

Box Tree Cottage Cambridge Limited

Box Tree Cottage Residential Home

Inspection report

16 Way Lane, Waterbeach,
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Tel: 01223 863273

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Box Tree Cottage Residential Home is a care home registered to provide accommodation and personal care for up to 14 people who have mental health support needs. There were 14 people living at the home at the time of our visit. The home is a medieval thatched cottage and accommodation is provided on two floors. There are internal and external communal areas, including a lounge, dining areas, an outside smoking area and a garden for people and their visitors to use.

This unannounced inspection was carried out on 18 March 2015. At our previous inspection on 01 October 2013 the provider was meeting all of the regulations that we assessed.

There was a registered manager in place. They had been in post since August 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. There were formal systems in place to assess people's capacity for decision making and when appropriate applications would be made to the authorising agencies for people who needed these safeguards. At the time of this inspection people were not currently deprived of their liberty.

People who lived in the home were supported by staff in a respectful and kind way that maintained their safety, but also supported their independence. People had individualised care and support plans in place which recorded their likes and dislikes, needs and wishes. These plans gave staff guidelines on any assistance a person may require, as well as how to respect people's choices and preferences.

Risks to people were identified by staff. Plans were put into place to minimise these individual risks to enable

people to live as safe and independent a life as possible. There were arrangements in place for the safe storage, disposal, management and administration of people's prescribed medication.

Staff cared for people in a patient way. Staff took time to reassure people who were becoming anxious in an understanding manner. There was an 'open' culture within the home. People were able to raise any suggestions or concerns that they might have had with staff members or the registered manager and feel listened to.

There were a sufficient number of staff on duty. Staff were trained to provide effective care which met people's individual support and care needs. Staff understood their role and responsibilities and were supported by the registered manager to maintain their skills through supervision, appraisals and training.

The registered manager had in place an on-going quality monitoring process to identify areas of improvement required within the home. Where improvements had been identified there were actions plans in place which documented the action taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Systems were in place to support people to be cared for safely and to make sure that any identified risks were reduced. Staff were aware of their responsibility to report any safeguarding concerns.

People's support and care needs were met by a sufficient number of staff. Staff were recruited safely and trained to meet the care and support needs of people who lived at the home.

Medicines were stored safely, at the correct temperature and were administered in a way which accurately reflected the medication administration records.

Good



Is the service effective?

The service was effective.

People had been assessed under the MCA 2005 for specific decisions.

People were involved in reviews of their care and support needs.

People were supported to eat a nutritional diet. People's nutritional health and well-being was monitored by staff and any concerns including weight loss, were acted on.

Good



Is the service caring?

The service was caring.

Staff were kind and respectful in the way that they supported people.

Staff encouraged people to make their own choices about things that were important to them and to maintain their independence.

People's privacy and dignity were respected by staff.

Good



Is the service responsive?

The service was responsive.

People were supported by staff to maintain their interests and take part in activities in the local community to promote social inclusion.

People's care and support needs were assessed, planned and evaluated. People's individual needs and wishes were documented clearly and met.

There was a system in place to receive and manage people's suggestions or complaints.

Good



Is the service well-led?

The service was well-led.

There was an open culture within the home. Staff were supported by the registered manager to provide care and support to people.

Good



Summary of findings

The registered manager had a quality monitoring process in place to identify any areas of improvement required within the home. Plans were in place to act upon any improvements identified.

Box Tree Cottage Residential Home

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 18 March 2015, was unannounced and was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of working with or caring for someone who uses this type of care service and support.

We looked at information that we held about the service including information received and notifications.

Notifications are information on important events that happen in the home that the provider is required to notify us about by law. We also looked at the local authority reports from their recent visits to the home.

We observed how the staff interacted with people who lived in the home. We spoke with 10 people who used the service. We also spoke with the registered providers, the registered manager, two care staff, one apprentice care worker/domestic assistant, head cook, cook and the gardener/handyman. We received feedback about the service from a Community Psychiatric Nurse.

We looked at two people's care records and we looked at the systems for monitoring staff supervisions, appraisals and training. We looked at other documentation such as quality monitoring records, maintenance and utilities records, compliments and complaints and medication administration records.

Is the service safe?

Our findings

People we spoke with told us that they felt safe living in the home. One person said that, “I feel very safe here and I am able to do the things I want to do.” Another person told us that they, “feel safe,” living at the home.

Staff we spoke with demonstrated to us their knowledge on how to identify and report any suspicions of, or actual harm. They told us that they had undertaken safeguarding training and this was confirmed by the records we looked at. We saw that information on how to report abuse was available on the communal notice board in the home, for people living at the home, their visitors and staff to refer to. People we spoke with talked positively about staff and how they were treated by staff. One person told us that staff, “think about me and how I feel.” Staff we spoke with were clear about their responsibilities to report abuse and this showed us that staff knew the processes in place to reduce the risk of abuse.

People had individual risk assessments undertaken in relation to their identified support and care needs. We saw that specific risk assessments were in place for people at risk. Risks included, not maintaining their own personal care, smoking, alcohol, poor nutrition, not taking their medication and mental health. A person we spoke with told how staff were there to, “prompt [them] when necessary,” which helped them remain safe. Risk assessments gave guidance to staff to help assist people to live as safe and independent a life as possible, and reduce the risk of people receiving inappropriate or unsafe care and assistance.

People told us how staff would be there for them when needed. One person said, “there is always someone [staff] there to help me.” During our observations we saw that although staff were busy, there were enough staff to provide support and care to people in an unrushed manner. People had access to a call bell which they told us

would bring a response from staff that were on duty. Staff we spoke with confirmed to us that people were supported by sufficient numbers of staff and that the owners of the home were available ‘on-call’ if needed to step in at short notice.

Staff we spoke with said that pre-employment safety checks were carried out on them prior to them starting work at the home. Records we looked at showed that this was the case. This demonstrated to us that there was a system in place to make sure that staff were only employed if they were deemed safe and suitable to work with people who lived in the home.

People we spoke with were aware of their medicine and its importance. We saw that staff explained to people discreetly what their medication was for when administered. We found that people’s prescribed medicines were stored safely and at the correct temperature. Records of when medicines were received into the home, when they were given to people and when they were disposed of were maintained. Records we looked at showed that staff were trained to administer medicines. However the registered manager told us that staff medication administration competency checks were carried out on staff but not formally recorded.

We found that people had a personal emergency evacuation plan in place. We also saw records that fire drills took place within the home and people had signed to say they understood the evacuation procedure. This showed us that there was a plan in place to assist people to be evacuated safely in the event of an emergency.

We looked at the records for checks on the home’s utility systems and the buildings fire risk assessment. These showed us that regular checks had been completed to help ensure people were, as far as practicable, safely cared for in a place that was safe to live, visit or work in. People were assured that the registered manager had appropriate checks in place to help ensure their safety.

Is the service effective?

Our findings

Staff told us that they were supported with regular supervisions and an annual appraisal. Staff said that when 'new' they were supported with an induction process. This included training and 'shadowing' a more experienced member of staff or the registered manager. This was until they were deemed competent and confident to provide effective and safe care and support.

We found that staff were knowledgeable about people's individual support and care needs. Staff told us about the training they had completed to make sure that they had the skills to provide the individual care and support people needed. This was confirmed by the registered manager's record of staff training undertaken to date. One staff member told us that, "they are always trying to develop my knowledge and understanding." This showed us that staff were supported by the registered manager to provide effective care and support with regular training and personal development.

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions. During this inspection we saw that people had freedom to come and go from the home and that people were not deprived of their liberty.

We saw that staff respected people's right to make their own choices. Staff we spoke with demonstrated to us their understanding of why it was important to respect people's preferences. People we spoke with, and our observations, confirmed this to us. One person said that by helping out in the home they felt that they would remain active and engaged. Each morning a 'house meeting' was held to discuss the plans for the day and choices of activities. It was also an opportunity for people to raise any concerns they might have. One person told us that, "they [staff] always ask if there is anything I would like to do." We saw staff ask people their choice over drinks, and social activities and respect the choice that was made throughout this inspection.

Care records we looked at documented that people had signed to agree their care plan. Records also showed that people were encouraged to take part in their care plan review. Reviews were carried out to ensure that people's current support and care needs were documented. This was confirmed by people we spoke with.

People were very positive about the meals provided. We saw that people were involved in preparing for the meal by laying out tables and collecting their meal. The home had a provision for people to prepare their own drinks and snacks when they wished to do so. Fresh fruit was available. The head cook told us that staff regularly updated them and the cook around people's weight loss or special dietary needs so a special diet could be implemented and monitored. We were told that, "we keep a close watch on the intake of residents to ensure their nutrition is appropriate especially for those residents whose personal preferences can be cause of concern. We try to encourage rather than limit." This showed us that people were supported with their nutritional and hydration needs.

Staff maintained records to monitor people at risk of weight loss. These records were completed by staff to help staff identify and respond quickly to any concerns. However, we found that food charts were not detailed enough. This was because they did not document the amount people at risk of malnutrition had eaten or the nutritional value of the food.

A community psychiatric nurse we spoke with told us that staff were effective in managing people's support and care needs. They said that the registered manager and staff followed their advice and that communication was good as they received regular updates from the registered manager. They said that people's needs were well met by staff.

In the care records we looked at we saw that the registered manager and staff involved external health care professionals if they had any concerns about people living at the home. People told us that they had access to external health care professionals. Records we looked at confirmed that people had access to external health care professionals when needed. We saw that those people deemed at risk were referred by staff to specialist external health care professionals.

Is the service caring?

Our findings

People who lived in the home made positive comments about the care and support provided by staff at the home. One person told us that, “they [staff] really care about us and I really like them.” Another person told us that it was like, “living in a hotel.”

We saw that staff gave people choices and respected the choices they made. One person told us that, “It’s like being part of a big family where we all share together.” Another person said that, “being in this family means that everyone cares for each other.” One staff member told us, “I never thought I would love the work so much. Each day is different. I get a buzz each day just seeing the residents smile.” Staff were also quick to offer people reassurance when people were becoming anxious. Our observations throughout the visit showed encouragement given by staff to people they supported in a sensitive and caring way. This meant that the person was reassured to once again become more settled.

Both staff and people using the service were seen knocking on people’s bedroom doors before gaining permission to enter. This was to respect people’s privacy and dignity. We

saw that people’s bedrooms had a security lock on the door which they could lock if they wished to maintain their privacy. We noted that the lock was a type that could be opened in an emergency. People told us that they were encouraged to personalise their bedrooms to make them feel more homely. This was confirmed during this visit. One person told us, “I can put what I want in my room because it is mine.”

Care records we looked at showed that staff reviewed and updated care and support plans regularly and as needed. This helped ensure that people were provided with care and support by staff based upon their most up-to-date care needs.

The registered manager told us that advocacy information was available for people if they needed to be supported with this type of service. They confirmed that during this inspection no one in the service was being supported in this way. We saw that leaflets were available to people which explained about the Independent Mental Health Advocacy (IMHA). Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

We saw people pursuing their interests and maintaining their links with the community by visiting a local café during this inspection. People we spoke with also told us about their trips outside of the village. One person said, “we go to Cambridge, Ely and Newmarket. Ely is nice because we can walk around the cathedral. We also like going to Cambridge because of the shops and the people.” Another person told us about the voluntary work they took part in, “I really like working in the [name of work place] and help support the local life as they support us.”

Prior to living at the home, people’s health care and support needs were assessed, planned and evaluated to agree their individual plan of care and support. We noted that people new to the service were offered the opportunity to visit the home to get to know it before deciding whether they wished to live there full-time. Staff we spoke with demonstrated to us a good understanding of each individual persons care, support needs and backgrounds. We saw staff having conversations with people about different aspects of their lives. Care records

showed that people’s care and support needs, and personalised risk assessments were known, documented, and monitored by staff. These records were reviewed and updated as required.

People we spoke with told us that they knew how to make a complaint but that they had not had to complain during their time living in the home. One person told us that, “I know how to complain but I have never had the need to.” This was confirmed by the records we looked at. The daily meetings gave people opportunity to make any suggestions that they may have and raise any concerns. On the day of our visit this meeting was attended by 10 out of the 14 people living in the home. People we spoke with told us that these meetings, “gives us a chance to make decisions.”

We asked staff what action they would take if they had a concern raised with them. They indicated to us that they knew the process for reporting concerns and that they would raise these concerns with the registered manager. The registered manager told us that they had not received any compliments or complaints about the service in the last twelve months.

Is the service well-led?

Our findings

The home had a registered manager in place who was supported by a team of care staff and ancillary staff. We saw that people who lived at the home and staff interacted well with the registered manager, who spent time out and about in the home. People we spoke with had positive comments to make about the staff and registered manager. One person said, “we love it here, we look after each other. It’s the best place I have been in.”

Staff told us that an honest culture existed and they were free to make suggestions, raise concerns, drive improvement and that the registered manager was supportive to them. Staff told us that the registered manager had an ‘open door’ policy which meant that staff could speak to them if they wished to do so. This was also confirmed by people we spoke with. One person told us that, “[they] like the open nature of the house and the manner in which they are treated by staff.”

We saw that some people living in the home were supported to maintain their independence by being involved in the day to day running of the home if they chose to do so. This included supporting people during visits to the local café and opening the door when we visited the home.

People were given the opportunity to feedback on the quality of the service provided via a survey. Information from the feedback was used to improve the quality of service where possible. The feedback showed positive comments about the quality of the service provided.

Staff told us that staff meetings happened and that they were an open forum where staff could raise topics they wished to discuss. Staff were asked to sign to say that they had received and read the previous meetings minutes. Meeting minutes demonstrated to us that the registered manager used these meetings to discuss different topics. Topics included care and support updates for people using the service care and updates to the service being provided.

The registered manager notified the CQC of incidents that occurred within the home that they were legally obliged to inform us about. They had always done this in a timely manner. This showed us that the registered manager had an understanding of their role and responsibilities.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so. This showed us that they understood their roles and responsibilities to the people who lived in the home.

The registered manager showed us records of their on-going quality monitoring process. Monitoring included, but was not limited to, medication audit by an external pharmacy and a health and safety audit. Any improvements required were detailed in an action plan which was signed off by the registered manager when completed.

The registered manager told us that they kept up to date with current guidance as they had signed up for ‘web alerts’ from an external company specialising in health and social care. This indicated to us that the registered manager and staff were aware of up to date guidelines and guidance.