

Community Homes of Intensive Care and Education Limited

Boxgrove 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? | Requires Improvement ● |

Summary of findings

Overall summary

What life is like for people using this service:

People remained safe at the service and risks around their well-being were assessed, recorded and regularly reviewed. People were supported by sufficient staff that knew them well. Recruitment procedures to appoint new staff were thorough. People were supported to take their medicines safely.

The registered manager conducted quality assurance audits to monitor the running of the service. However, we found that these were not always effective as they didn't always identify gaps in medication records. We recommend that the provider seeks guidance around the proper and safe management of medicines.

People received their care and support from a staff team, that had a full understanding of people's care needs and the skills and knowledge to meet them. Staff were given an induction when they started and had access to a range of training to provide them with the level of skills and knowledge to deliver care efficiently.

The 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.

People who use the service used a range of communication methods. These included non-verbal to limited verbal communication. Individual methods were supplemented by the use of pictures and objects of reference to indicate their needs and wishes, which were clearly understood by staff.

Staff treated people with respect and kindness at all times and were passionate about providing a quality service that was person centred. People were encouraged to live a fulfilled life with activities of their choosing and were supported to keep in contact with their families.

People's dignity and privacy was respected. People told us staff were reliable, friendly, and caring. Staff developed positive and caring relationships with the people they supported and used creative ways to enable people to remain independent.

The registered manager and the management team strived at creating an inclusive environment to strongly encourage staff, people and their relatives to be involved in the service.

More information is in Detailed Findings below.

Rating at last inspection:

Good (report published 3 June 2016).

About the service:

Boxgrove House is a care home, which is registered to provide care (without nursing) for up to 11 people living with autistic spectrum conditions and learning disabilities. The home is a detached building which is situated on the outskirts of Reading, easily accessible to local amenities and with links to public transport. Each person using the service had their own bedrooms and access to communal areas.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will follow up on issues that we identified by asking the provider to send us evidence of how and when the issues are sorted. We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next inspection is scheduled accordingly.

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

Details are in our findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our findings below.

Requires Improvement ●

Boxgrove House

Detailed findings

Background to this inspection

Background

The 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 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.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Boxgrove House is a care home (without nursing). People in the home receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There was a registered manager. 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.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to

give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke to 2 people who use the service and where people were unable to speak with us we observed interactions between them and staff. We looked at four care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition, we looked at the records related to the running of the service. These included a sample of health and safety audits, quality assurance, staff and training records. We spoke with seven staff members including, senior care worker, care workers, cook, activities coordinator, the registered manager and the regional manager. We requested information from external health and social care professionals and received 2 responses.

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

Supporting people to stay safe from harm and abuse:

- People were protected from any form of abuse or poor treatment. The staff team received training in safeguarding adults and were able to describe, in detail, how to report concerns.
- The provider had a whistle blowing policy which staff told us they would not hesitate to use, should it be necessary.
- Staff told us they were confident the management team would act on any concerns reported to ensure people's safety.

Assessing risk, safety monitoring and management:

- Risks to people were identified by individual risk assessments and appropriate risk management plans were incorporated in to care plans. They were detailed and provided care staff with information which ensured they delivered care in the safest way possible.
- People's risk assessments included areas such as support with possible choking, behaviours that challenge and weight management. Staff were familiar with and followed people's risk management plans. People were supported to take positive risks in a safe way.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Systems and processes:

- The service had service emergency plans, which advised staff how to deal with foreseeable emergencies. General health and safety risk assessments and risk management plans such as for use of personal protective equipment, use of lifts and lifting equipment and cleaning tasks were in place.
- Personal Emergency Evacuation Plans (PEEPS) were in place for people living at the home and these were up to date and reflected people's needs.
- Health and safety and maintenance checks were completed at the required intervals. These included gas safety checks, water regulations inspections and fire equipment checks.

Staffing levels:

- People's needs were met by sufficient staff to keep people safe.
- The registered manager regularly assessed people's needs and adjusted staffing numbers according to people's current requirements.
- People were supported by staff who had been safely recruited. Prospective staff were fully checked so that the registered manager could be as sure as possible that they were suitable and safe to work with vulnerable people.

Using medicines safely:

- Staff had received training to administer medicines safely and as prescribed.
- People's care records contained lists of people's current medicines. There were detailed guidelines and protocols to identify when people should be given their medicines including those prescribed to be taken when necessary.
- People's medicines were stored safely and securely.

Preventing and controlling infection:

- Staff were observed wearing appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection.
- Staff confirmed they had training surrounding infection control and used PPE when needed.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and for staff.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People had their needs assessed prior to them accessing the service. Assessments were developed into high quality, detailed care plans.
- People's care plans were exceptionally person centred and described people's needs and preferred routines.
- Staff knew the people they supported very well. One staff member told us, "We look at the care plans and spend a lot of time with them [people], getting to know them."

Staff skills, knowledge and experience:

- Staff were supported to complete an induction programme before working on their own.
- Practical competencies were assessed for topics such as administering medicines before staff were judged to be competent and allowed to carry out those tasks unsupervised.
- Staff felt they had the training they needed to deliver quality care and support to the people living at the service

Eating and drinking:

- People were provided with food of good quality. People's nutritional needs were included in care plans.
- The service sought the advice of dietitians or Speech and Language Therapists (SALT), as necessary, and followed any advice given.
- During the inspection, we saw that people enjoyed the food and were given options of food they wanted.

Staff providing consistent, effective, timely care and involvement of health professionals:

- Staff involved people, where appropriate their families and other professionals to ensure people received effective health care support.
- Records showed the service communicated with and involved social workers, the GP, dietitians and Speech and Language Therapists (SALT), to make sure people's health needs were met.

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

- People were involved in decisions about the premises and environment; individual preferences and support needs were reflected in how adaptations were made and the premises were decorated. For example, people were supported in choosing how they would like their bedrooms decorated.
- Specialist equipment was available when needed to deliver better care and support.

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 the 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 in order 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 are called Deprivation of Liberty Safeguards (DoLS).

- Staff understood the need to assess people's capacity to help them make decisions. People's rights were protected because the staff acted in accordance with the MCA. One staff member told us, "Although we know what people need, it's important to always give choice and options."
- The registered manager and staff encouraged people to make their own decisions ensuring those important to the individual were involved in this decision making, if appropriate. The registered manager ensured, where someone lacked capacity to make a specific decision, best interest principles were followed and appropriate professional support would be sought.

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- The registered manager reviewed and assessed people with the local authorities to determine whether people were deprived of their liberty.

Is the service caring?

Our findings

The service remained caring and people were treated with compassion, kindness, dignity and respect.

Treating people with kindness, compassion and respect:

- People continued to be provided with sensitive and compassionate support by a kind, committed and caring staff team. One person told us, "I like Boxgrove."
- During our inspection we saw people were happy and contented. We observed people were able to do things they wished to. People were treated with kindness and compassion.
- People were treated as individuals and had built a good rapport with staff.

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

- People had regular key worker meetings where their views and opinions were explored and their involvement and responses recorded. Actions to be taken to meet people's goals, choices and aspirations were noted and regularly checked to ensure they were being pursued.
- People's diversity was respected. Care plans described any individual needs people had to support their culture, religion or other lifestyle choices. For example, when someone continued to make an unwise lifestyle choice staff supported them to do it as safely as possible.
- Where required, information was provided to people in a format that was accessible to them, for example, we saw information that was provided in the form of pictures and diagrams.
- People's communication needs were assessed and recorded in their care plan. Each person had a communication passport that clearly detailed how staff should communicate with them in a way they understand. The plans clearly described how people made their feelings known and how they displayed choices and preferences.

Respecting and promoting people's privacy, dignity and independence:

- People's dignity was maintained and staff ensured people's privacy was respected. Staff were able to describe how they supported people with privacy and dignity in their daily work and routines.
- Staff gave examples such as covering people when supporting them with personal care, listening to what people wanted and respecting their wishes.
- The service continued to support people to maintain and develop their independence. Plans included information about how people were supported to make decisions and keep as much control over their lives as possible. Detailed risk assessments were in place to support people to live their life as independently as possible, as safely as possible. For example, when going out.

Is the service responsive?

Our findings

People continued to receive personalised care that responded to their needs

How people's needs are met, personalised care:

- People continued to receive person-centred care. Care plans were very detailed and written in a person-centred style which provided staff with information and guidance on each person so that they could continue to meet their individual needs.
- Care plans showed people were supported to set goals that were important to them. These were regularly reviewed with the person and provided an opportunity to review what people wanted.
- People's activities programmes were highly individual and designed to meet their specific needs. Some people's programmes responded to their choices, moods and well-being, on a daily basis. Others had an organised weekly activities plan. Activities were provided within and outside of the service. People were supported to participate in community activities, as they chose.
- Staff knew people very well. Staff understood people's needs and how to respond to those needs. Where changes in behaviour or incidents had occurred, the service responded promptly. For example, in one case a referral to a specialist health and social care professional was arranged.
- During the inspection we met with people who had significantly complex needs. We saw that when some people initially came to Boxgrove House they had displayed substantial behaviours. For example, one person when first residing at Boxgrove House would present with challenging behaviour on a regular basis. This would be very impacting on other people living in the home, staff and the person themselves. The person would not take part in any group activities and would become anxious when new visitors attended the service. Staff had worked hard to build a trusting and strong relationship with the person and supported them to express themselves and their wishes. We observed the person, they were very comfortable and content during the inspection. We saw they engaged positively with new visitors to the service. The staff told us, the person now engaged exceptionally well in group activities and we saw evidence that the person's behaviour related incidents had reduced significantly.

Improving care quality in response to complaints or concerns:

- The service had a robust complaints procedure which was accessible to people, their friends and families and others interested in the service.
- An easy read version of the complaints procedure was available to people and gave them the best opportunity to understand the process. It was clear that some people would need support to express a complaint or concern. Staff were able to identify if an individual was unhappy or distressed and investigate the cause.
- Where a complaint had been received, the registered manager recorded the complaints in detail and took as much action as possible to rectify the situation and improve the quality of the service.

End of life care and support:

- The registered manager informed us no people received end of life support at the time of our inspection.
- Staff had previously supported people with their end of life care and were able to explain how they met people's individual needs during this time.
- A health and social care professional told us, "...service users have passed away ... and the way the management and staff dealt [with this] on each occasion, things they put in place for the other service users in those difficult times were very caring and touching."
- We saw that the provider had taken the time to explore end of life wishes with people and where appropriate with their families.
- Staff had been trained in end of life care and spoke compassionately about how important it was to ensure people had a pain free and dignified death.

Is the service well-led?

Our findings

The service remained well-led, the leadership and management assured person-centred, high quality care and a fair and open culture.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

- The provider had quality assurance systems in place. These included care plans, staff files, complaints, safeguarding concerns and incidents and accidents, and quality satisfaction surveys. However, we found these were not always effective. For example, in relation to audits of people's medicine administration records (MAR). There were gaps in people's MAR records where staff had failed to sign that they had given their medications as prescribed.
- This had been previously identified through an audit, we however reviewed people's MAR records for September 2018 and November 2018 and found staff still failed to sign these. There were no audits of these records available and no information on what action was being taken by the provider available. The registered manager was unaware of these gaps and there were no actions in place to address the issue.
- Following the inspection, the registered manager conducted a thorough investigation and provided us with a clear action plan of how they will be addressing this going forward.

We recommend that the service consider current guidance and best practice relating the management and administration of medicines and take action to update their practice accordingly.

- There was a clear management structure in place, which gave clear lines of responsibility and authority for decision making about the management, and provided clear direction for the service.
- Staff had clearly defined roles and were aware of the importance of their role within the team.

Leadership and management:

- Staff felt the management was supportive, helpful and acted on any concerns reported. One staff member said, "[registered manager] is always there if you need. Very supportive."
- Staff were encouraged to bring any issues up to make improvements to help ensure people received the best care and support.
- The team promoted an open and transparent atmosphere and no blame culture.

Plan to promote person-centred, high-quality care and good outcomes for people:

- The management team and staff continued to demonstrate a shared responsibility for promoting people's wellbeing, safety, and security. The 'whole team approach' and culture in the service had continued to develop and grow.
- Records relating to other aspects of the running of the service such as health and safety maintenance

records were well-kept, up-to-date and easily accessible.

- There was a clear commitment from the registered manager who inspired staff to maximise people's independence. The variety of individual and personalised activities which took place demonstrated that staff had a positive impact on people's lives.

Engaging and involving people using the service, the public and staff:

- Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the service. The registered manager sought feedback from the staff through regular meetings and day to day communications. The team discussed various topics in the meetings including the support and care of people who use the service, policies and procedure, tasks and actions to complete, any issues and ideas.
- The service actively involved other professionals to ensure people's individual needs were met and gain feedback on improvements to the care being provided.
- The provider conducted regular quality assurance surveys to gain people's feedback about services being delivered.
- The registered manager had an open door policy. During the inspection we saw that both staff and people regularly talked with the registered manager, seeking guidance and support.

Working in partnership with others:

- The registered manager and staff team worked well with other external services to achieve positive outcomes for people. One external professional commented that service, "Certainly [worked well] in relationships with health care providers."
- We found they worked closely and effectively with family members to ensure people's welfare was prioritised and continually assessed to improve their lives.