One said "(Name of person) is very happy here, we can't fault them, we have no complaints at all" Another said they did not visit so often but had found staff to be caring and their relative appeared "Very well looked after."
• People's diversity was considered within their care plan. For example, one person loved tractors and there was an old one in the garden for them to sit on. Their support plan gave good details of the outings this person particularly responded well to.

Supporting people to express their views and be involved in making decisions about their care
• Most people did not communicate with words. Staff had been creative and used a variety of ways to assist people to express their views. Pictures, photos, symbols and giving concrete choice of two items were all ways staff used to assist people in their decision making.
• Staff were skilled at understanding people's non-verbal cues which helped in ensuring people could express their views.
• Plans gave staff clear directions about people's ways of communicating, together with some definite ways of working which were more successful. For example, if someone was resistive to their personal care, staff were directed to wait a short time and go back or try another staff member.

Respecting and promoting people's privacy, dignity and independence
• When people needed support, staff did this in a caring and respectful way, making sure they were aware of what was happening and checking they were happy.
• Staff spoke about ways they ensured people's dignity was upheld and we observed examples of how this was embedded into everyday practice. Checking people were not becoming distressed or bored, ensuring care and support was being delivered in the privacy of people's own rooms.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

• People received care and support in a way that was responsive to their needs. This was because staff knew people well, understood what was important to each individual and worked in a way to ensure their wishes were met. For example, ensuring people went out on trips which were important and enjoyable to them.
• It was clear from discussions with staff, they had an in-death knowledge of each persons preferred routines. This meant they could deliver personalised care and support.
• Care plans contained high levels of detail about what was important to each person and how to best work with them. This information was reviewed on a regular basis. Sections included what a good day for an individual may look like.
• Staffing was flexible to ensure people's hobbies, interests and access to the local community was facilitated. This was important as the home was quite rural, and people needed transport and staff support to go to activities and amenities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

• The service used a number of ways to help people understand information and make choices. This included pictures, symbols and communication books specific to the person. For example, one person had a communication board. Staff used this to put detail of appointments and outings and a photo of staff who would be going with the person. We heard how this was really important to the person to keep them calm. Another person found the build up to Christmas stressful. Staff provided them with a countdown calendar to help them prepare.
• Staff used social stories with some people. This helped them to process new information. For example, they had created a social story about the inspection and posted a picture of the inspector. This was important for one person and reduced their anxiety of meeting a new person.

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's interests and passions were well known, encouraged and supported by staff. For example, one person loved swings, staff had purchased a swing for their own garden. Another person had been supported to go and see the Red Arrows. One person loved fictional characters. Staff had helped them to subscribe to magazines and publication relating to their favourite characters.
• People were supported to maintain contact with family and friends. Relatives confirmed they were always made welcome, could visit at any time. They also confirmed staff supported their family member to stay in touch with phone calls.
• Staff described how they worked with people to ensure they were not socially isolated, but also respected some people's need to have time to themselves.

Improving care quality in response to complaints or concerns
• Systems were in place for the management of complaints and concerns. The service had a complaints policy and procedure, and this was in easy read format. Records were kept of any investigations and outcomes
• The welcome pack for when people came to live at the service, contained some photos of what staff should and shouldn't do. This helped people understand when they may wish to make a complaint, although for most people this would not be in any formal way.
• Relatives said they could raise issues or concerns. One said they had mentioned they thought their relative should get more exercise. They had noted this had been actioned as their relatives walking had really improved.
• There had been no new complaints in the last 12 months.

End of life care and support
• Some people had their end of life wishes or arrangements recorded within their plans. For example, we saw one person had a pre-paid funeral plan in place.
• For most people, this concept would be difficult for them to comment on. Essential information such as who to contact in event of illness and death were clearly recorded.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The culture of the service was one of ensuring people were supported to have maximum choice in their everyday lives. This ensured care and support was person centred. It was clear from care plans, daily records and discussions with staff this was being achieved.
• Although this was a larger service than we would recommend, people had lived together for many years and it was clear there strong bonds and friendships had developed over that time. The environment and culture were inclusive. For example, the main office was open for people living at the service to freely wander and sit in.
• Staff confirmed their views and opinions were valued and listened to.
• Relatives said care and support was person centred and their views were considered.

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 registered manager staff team team were focussed on providing a high quality and person-centred service for people, recognising their individuality. They understood the importance of working well with other agencies and families in an open and transparent way.
• The service informed relatives of any concerns if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager and provider had systems to audit records relating to medicines, care plans and risk assessment.
• Environmental checks were completed as part of the provider's three monthly periodic review. This did not include the cleanliness of the environment. Following a discussion with the registered manager and the concerns found on the day, they agreed this would form a recorded check and audit.
• The registered manager was aware and proactive in understanding and acting on their role to ensure regulatory requirements were met. This included keeping CQC informed of any significant incidents or

events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People's equality characteristics were fully considered when planning and reviewing the service. This was evident in the detailed and person-centred plans which considered people's holistic needs.
• People living at the service may not wish, or benefit from, attending a meeting, but their views were sought through one to one time with staff who knew them well.
• Staff confirmed their views and opinions were listened to. The registered manager said the staff team were diverse in their age range, skills and views and all brought "something to the service." For example, care staff were expected to cook, staff skills were utilised well. So when a staff member was on duty whose skill set in cooking was not strong, the team looked at easy plan but nutritious meals.

Continuous learning and improving care; Working in partnership with others

• It was evident continuous learning was seen as key to ensuring a high-quality delivery of care and in line with best practice.
• The provider subscribed and was a member of various national best practice organisations.
• The Provider Information Return gave examples of areas where they had contributed to national learning. It stated "NICE Challenging Behaviour Guidance May 2015, Havencare were a registered stakeholder and attended the scoping event in the summer of 2013 and commented on the draft publication, these comments were recognised and the publication adapted accordingly in February 2015. This guidance will now be used to inform policy and staff development"