

Boulevard Care Limited

Welham House

Inspection report

Hundleby Road
Spilsby
Lincolnshire
PE23 5LP

Tel: 01790752989

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25 February 2019

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04 April 2019

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

About the service:

The service is in a rural setting in Lincolnshire near Spilsby.

The service provides accommodation and personal care to people with learning disabilities or autistic spectrum disorder. The care home can accommodate 14 people in one building. At the time of our inspection there were 14 people living in the service.

People's experience of using this service:

- People told us that they liked living in the service.
- The service provided a safe service.
- People were protected against abuse, neglect and discrimination. Staff members were aware of ensuring people's safety and acting when necessary to prevent any harm.
- Heating levels kept people warm in cold weather.
- Staff members knew people well and people appeared to enjoy the attention from them.
- People had a say in how the service was operated and managed.
- People's care was personalised to their individual needs.
- People were largely assisted to have choice and control over their lives and to choose their own lifestyle, though poor practice was identified with regard to how some staff dealt with behaviour that challenged the service.
- Audit processes were not comprehensively in place to ensure quality care. They had not identified poor staff practice or whether the service needed to always replace staff absence. Questionnaires had not recently been supplied to people's representatives, staff and external professionals for their views of the service to see whether improvements were needed.
- We had not been informed of a potential safeguarding incident as required, to help us determine whether we needed to carry out an inspection at that time.
- A registered manager was in place, which is a condition of registration.
- The service met the characteristics for a rating of "Good" in key questions except well led, where it was rated Requires

Rating at last inspection:

- At our last inspection, the service was rated "Good". Our last report was published for the inspection of 29 June 2016.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well Led findings below.

Welham House

Detailed findings

Background to this inspection

The inspection:

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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:

Our inspection was completed by one adult social care inspector.

Service and service type:

Alderson House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 is required to have a registered manager. 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.

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.

Notice of inspection:

Our inspection was unannounced.

The inspection site visit occurred on 25 February 2019.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. We checked records held by Companies House and the Food Standards Agency.
- We asked the service to complete a Provider Information Return. This is information we require providers

to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

- We spoke with five people living in the service, the registered manager and three staff members. We observed relationships between people and staff. We saw how staff members supported people throughout the inspection to help us understand peoples' experiences of living in the home.
- We reviewed two people's care records, two staff personnel files, five medicines administration records and other records relating to the management of the service.
- We asked the registered manager to send us further information after our inspection. This was received and used as evidence for our ratings.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People's outcomes were good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe with staff. A person said, "Yes, I do feel safe here."
- Staff members knew how to recognise signs of abuse and how to act, including referring any incidents to a relevant outside agency.
- Staff had safeguarding training. The training was completed by new staff during induction. Training was repeated at regular intervals to ensure that staff clearly understood how to protect people from abuse.

Assessing risk, safety monitoring and management

- People were kept safe because staff had assessed risks to people such as working in the kitchen and using the trampoline. Information was in place that described the actions to be taken to reduce any identified risks.
- Fire checks and regular drills were in place. People had individual personal evacuation plans in their bedrooms to remind them what to do if they needed to evacuate. People were involved with fire drills and training of what to do in the event of a fire. Some ground floor fire doors were wedged open during the day. The use of wedges was covered in the fire risk assessment. The registered manager said they would check with the fire officer whether this practice was satisfactory and would not put people at risk in the event of a fire.
- Staff knew how to de-escalate risk when people were anxious or displaying behaviours that were putting themselves or others at risk.
- We saw that people were supported in line with the information in their risk assessments and support plans.

Staffing and recruitment levels

- People told us there were enough staff to keep them safe.
- We observed staffing levels kept people safe and provided individual support when required. A staff member told us, "The number of staff on duty is enough to make sure people are kept safe. Occasionally, when staff were not replaced if they are sick, we operate on less staff." This reduction of staff due to illness was discussed with the registered manager. They said this would be reviewed to see whether employing agency staff, when normal staffing levels were reduced, was needed to always ensure people's safety.
- People were supported by staff who were suitable to work in the home. Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting. In one staff record, information had been received relating to incidents of concern, which indicated a potential risk of employing the person. A risk assessment had not been carried out to determine the risk level and what, if any, controls when needed to mitigate any risk. The registered manager said a system would be put in place to do this. This will then comprehensively protect people from potentially unsuitable staff.

Using medicines safely

- People told us they were given the medicines they needed. A person said, "I get my tablets from staff."
- People and staff said there hadn't been any issues with people not getting their medicines.
- Medicines systems were organised and people received their prescribed medicines. The staff followed safe procedures for the receipt, storage, administration and disposal of medicines.
- Medicines were securely kept. Records showed that medicines had been given to people as prescribed.
- Only designated senior staff could give people their medicines, who had been trained and were assessed to be competent.
- Medicines were audited to check they had been given to people as prescribed.

Preventing and controlling infection

- The premises we saw were clean. The service had ordered replacement flooring in some bedrooms to improve infection control.
- People said that the home was kept clean and they were encouraged to keep their bedrooms clean. One person said, "I do the cleaning in my bedroom as I like it to be clean and tidy."
- Staff were aware of the need to use relevant equipment when cleaning and providing personal care, and to always wash their hands after completing a task.

Learning lessons when things go wrong

- When incidents occurred, there was evidence in minutes of staff meetings, that showed staff learned from the situation. The registered manager said that lessons had been learnt about a person's ability to go out into the community. Instead, smaller more manageable steps were taken to allow the person to become more confident before going into the community. Staff told us of learning the need to adjust the tone of their voice when incidents of behaviour that challenged people and staff happened.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards.

- People's needs had been assessed to ensure they received the right support.
- Care and support plans were personalised and had been reviewed to ensure staff provided consistent care.

Staff skills, knowledge and experience

- People told us that they thought staff had been trained and knew what they were doing in providing care to them. A person said, "Yes, staff know what to do to help me."
- People were supported by staff who had ongoing relevant training. New staff had induction programmes, which ensured they received training in areas relevant to their roles. A staff member said it would be good to have more detailed training in people's mental and physical health conditions such as schizophrenia and cerebral palsy. The registered manager said this would be followed up.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they liked their meals. There was a choice of food if people did not want to have what was on the menu. Staff asked people what they wanted to eat. A person told us, "The food is good. We get asked about whether we like it."
- Staff asked if people wanted drinks and drinks were provided throughout the day. This prevented people from getting or being dehydrated.
- Staff knew people's dietary requirements. There was evidence that a person's diet had been fortified as they were underweight.
- A person had been referred to a specialist service as they were at risk of choking. Staff were provided with information to help avoid this risk.
- Staff encouraged people to eat a balanced diet.
- People had food from their cultural backgrounds.
- Food choices were discussed at regular clients' meetings.

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

- People said that the temperature of the home was comfortable and suited them.
- People told us they liked their rooms. A person said, "I have everything I want in my room. I like spending time here."
- People's bedrooms were personalised. People had the choice to accommodate belongings that reflected their interests.
- People were involved in choosing the colour of décor for their room.

- The registered manager had ensured that people with mobility needs were accommodated on the ground floor so they had no obstacles to them moving freely around the facilities of the home.

Supporting people to live healthier lives, access healthcare services and support

- People said that they saw the GP if they were unwell. People confirmed they went to the dentist if they wanted to.
- A person said that staff were going to help them to give up smoking so they could become healthier.
- Records showed people's health and wellbeing was supported. They showed that people attended healthcare appointments with consultants, mental health practitioners, GPs and dieticians.
- A nurse had recently visited to carry out reviews of people's health.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that they were being met. Notifications had been sent to us, as legally required.
- Staff had received training in MCA and DoLS.
- Staff members understood the need to gain people's consent for any care that was provided. Mental capacity assessments were completed to determine people's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good; People were well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported

- People told us they were treated with dignity and respect. One person said: "Staff are good. They are our friends." Another person said, "Staff look out for us and look after us. They make sure we are happy." A written compliment from a relative stated; "You have achieved miracles in giving [name of family member] the quality-of-life he richly deserves."
- We observed people being treated with friendliness and respect by staff members.
- However, a staff member told us that if people persisted with behaviours that challenged staff or other people, they would have to forfeit an activity that they liked, such as playing football. The registered manager said treating people in this fashion without dignity was not a practice of the service, and it would be followed up with staff to make this clear.

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

- There was evidence in care plans that people had been involved in planning for their care. Staff said people were invited to their reviews to put forward their views of their care.
- People were allocated a keyworker to help them express their views and check they were happy with the support they were receiving. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.
- Residents meetings were held to find out, and act on, people's views about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People said their independence was promoted by staff. A person said that they cooked for themselves and this prepared them to live independently in the future.
- People said that they received help when they needed it.
- Staff said they always knocked on people's bedroom doors to protect people's privacy. We saw this happen.
- People were involved in choosing what activities they wanted to do such as going shopping and going out to discos. The registered manager had set up a 'dreams' programme where people chose what dream they wanted to achieve. People told us that they had realised their dreams, such as flying in a helicopter, going to support their football team and driving in high performance cars.
- We saw people in the kitchen carrying out kitchen tasks. They were encouraged to clean their own bedrooms to increase their independence. Two people had bedrooms that were laid out like self-contained flats and where they could cook themselves. This was a stepping stone to live independently.
- We saw relatives visiting to take their family member out for the day. They were welcomed by staff.
- A birthday party had been organised by staff for a person on the day of the inspection visit. Staff encouraged a friendly and supportive atmosphere and a person said the presents they received were

'fantastic'.

- There was information in care plans about whether people had any specific religious needs.
- Staff were aware of the need to support everyone whatever their sexuality or physical needs were. Staff respected people's personal relationships.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service identified people's information and communication needs by assessing them.
- Care plans recorded that the service identified and recorded how people wanted to communicate.
- All people living in the home could verbally communicate and did not require other methods of communication.
- Care Plans had detailed information about people's likes and dislikes and their hobbies and interests. This assisted in providing individual personalised care.
- Staff members knew people's likes and dislikes and their important routines.
- We saw staff responding when people needed support. Staff were kept up-to-date with people's needs by having handovers on each shift. Staff said that people's changing needs were updated in care plans so that they were able to respond to new needs.
- People said there were a lot of activities for them to do if they were interested. Activities were provided such as keep fit, baking, karaoke, gardening and football training. The conservatory had a pool table. The main lounge had a large television for people to use and enjoy. A person said, "We do all sorts of things like going for walks and going shopping." A number of people attended day centres where there were a variety of activities provided.

Improving care quality in response to complaints or concerns

- People said that they had no complaints about the service. People knew that they could tell staff if they were worried about anything and were confident it would be sorted out by the registered manager.
- No written complaints had been received in the last 12 months.
- There was a policy and procedure in place if the need arose. The procedure did not include all relevant information such as how to contact the complaints authority and the local government ombudsman. The registered manager stated that the procedure would be amended.

End of life care and support

- People's care plans contained their wishes and preferences about where they wanted to be cared for at the end of their lives, and their funeral wishes.

Is the service well-led?

Our findings

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

Requires improvement; Service management and leadership was not consistent, as risks had not been comprehensively dealt with.

Continuous learning and improving care; engaging and involving people using the service, the public and staff

- The provider carried out audits. These included checks on medication and health and safety systems. However, these had not identified issues such as being unaware that staff were 'punishing' people for behaviours that challenged by stopping them from participating in their activities.
- Feedback from surveys had been obtained from people living in the service, but not with people's relatives, the staff of the service and external professionals. The registered manager recognised this and stated that surveys would be carried out in the future.
- People were satisfied with the service provided to them. A person told us, "it is good here. It is my home."
- There were client meetings where people could put forward their views, such as if they were happy with the care from staff and what food they wanted to eat. People said they could say anything in the meetings and staff and management always listened to them.
- Staff thought the service was always well managed. A staff member said, "The manager is excellent. She always supports us. We are told [by the registered manager] if you have any problems come and see me and I will try to help." They said the registered manager would always listen to their suggestions about future training needs.
- Staff meetings were held. Staff said they felt comfortable about raising the issues and felt they had been listened to by management. They said action had been taken when they raised issues.
- Systems were in place to ensure the service was learning and developing. The provider was planning to make improvements to the premises by continuing to improve people's bedrooms.
- People told us they felt able to speak to the registered manager. One person said, "[Name of manager] is friendly and helps me."
- Staff said the registered manager was always available and visible and took part in tasks that needed doing. The registered manager was visible and engaged with people and staff in a friendly and supportive manner.

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

- No risk assessment for positive DBS
- No effective tool to review staffing needs in the event of staff sickness
- Staff told us they wanted additional training
- A person was being punished for behaviour that challenged (another concern with this is no one had identified this was poor practice and potential abuse)
- Not all statutory notifications had been made to CQC. There had been an incident of suspected abuse of a

person in 2018 which had been reported to the safeguarding authority but not to us, as required. The registered manager said that as the safeguarding authority had not accepted this incident as an incident of abuse, they did not need to report this information to CQC. They said they now understood their responsibility to report all suspected abuse in future.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- Effective systems were not in place to ensure staffing numbers were reviewed in the event of sickness and risk assessments were not completed for positive DBS checks.
- People said they would recommend the home. One person said, "It's nice to live here."
- The registered manager understood the duty of candour responsibility if things went wrong.
- The rating from the previous inspection was displayed, as legally required.

Working in partnership with others

- The registered manager told us that the service worked well in partnership with the local GP and community services, including the local healthcare practice. Records showed that these agencies were involved in people's care for the benefit of people's wellbeing, such as mental health professionals and dieticians.