Boulevard Care Limited

Ashby Court

Inspection report

1-6 Ashby Road
Spilsby
Lincolnshire
PE23 5DR

Tel: 01790753432

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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

The inspection took place on 14 July 2016 and was unannounced.

Ashby Court is situated on the outskirts of Spilsby. It is registered to provide accommodation and personal care for 11 people with a learning disability or autism. It is a unit for people who can live semi independently. The home consists of six two bed terrace houses, one of which has been made into an office and a one bedroomed flat. There were nine people living at the home on the day we inspected.

There was a registered manager for the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The registered manager and staff had understood their responsibilities under the Mental Capacity Act. People's abilities to make decisions had been assessed and appropriate support had been provided to ensure that their views were taken into account when making decisions. People were offered choices about their lives and care wherever possible.

There were enough staff available to meet people's needs and staff had been supported with appropriate training and supervision to have the skills needed to care for people appropriately. Staff knew how to keep people safe and risks to people's safety had been identified in their care plan. Care plans also fully recorded people's needs and were regularly updated.

The people living at the home had come together to form a caring community and supported each other at the home and out in the community. The kind and caring attitude of the staff supported this as did the detailed knowledge staff had about people's individual needs and communication skills. People were encouraged to input into the running of the home and development of the care they received. Staff respected people's privacy and their personal relationships.

Where possible people were encouraged to be independent with their medicines and care was tailored to support them to be successful. In addition people were also supported to be independent with their cooking and housekeeping tasks.

People were supported to be involved with the community with both paid and voluntary employment and accessing leisure activities. People undertook a wide range of activities which they had identified they wanted to try and were supported by staff to undertake.

The provider had effective systems in place to monitor the quality of care people received and people were supported to comment about the quality of the care. The registered manager and provider had systems in place to ensure that they kept up to date with changes in good practice guidance and legislation and that

staff were informed of any change needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had received training in how to keep people safe from harm and were confident about reporting concerns. Staff had received training in how to restrain people safely and any restraint was investigated to see if the need for restraint could be reduced.

Risks to people had been identified and care was planned to keep people safe from harm while maximising their independence and choices.

There were enough staff to meet people's needs and appropriate checks had been completed to ensure staff were safe to work with people living at the home.

Wherever possible people were supported to manage their own medicines. Systems to order, store and dispose of medicines were safely managed.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support to ensure they had the skills needed to care for people living at the home.

The registered manager and staff worked within the Mental Capacity Act to ensure people's rights were protected. Where people were not able to speak for themselves, advocates were used to ensure their needs were considered when making decisions.

People were supported to be independent with cooking and to make choices about what they ate.

People were able to access appropriate healthcare when needed.

Is the service caring?

Good

The service was caring.

The registered manager and staff had developed a kind and caring service where people supported and thought about each other's needs.

People were able to express themselves effectively as staff understood their communication needs.

People's privacy was respected and they were given space to enjoy their personal relationships.

Is the service responsive?

Good

The service was responsive.

Care plans accurately reflected people's needs and staff had a detailed understanding of people's needs which enabled them to provide effective support.

People were supported to engage in a wide range of activities of their own choice. People were also supported to undertake paid and voluntary employment if appropriate which increased their engagement with the local community.

People were happy to raise complaints with the registered manager and staff and were confident that their complaint would be listened to and resolved.

Is the service well-led?

Good

The service was well led.

The registered manager had created an open environment where people living at the home and staff could raise any concerns and input into the development of the home.

There were systems in place to monitor the quality of the care provided.

The registered manager and provider had systems in place to ensure they kept up to date with changes to best practice guidance and legislation.

Ashby Court

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 14 July 2016 and was unannounced. The inspection team consisted of a single inspector.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the home. We also reviewed information sent to us by the local authority who commission care for some people living at the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection we spoke with two people who lived at the home and spent time observing care. We spoke with two senior care workers, a care worker and the registered manager.

We looked at two care plans and other records which recorded the care people received. In addition we examined records relating to how the home was run including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home and were supported to remain safe when in the home and out in the community. One person told us, "I do feel safe, I like having friends round and going into town. I like socialising."

Staff were able to tell us about the different types of abuse people were at risk of and were clear on how to report any suspected abuse both to the registered manager and to outside agencies. In addition staff had detailed knowledge of the needs and behaviours of people living at the home and this helped them to know what type of harm people were most likely at risk of.

Where people may need to be physically restrained for their own safety care plans detailed when and how restraint should be used. All the staff had received training in how to safely restrain people so they did not hurt themselves or others. Following any restraint the incident was reviewed to see if in the future any different action could be taken to reduce the need to physically restrain people.

Risks had been identified and care was planned to reduce the risk of people experiencing harm. An example of this was how people were supported to access the community. One person was supported to have an hour's independent time in the community each week; however, it was safer for them to do this when buddied up with a peer who could support them if needed. Risk assessments also reviewed people's state of mind and recent behaviour before their independent access to the community was granted. The risks people faced in the community were also assessed and when needed, people received guidance and support to remain safe. An example of this was people's ability to cross the road safely. Where people may be at risk of hurting themselves this was identified and actions were taken to keep them safe and reduce the opportunities for self-harm.

Environmental risk assessments were in place and people had completed a survey in May 2016 to see if they understood the risks and how to stay safe when cooking and cleaning in the home. The results showed that everyone knew how to keep themselves and their peers safe. Fire evacuation processes were in place and the registered manager ran practice fire drills so that people would know what to do in a real emergency.

The registered manager had reviewed the staffing levels needed to keep people safe and records showed that the home was always staffed to a safe level. The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who live at the home.

People's abilities to manage their medicines had been assessed and some people were supported to self-medicate. Risk assessments around self-medication had been completed and different processes had been put in place dependant on people's individual abilities. There was a gradual handing over of responsibility and at each step people were monitored to ensure they were safe. An example of this was when people first

started to self-medicate staff observed them to check they were they were competent. Clear records were kept of when medicine had been handed out and taken. One person told us, "I look after my own medicines, I have done for a long while and I'm confident doing them." People's preferred method of taking their medicines was identified and recorded. An example of this was one person liking to take their medicine with yoghurt instead of a drink.

Medicines were stored safely in the office and in people's bedrooms. The registered manager had systems in place to monitor how much medicine was available at the home and ensured that it was re-ordered in a timely manner. This meant medicine was available for people when needed. Any medicine which was no longer needed was returned to the pharmacy.

People's medicines were regularly reviewed with their health care professionals and staff supported them when their medicine was changed. An example of this was when a person had their medicine reduced. However, staff identified that the person became withdrawn and did not engage with their peers as much without their medicine and so it was reinstated to improve their quality of life.

Some people had a medicine the doctor had been prescribed help them remain calm. This was prescribed to be taken as required. We saw that with the staff knowing the people's needs and working to keep the people happy, calm and contented the need to use such medicine was limited. This supported people to be less restricted in their life.

Good

Is the service effective?

Our findings

Staff had received a good induction into the home. They told us as part of their induction they had worked through some training books which had been reviewed by the registered manager. They had also had time to read people's care plans to get to know their individual needs. They had shadowed an experienced member of staff until they were competent to work independently. New staff were required to complete a three month probation to ensure they had the ability to gain the skills needed to care for people safely. A new member of staff told us, "Other staff have been very supportive and have given me lots of advice. If there is anything I need to know I can talk to the seniors or the registered manager."

Staff told us they had received the ongoing training they needed to keep their skills up to date and to care for people safely. An example of this was all staff completing the new care certificate. The care certificate is a national training programme which provides people with the minimum skills needed to care. Staff were also supported to gain recognised qualification in care. In addition to the planned training the registered manager supported staff to understand people's diagnosed illnesses and care needs by periodically leaving out information improvement in care practices for them to read.

Staff also received ongoing support from the registered manager in supervisions. One member of staff told us, "We have supervisions to make sure that we are where we need to be and we can raise any concerns if needed." In addition to supervisions annual appraisals were due to be completed to help people identify career development opportunities.

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).

We checked whether the registered manager and staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had assessed people's abilities to make decisions about where they lived and had appropriately completed applications for deprivation of liberty safeguard assessments to ensure people's rights were protected. Where people did not have family or friends to represent their views when decisions were being made the registered manager ensured that people had access to an advocate. An advocate is an independent person who will spend time with the person to get to know their likes and dislikes and who will then speak for them in meetings.

People's abilities to make decisions about their care were assessed. An example of this was people were

assessed about their understanding of money and in some cases decisions were made in people's best interest to how much money they should have access to at any time.

There was a four week menu in place which people had decided on as a group. People were supported to cook independently in their own homes following set recipes. However, they were free to cook something different from the menu if they wanted to. People had identified that they wanted to eat healthily and the menus had been developed reflected this. One person told us they felt better for losing weight.

People were given the right support at mealtimes in order to eat independently. An example of this was where people needed their food cutting up small to be able to eat it safely. People also had access to equipment such as high sided bowls along with adaptive cutlery to help them maintain their independence when eating. Where it was necessary to monitor people's food and fluid intake to ensure they remained healthy we could see that records had been fully completed.

Individual care plans included all the information needed to support people's day-to-day health needs. Additionally, we saw people had been supported to arrange and attend for eye tests and their prescriptions had been updated where necessary. Records showed other health professionals such as GP's and the community mental health team had been included in people's care when needed.

Good

Is the service caring?

Our findings

The home is set up as separate houses with two bedrooms in each. People were supported to share a house with someone they got on with so that they were happy. One person told us how they didn't get on living in one house and so had moved to share with another person which suited them better. They told us, "It's nice I like living here."

We saw that there was a warm and caring atmosphere between people who lived at the home. One person living at the home had fewer skills and abilities and needed more support than others. We saw that people were considerate of this person and would visit them in the morning to say hello. Staff told us how the other people included them in the home and would take them sweets. In addition as the person did not cook the people at the home took it in turns to cook for them.

This caring and compassionate nature was also on show at Christmas when the people in the home hosted a party for people living in the provider's other homes. One person living at the home played the role of Santa Claus and pictures showed that everyone had a good time.

People told us that staff were kind and supportive. We saw an example of this when staff had supported one person in contacting the correct people whey they had issues with the money they received. People also told us how staff noticed their mood and took time to speak with them when they were feeling low. One person speaking about the registered manager told us, "If I am not myself she will talk with me."

People's rooms had been decorated to reflect their personalities. One person showed us their room and were very proud of their new furniture. Another person's room was purposely bare as they did not like furniture in their rooms and had at times become distressed when there was more furniture in their bedroom. The empty bedroom provided them with a peaceful place to spend time and they were more settled as a result. They had also refused to have curtains up at their windows, so the registered manager had arranged to have the windows tinted to increase the person's privacy.

Care plans were stored securely in the office; however, they were available for people whenever they chose to look at their own care plan. People were fully supported to make decisions about their care. For example, they chose their activities and when they wanted to go to the day centre.

People's personal relationships were respected and people were supported to have their friends visit them. One person told us, "I have a boyfriend, sometimes I go and visit him and sometimes he comes here." In addition people's family relationships were supported and encouraged. Staff had a list of the birthdays of relatives and other people who were important to the people living at the home and their key workers supported them to purchase and send cards and presents.

People's communication skills and levels were understood by the staff supporting them. Where people had needed more support to read information was provided for them in a picture format. An example of this was a cleaning rota in picture format to remind people of what needed to be done. Where people were unable to

communicate verbally staff recognised their none verbal communication. For example, one person communicated that they had a painful ear by hitting it.

The registered manager had spent time talking to people about what would happen at the end of their life. One person had decided that they wanted to make a will. The registered manager had arranged for them to visit a solicitor to discuss their will.

Good

Is the service responsive?

Our findings

Care plans accurately recorded people's needs and were reviewed every three months. This was done by staff sitting with the person and working through their plan with them to identify if it was still correct or if any changes were needed. People had signed their care plan to say they were happy with the information they contained. One person told us, "I do read it sometimes; if it changes they go through it with me. If I wasn't happy I would talk to staff but it's all right."

People had key workers allocated to them. This was a member of staff with who took the lead responsibility for caring for the person. One person told us, "I get on well with [staff member] He is my key worker and checks my room and he took me to get slippers." Staff had an in depth working knowledge of people's needs and behaviours. This helped them to understand when people could be encouraged to be more independent or when they required more support and monitoring.

Staff's knowledge of people's needs reflected what was recorded in their care plans and was used to provide the care people needed. An example of this was staff knew what personalised care a person who could not tell them about their needs received. Staff had worked hard to get to know the person's likes and dislikes to reduce the number of times they became distressed. For example, staff knew they liked their cup of tea extra milky. In addition they understood the message the person was trying to communicate when distressed and how to calm them down. For example, if they did not like something it was not acceptable to put in in the bin in the house it had to be removed from the house and out of their sight.

People told us how they were part of the local community. Two people living at the home had voluntary jobs and one person had some paid work. Other people told us they were supported to access the community for entertainment. One person said, "I went to the circus last night and I go to Louth and a disco in Sutton." People were also supported to access facilities and services in the local community. For example, people went to have their hair styled at the hairdressers in town.

People were able to choose how to spend their days. They were able to go to the provider's day centre if they wanted and a list of activities at the day centre was available to support them to make an informed choice. In addition, the home received a set amount of money from head office to spend on providing activities for people. People were surveyed to find out what they wanted to spend this money on. Records showed that people enjoyed a wide range of activities. For example, they had visited two local village shows, had been to the beach and had been sailing on a lake in the two weeks before our visit.

People had been surveyed in October 2015 to see if they knew how to make a complaint and the results showed that people knew they could speak to the registered manager or other staff members. People told us they were happy to raise complaints with the registered manager or other staff. One person told us, "If I had a complaint I would talk to [registered manager]. They normally listen to what I say." The registered manager told us that they had noted and dealt with informal concerns but that they had not received a formal complaint.

Good

Is the service well-led?

Our findings

The home had a homely and caring atmosphere and the registered manager had created an environment where people and staff supported each other and worked together. This was reinforced with regular staff and residents' meetings where people were free to set their own agenda and to make suggestions about the care they received. One person told us they could make suggestions about what activities they wanted to take part in and if they wanted to go and see a show. We saw one person chose to send the registered manager thank you cards. We saw they had written on one card, "Thank you for what you do for me. You are a very nice lady and you do well here all the time."

Staff told us how they were able to raise any areas of concern with the registered manager and how this open communication was supported. An example of this was the registered manager putting up the agenda for staff meeting for the staff to add any items they wished to discuss. Staff also told us that they worked well together. One person told us, "We have a good team who know what they are doing and we all help each other. Staff are very flexible if they need to stay a bit longer they will."

Staff told us that the manager was hardworking and conscientious and wanted to do their best for the people living at the home. One member of staff told us, "[Registered manager] is very good and I enjoy working with her. She is very good with the paperwork and will look at it with us. She is fair and obliging and is one of the nicest people I've worked with. She is very knowledgeable and helpful." Staff told us that the registered manager would raise concerns with the provider if they needed to.

There were structured management processes in place. This allowed staff to know what was expected of them. All actions were recorded in the daily log so that the registered manager could see at a glance what had been done and what still needed doing. Furthermore the daily log provided a clear history of what happened in the home so that any incidents could be fully investigated. The registered manager also ensured that staff were clear on what was expected of them and supported them with clear paperwork.

People living at the home, their relatives and visiting health care professionals had been asked for their views on the care they received. We saw that the results were displayed on the notice board for people living at the home, relatives and visitors to see. The registered manger told us they were working on an action plan.

There were systems in place to ensure that the registered manager and staff kept up to date with any changes in legislation or how care should be delivered. An example of this was where the provider engaged in meetings with the local authority infection control team and used their preferred audit tool to monitor infection control in the home. In addition the provider accessed training through a training company who ensured that training was kept up to date with legislation and good practice guidance. When any changes were made staff were requested to revisit the training to ensure they were aware of the latest guidance.

There were clear lines of communication for ensuring that any changes were cascaded to the people who needed to know in the organisation. An example of this was the monthly heads of homes meetings when

changes are discussed with the registered managers and can them ensure that staff are updated at team meetings. In addition the registered manager took on the responsibility of ensuring they remained up to date with changes in caring for people with a learning disability by receiving information from key organisations in the care sector to keep on top of how the care environment was changing.

There was an effective system of ongoing audits and checks in the home to ensure that the environment was safe and that people were receiving a good quality of care. For example, accidents and incidents were recorded and reviewed to see if there were any recurrent themes which could be identified. The area manager also completed a quality audit on a monthly basis which covered all areas of the home's management including the environment, documentation and care plans. If any shortfalls were identified there was a clear action plan to show what action had been taken.