

Box Tree Cottage Cambridge Limited

Box Tree Cottage Residential Home

Inspection report

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Cambridge
Cambridgeshire
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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

Boxtree Cottage Residential Home provides accommodation and personal care for up to 14 adults requiring support with their mental health needs. At the time of our inspection there were 12 people living at the service who received support with personal care.

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

People were happy with the care home and the staff that provided their care.

People felt safe living at the home because staff knew what they were doing, they had been trained, and cared for people in the way people wanted. Staff assessed and reduced risks as much as possible. There were enough staff. The provider obtained key recruitment checks before new staff started work.

People received their medicines and staff knew how these should be given. Medicine records were completed accurately and with enough detail. Staff supported people with meals and drinks. They used protective equipment, such as gloves and aprons to prevent the spread of infection. Staff followed advice from health care professionals and made sure they asked people's consent before caring for them.

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.

People liked the staff that cared for them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected.

Staff kept care records up to date and included national guidance if relevant.

The service was well managed by a registered manager with regular input from the provider. The senior staff team were passionate about giving people a high-quality service.

People were asked their view of the service and action was taken to change any areas that they were not happy with.

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 (published 20 July 2017).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Box Tree Cottage Residential Home

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

One inspector carried out this inspection.

Service and service type

Boxtree Cottage Residential Home is a 'care home'. People in care homes receive accommodation and personal care as a 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.
We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager.

We looked at a variety of records relating to the management of the service including care plans, incident and accident forms and the systems for monitoring the quality of the service.

After the inspection

Senior staff sent us additional information, including compliments and evidence of good practice which we have considered.

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 has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from avoidable harm. Staff had undertaken training and were confident about what they should look out for and who they should report any concerns to.
- People told us they felt safe with the staff supporting them. One person told us that, "[The staff were] tremendous. Without this place I would be lost. This place has helped me overall."

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from people's risk assessments to help keep people safe. For example, one person required support from staff to ensure that the water temperature was comfortable for them whilst they took a shower.
- Staff recorded incidents and accidents into a database, which reviewed them for any themes. This enabled staff to monitor changes to people's health needs or behaviour.

Staffing and recruitment

- The provider had a recruitment process that ensured the staff were suitable to work at Boxtree Cottage Residential Home. Staff told us the process had involved a Disclosure and Barring Service (DBS) record check and previous employment checks.
- People and staff told us that there enough staff to meet people's needs.

Using medicines safely

- People were satisfied that staff were supporting them with their medicines safely. One person told us, "[The service] has been good, they deal with all my medication."
- Staff told us that they were trained to administer medicines safely. Staff told us that they had received additional training in administering medicines in line with a new pharmacy's processes.

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and followed good practice guidance. Staff used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.
- People were satisfied that the service was clean. One person told us that, "The service is always clean. Every night [staff] vacuum and mop and do the washing. All the showers and toilets are cleaned every day."

Learning lessons when things go wrong

- The registered manager told us that following incidents or accidents, "[We] have always looked to see if we could learn or develop from the experience." Any outcomes or learning was shared with the staff during team meetings.
- The registered manager told us that they had changed the pharmacy they use to order people's medicines to minimise administration errors and issues with supplying medicines on time. The registered manager confirmed that they had seen improvements with the new pharmacy processes.

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

- Staff completed assessments of people's needs before they started using the service, and regularly reviewed them thereafter, to ensure they could meet people's needs. They worked with health and social care professionals, including Community Psychiatric Nurses (CPN) and Psychiatrists who supported staff to better understand how people's specific needs should be met.
- Staff were proactive in contacting health care professionals for advice and guidance to support people effectively.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. Staff received training in equality and diversity.

Staff support: induction, training, skills and experience

- New staff received a thorough induction. On the day of our visit we saw a member of staff being introduced to systems and processes, and training in medicine administration.
- Staff said that they had received enough training so that they could do their job properly and support people effectively. Staff told us, "The training was really good." Staff also told us that they could request any additional training. They told us that they were given the opportunity for professional development and were all encouraged to complete nationally recognised qualifications.
- Staff members received supervision during team meetings alongside their colleagues. However, did say that they could contact the registered manager or head of care at any time for support. They felt well supported to do their jobs.
- People living in the service recognised that the staff received appropriate training. One person said, "The staff are well trained to look after people in our position, even the cleaners are aware."

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

- People were provided with the choice of food they preferred on a daily basis. People told us that they were satisfied with the food. One person said, "The food is always very good." Another person said, "There is plenty of food and you can always ask for more. They have fresh fruit out in the afternoon, and you can ask staff if you want anything else."
- The head of care told us that they completed food and fluid monitoring as and when it was needed. For example, one person was recently unwell, and the service monitored their fluid and food intake to ensure they did not deteriorate further.
- People who needed to, had their weight monitored regularly by staff and this was recorded in their care plans.

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

- The provider had made adaptations to the service to ensure that people could move around freely. The service had two communal lounges and two communal dining rooms so that people could choose how and where to socialise.
- People had the opportunity to decorate their own rooms how they chose.

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

- Staff were proactive at ensuring people received the care and treatment they needed from other professionals. Staff followed external health professionals advice. This helped to ensure that people received effective care to support their health and well-being.
- People were satisfied that staff would contact health professionals when necessary. One person told us that, "Staff will always contact my GP, and I see an optician every six months".
- The registered manager told us that they work closely with CPN's and psychiatrists and could request that they visit people and meet with the staff when they had concerns about people.

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

- At the time of our inspection no person living in Boxtree Cottage Residential Home was subject to a DoLS.
- Staff had all received training in the MCA and DoLS and understood how it applied to their work. Staff understood the importance of ensuring people were given choice.
- One person living at the service received the support of an IMCA (Independent Mental Capacity Advocate). An IMCA supports people to make certain decisions for themselves, including decisions about where they live.

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

- People were happy living at Boxtree Cottage Residential Home and felt they were treated well. One person said, "It is a really nice place to live. They don't disrespect me at all."
- Staff told us that they would be happy for a family member to be cared for by the service. A member of staff told us that this was because, "I would live here. People are given choice; the service is flexible to people's independent choice."
- Staff told us that when supporting people, they try to be as compassionate and kind as possible. One staff member said, "I treat people how I would want my Nanna to be treated. People trust us and that is important."

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

Respecting and promoting people's privacy, dignity and independence

- Staff knew each person well and understood what was important to the individual. One member of staff told us how important 'time' was to an individual, so they knew to try and avoid the need for that person to wait for something.
- Staff fully respected and promoted people's privacy, dignity and independence. Staff offered personal care discreetly and made sure that people's dignity was respected.
- People told us that they were supported to remain as independent as possible and could go out whenever they wanted to. One person told us that they went into the village every day, "I sign myself in and out".
- The head of care told us that some people living in the service had agreed to assistive technology to support them to be as independent as possible. People had been provided with trackers, which they wore on their wrist. This ensured that people could go about their chosen activity with the confidence of knowing if they needed support whilst out they could be located. Staff did not use the trackers to supervise people's movements, however they were used to aid people's independence in the community.
- The service supported people to maintain relationships with relatives and friends. Visitors were welcome to the home.

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's care needs were met, and they were happy with the care they received. One person told us, "I love it here. This place has saved my life. I think it is lovely. I was in a downward spiral, I came here and turned myself around."
- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely.
- Each person's care plan was reviewed regularly. This ensured that staff monitored people's health and well-being regularly. We saw communication from a relative thanking the head of care for, "The invaluable diary of eating and sleep habits", and also thanking the head of care, "For the time and interest in [person's] well-being."

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.

- People had their communication needs recorded in their care plan to guide staff on how to communicate with individuals effectively. Communication plans also guided staff on how the person preferred to receive information, for example we saw that one person preferred to be given information verbally.

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 were encouraged to continue to take part in the activities that they had enjoyed before living at Boxtree Cottage Residential Home. During our visit we observed people leaving the service independently to participate in activities of their choice.
- People told us that they continued to see their friends and family. One person told us that they saw one family member most days, either out in the community or at their home.

Improving care quality in response to complaints or concerns

- People knew who to speak to if they were not happy with the care they received and told us that they would feel comfortable to complain. One person we spoke with told us that they had made a complaint, "A long time ago, and it was dealt with."
- A complaints procedure was in place for people to follow, however no one we spoke with during our visit had any complaints. One person told us, "Nothing I can fault with the place, I am very happy, and I don't

wish to ever move."

End of life care and support

- The head of care, and staff had given people the opportunity to discuss their end of life wishes and these had been recorded in people's care plans.
- At the time of our inspection, there was no one receiving end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has 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 registered manager and head of care were passionate about developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and were available to provide staff with support. Staff told us that the registered manager and head of care were approachable and had an 'open door' policy.
- Staff were also committed to providing high-quality care and support. Staff told us they liked working at the home, "We are a small team but work well together. It is a lovely atmosphere. [We are] all about fairness, and compromise so that [people's] needs, and preferences are met."

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 provider had fulfilled their legal obligations in relation to notifying CQC of important events they are required to. The provider had displayed their inspection rating clearly in the entrance to the service.

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

- The registered manager told us that they were well supported by the provider, and the provider had a regular presence in the service. Staff also told us that they could contact the provider for advice or support in the registered manager's absence.
- The registered manager was also supported by a head of care, and senior support staff. This ensured that in the registered manager's absence, the service and staff team continued to be supported by experienced senior staff.
- The registered manager understood the requirements of their role and was up to date with the latest best practice guidance. This included guidance in relation to oral care.

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

- People had been given the opportunity to provide regular feedback. The service held daily service user meetings which were well attended and ensured that people could contribute to decisions being made about the service.
- People told us that they were asked if they had any suggestions or wanted to make any changes. One person told us, "The head of care asks me regularly. If there are any problems I can go and talk to staff at any

time too, they are all very approachable."

Continuous learning and improving care

- The registered manager had received no recent complaints. Accidents and incidents were recorded, and staff took appropriate action to reduce reoccurrence for individual incidents.
- Processes to assess and check the quality and safety of the service were completed. Senior staff all had an additional responsibility within the service, for example a senior support worker told us they were responsible for the health and safety checks. This included organising fire evacuation drills and checking that fire extinguishers were in date.

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority, CCG (clinical commissioning group), and the community mental health team. Senior staff contacted other organisations appropriately.