

Bos Y'n Dre

# Bos Y'n Dre

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 20 November 2017 and was announced.

Bos Y Dre is a 'care home'. People in care homes receive accommodation and nursing care as single under one contractual agreement. CQC regulates both the premises and care provided. We looked at both during this inspection. Bos Y'n Dre is situated close to the centre of the town of St Austell with all amenities being a walk or short drive away. The home provides single room accommodation for up to 4 adults with a learning disability who need assistance with personal care. The house is of a domestic nature with no additional adaptations in place as people using the service are mobile and independent. Each person has their own room. There is a shared bathroom and shower. At the time of the inspection there were 4 people living at Bos Y'n Dre.

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 registered manager in post. 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.

There was no consistency in heating the first floor of the service which included people's rooms and a bathroom. Wall heaters and mobile heaters were being used to heat peoples rooms at specific times of the day but there was not a consistent source of heat to ensure rooms were comfortable to use at all times. There was no heating in the bathroom at the time of the inspection. This meant people were not comfortable when using bathing facilities in cold weather.

By not maintaining the environment to a consistent standard meant there was a potential negative impact on people using the service.

Records to record the management of people's finances were not complete at the time of the inspection. There was not enough accounting evidence in place to effectively audit the information.

There were no additional staff members employed at Bos Y'n Dre. The registered providers supported the registered manager when required.

All the people living at Bos Y'n Dre spoke with us and told us they were happy and supported by the registered manager who cared for them and treated them well. One person who lived at Bos Y Dre said, "I've lived here for a long time. It's home to me and I am very well looked after."

People were supported to maintain their hobbies and interests for example using interactive technology to

play games, including bowling which all the people using the service enjoyed. There were a range of books, DVD's and music for people to use as and when they wanted to

The registered manager knew the people they supported very well as they had all lived at the service for a long time. This had helped them to build strong and supportive working relationships.

People were supported to have choice and control of their lives and were supported in the least restrictive way possible. For example, how to spend their time, when to get up and go to bed.

People's rights were protected by the registered manager who understood the Mental Capacity Act and how this applied to their role. There was no evidence to show people living at Bos Y'n Dre had been subject to any discriminatory practice for example on the grounds of their gender, race, sexual orientation, disability or age. There was a strong focus on protecting people's human rights.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded. The registered manager had carried out one to one reviews and extended risk assessments to ensure people's risks were clearly identified and contained guidance on how potential risks in the environment were to be managed.

Accidents and incidents were appropriately recorded and the registered manager understood their responsibilities with regard to safeguarding and had been trained in safeguarding vulnerable adults. The registered manager was clear that there needed to be a 'lessons learned' process integrated into practice, so that it reduced any potential risk of it occurring again. The registered manager told us any mistakes would be reflected on and used as an opportunity to raise standards.

Care records were organised, and set out in an easy read format so people understood what was being written about them. They were personalised throughout and were regularly updated and reviewed with involvement from people and their families. Daily logs were kept as an on-going record so that there was a good oversight of what was happening with people and showed what care was being provided.

Appropriate arrangements were in place for the administration and storage of medicines.

People told us the registered manager was caring towards them. They said, "[registered manager] is very kind with us all. I like it here because of that" and "[Registered manager] makes me laugh a lot. They are taking me out next week."

There was a complaints procedure written in a way people could understand and use. It was made available to people as well as relatives. People told us they knew about the complaints record. They said they were happy and had no complaints. No complaints had been made since the previous inspection.

The registered manager used a variety of methods to assess and monitor the quality of the service. People were spoken with daily both individually and as a group. One person said, "We are always chatting about things." Audits of policies and procedures took place regularly and six monthly surveys were carried out in easy read format to support communication and gain the views of people living at the service. A recent comment was that a person using the service was "Very pleased" with living at Bos Y'n Dre.

We identified breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

## 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 remains good.

### Is the service effective?

Requires Improvement ●

The service was not effective. Heating people's rooms was not consistent to provide a comfortable environment.

The registered manager supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Requires Improvement ●

The service was not entirely well led. Records recording how people's finances were managed were not effective. There was not enough accounting detail available to audit the information.

There had been no acknowledgement of the potential impact of the lack of heating on people's comfort and privacy.

The culture was open and friendly and the service engaged with relatives and other stakeholders.

# Bos Y'n Dre

## Detailed findings

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 visit took place on 20 November 2017 and was announced. The inspection was undertaken by one adult social care inspector.

We gave the service 72 hours' notice of the inspection visit because it is small care home where people are often out during the day and we needed to be able to speak with the registered provider and look at records. We needed to be sure that there would be somebody available to support us during the inspection and for there to be people available to speak with.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

During the inspection we used a range of methods to help us make our judgements. This included talking with people using the service, pathway tracking (reading two people's care plans, and other records kept about them), carrying out observations of care and reviewed other records about how the service was managed. We spoke with the four people living at Bos Y'n Dre.

We also looked at records relating to the management of the home. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live.

After the inspection we contacted one relative of a person who used the service to ask for their feedback. We also contacted one professional who was external to the service.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included; "Yes I feel very safe here," "[registered manager] looks after us very well. Yes safe." One person told us they felt it was just like a family home and that was what they liked about living at Bos Y'n Dre They told us they felt very safe living there. A family member told us, "We have peace of mind. That's very important to us" and "[Person's name] is well cared for. We never have any concerns."

There were no additional staff working at the service other than the registered manager and when necessary, the registered providers. Checks were in place to ensure people were suitable to provide care and support.

The registered providers and registered manager understood how to recognise and report signs of abuse or mistreatment. Safeguarding policies and procedures were in place and the registered manager understood the importance of making sure they were kept up to date in order to respond to any changes and keep people safe. The registered manager was arranging refresher training to ensure they had knowledge of current guidance and good practice. They were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. Information available to people using the service was in a format which could easily be understood and supported people's diverse needs and disabilities.

There were arrangements in place to manage risk so that people were protected and their freedom was supported and respected. Risk assessments were personalised and linked to people's support plans so the registered manager had clear directions as to how to reduce any risk both in the home and community. Risk assessments were written in easy read format for people who had no or limited written understanding. This meant people were not disadvantaged and understood the information written about them, in respect of risks which were individual to them. For example, where people had heaters in their room, the registered manager had put guards in place and extended peoples risk assessments in relation to the environment and potential hazards. People we spoke with clearly knew the hazards which may be posed to them. One person told us, "I never switch it on myself [heater] and [registered manager] does it for me before I go to bed and before I get up so it's nice and warm."

Risk assessments identified the level of support people needed when going out independently, cooking, mobilising and receiving personal care. This meant the registered manager recognised the need to have systems in place to support people's safety but also to enable them to retain as much independence as possible.

The registered manager was aware of the reporting process for any accidents or incidents. There had been no significant incidents which had occurred. There were systems in place to report on such incidents and the registered manager understood the need to record changes required to reduce the risk of a re-occurrence of the incident. They told us "We have not had any serious incidents or one where we would need to look at what we could have made safer, but we are very aware that we would need to take action if necessary as part of a lessons learned exercise."

There were medicine administration records (MAR) for the one person prescribed medication. The registered manager completed this record at each dose of medicine given. From these records it could be seen that the person received their medicines as prescribed and at the right time.

Records showed the service supply for gas and electricity had been regularly maintained and serviced. This included gas appliances and electrical equipment. They complied with statutory requirements and were safe for use. There was no additional equipment used by the service. For example hoists or slings.

People were protected by infection control practices. There were PPE (personal protective equipment) such as gloves, hand gel and aprons available but discreet. Training on infection control took place and registered manager understood their role in preventing the spread of infection.

## Is the service effective?

### Our findings

People had lived at Bos Y'n Dre for a number of years. There had been no admission to the service for a long time so the registered providers and registered manager knew them well. People told us they were asked how they would like their care to be provided and it was never presumed. One person said, "Yes always asked by [registered manager] how I like things doing." The registered manager told us that even though people had lived at the service for a long time and they knew them very well, they would always respect people's views and choices. For example where people's choices in things they had always enjoyed changed. The registered manager told us, "It's so important to respect their wishes and choices. Things do change over time."

There was no central heating in the service. The ground floor and lounge areas were heated by gas fires. However, people's rooms and the bathroom was not consistently heated. For example, there was no heating source in the bathroom at the time of the inspection. This meant bathing in cold weather would not have been a positive or comfortable experience for people. Wall mounted heaters and mobile radiators were used to heat people's rooms. These rooms were not being consistently heated. For example, heaters were on timers and wall heaters were used in the evening and morning periods when people were going to bed or getting up. This limited the time and flexibility if people wanted to use their rooms at other times. By not having consistent heating meant that the environment was not being maintained effectively.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received care and support from the registered manager who knew them well and had the knowledge and skills to meet their needs. On occasions the registered providers supported people living at Bos Y'n Dre in the absence of the registered manager. The registered manager experience working in the care sector and regularly updated their training. This included infection control, food hygiene and first aid. Updates for safeguarding adults and Mental Capacity Act were being sourced at the time of the inspection.

Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexual orientation, disability or age.

The service worked successfully with healthcare services to ensure people's health care needs were met. The service had supported people to access services from a variety of healthcare professionals including GPs, dieticians, dentists and opticians to provide additional support when required. Care records demonstrated the registered manager shared information effectively with professionals and involved them appropriately.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)."

The registered manager understood the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an application should be made and how to submit one. There were no authorisations in place at the time of the inspection. We did not observe people being restricted or deprived of their liberty during our inspection.

There was a flexible approach to meals and menus. Menu planning was usually done on a weekly basis with a collective choice. People made choices through using a supermarket web site. The registered manager told us they all enjoyed making their own choices and it helped people engage in a topic where there was a common interest. This was confirmed by people using the service who told us, "Love picking what I want from the computer." Most people ate together but this was their choice and flexible. One person said, "It's lovely eating in the conservatory. The doors are open in summer. It's really nice." Through the week most people attended a day centre where they had a main meal. This meant evening meals were more flexible and people were having a range of personal choices on the day of the inspection. Breakfast was at various times because of people's daily plans and routines. The registered manager told us they all tried to eat together because it was a time when everybody could talk about the day and anything that they might want to share.

There were snacks and drinks whenever people wanted them. Some people had managed their weight effectively for some time and were supported by the registered manager to make healthy choices. The registered manager said, "It's made such a difference for [person's name] because they have been introduced to a varied range of foods and they love the choice." This demonstrated the service understood the importance of a good diet to get the best outcomes for people in order to maintain their health and wellbeing.

The service was of a domestic nature with no additional equipment or aids and adaptations in place. Nobody living at Bos Y'n Dre required specialist equipment to move around. All rooms were on the first floor. People did not currently require support to the first floor, but the registered manager said they would need to assess the situation if a person's mobility became an issue. People's rooms were personalised with personal items and interests.

## Is the service caring?

### Our findings

People living at Bos Y'n Dre told us they were happy and felt the care provided for them was very good. They said, "I feel very well looked after. It's lovely here," "Yes, very nice and "I have everything I need. Been here a very long time." A relative told us, "We are very happy with the care [registered manager] gives [person's name]" and "No worries at all. Very happy."

The registered manager's practice was consistent with the Equality Act. The registered manager sought accessible ways to communicate with people and to reduce barriers when their protected characteristics made this necessary. Since the previous inspection the registered manager had explored and introduced effective communication methods through easy read assessments, reviews and surveys. They told us, "It has been so successful because it's helped us engage with residents in a more meaningful way. They get so much out of it as well because they want to share information about themselves." When we spoke with people using the service about this they were animated when telling us about themselves. It demonstrated the service focused heavily on a person centred approach to assessment.

The registered manager had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was a sensitive and caring approach observed throughout our inspection visit. The registered manager told us, "It's important to treat everyone as an individual, that is what we all expect."

The registered manager supported people to achieve their potential. They worked with people to increase their independence by encouraging them to learn new skills. For example people had access to electronic tablets. They had been supported by the registered manager to access a range of games which they liked to play and look for information which was of interest to them. Other people had been supported to gain confidence in the kitchen with the support of registered manager to make simple meals. The registered manager said there had been some achievements and some people had realised new experiences were not always for them.

The registered manager clearly understood people's needs and preferences and gave examples of how they supported people in their care. For example, they were able to describe behaviours which indicated when a person was happy or anxious. Also what action and prompts that might be taken if they were in an anxious state of mood. This showed registered manager understood the care and support people needed.

Banter and humour was being used and people were relaxed and comfortable with each other. People were spoken with in a polite and respectful manner.

People were supported in a way which made sure their privacy and dignity was upheld. For example, everybody had their own room. Most people required minimal personal support, but when needed doors were closed and people had their privacy respected by registered manager. People were smartly dressed and looked physically well cared for. The registered manager introduced us and explained why we were visiting the service and that we may like to speak with them but it was their choice. This helped people feel

more comfortable in our presence.

## Is the service responsive?

### Our findings

The registered manager knew people well and was able to respond to their needs consistently. Care plans contained information about people's preferences, and support needs. Care plans were regularly reviewed and had been updated where changes had occurred. For example where a person's health needs had needed responding to. People's personal care records included important information about the person including emergency contact details, disability, allergies and contact details for health care professionals involved in reviewing the person's care needs.

People using the service were at the centre of their care planning. Care plans were focused and person centred. There were pictorial prompts for the registered manager to use to explain care and support if necessary. Records showed that daily events were recorded so it gave a complete picture of people's activities and if there were any patterns or trends in their individual care and support needs. This information was used as a basis for review so that issues could be responded to as and when it was necessary. This information was shared with other professionals where support was needed. This meant other professionals had information about individuals care needs before the right care or treatment was provided. This demonstrated Bos Y'n Dre did not make decisions without sharing necessary information and making people feel they were involved.

There was no formal plan to activities. The registered manager told us it was a flexible service that responded to people choices individually. Most people attended a day centre during the week although some stayed at home on various days. They told us, "I get tired now so I stay home some days. It's nice because I can do what I want" and "I'm going Christmas shopping with [registered manager] on Saturday." People celebrated events including Christmas, Easter and birthday celebrations. People were excited about putting the Christmas decorations up in the next few weeks. It was clear the registered manager made this an inclusive time for people by talking about events and decorations and food options. Some people used the local community facilities. One person went to church when they chose to. Others were supported individually to access shopping outlets and local events. The registered manager told us it was important for them to support people so they were protected from social isolation. There were photographs around the service and in peoples own rooms of activities they had been involved in.

We observed people tended to use the lounge and dining room, where there was a range of seating. For example chairs of different sizes, to suit people's individual needs. People told us they moved around the service without restriction. They said they preferred to sit together. One person said they liked listening to music and had a large record collection which they regularly played. One person said they did not have a television in their room now because they didn't want one.

People's end of life wishes had been recorded so the registered manager was aware of these. The registered manager told us people would be supported to have the best possible care and support as they headed towards end of life care. This might mean a more suitable service would be sought if the service felt it would be unable to provide the necessary support. However the registered manager told us each situation would be measured on its own merit.

There was a complaints procedure in place which was in a format people could understand and use if they wanted to. Families were also provided with relevant contacts. No complaints had been received. People told us they had never felt the need to raise a complaint but had the information if they felt they needed to.

## Is the service well-led?

### Our findings

The records for recording how people's finances were managed were not effective. The registered manager was appointee [a person with legal authority to support a person with their finances] for people using the service. Each person had their own bank account. The registered provider withdrew money on their behalf when purchases or expenditure was needed. The record for each person recorded dates of transactions, reasons for them and the costs. However there was no balance recorded. This meant accounting procedures were not robust and it was not possible to audit the information. This showed the management and accounting practices were not appropriate.

Monitoring of the service's environment was limited. Lack of monitoring meant the registered manager had not identified the lack of consistent heating and its potential negative impact on people living at Bos Y'n Dre.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager oversaw quality assurance systems to review what they did and how it could be developed. Policy and systems audits were carried out annually or if guidance changed. There were other regular audits for systems including medicines, accidents and incidents and maintenance of the premises.

Bos Y'n Dre had a total occupancy of four people who have lived together for a number of years. The registered manager described the service they provided to people as 'homely'. They said, "We have lived together for many years as an extended family and we all get on well." A person using the service said, "We all get on well and it's nice that we all live together." The registered manager said they made sure everybody living there had a chance to share their views. For example, talking about what activities they wanted to take part in, Christmas activities and shopping trips. Throughout the inspection people told us how satisfied they were living at Bos Y'n Dre.

People's views were sought formally through six monthly surveys. In addition people were spoken with either individually or collectively on a daily basis to check on their health and welfare. This showed people living at the service were provided with as much choice and control as possible about how the service was run for them.

There was regular communication and visits from relatives. A relative told us, "I often call and am always made to feel welcome." The registered manager told us they thought it was very important for families to be involved with the service. One person had regular visits; others whose families lived away had regular calls and visited their families from time to time. People told us this was important to them and that the registered manager helps them to arrange these visits.

Records were kept securely and could be located when needed. This ensured people's personal information could only be viewed by those who were authorised to look at records.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Heating people's rooms was not consistent to provide a comfortable environment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Records recording how people's finances were managed were not effective. There was not enough accounting detail available to audit the information.  Lack of monitoring meant the registered manager had not identified the potential impact of the lack of heating on people's comfort and privacy.