

Boulevard Lodge Limited

Boulevard Lodge

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 11 May 2015.

Boulevard Lodge provides care and accommodation without nursing for up to nine people who may be living with dementia. The service also provides respite (short term) breaks in addition to permanent stays. There were eight people living in the service on the day of our inspection.

The registered manager left the service in October 2014. A manager was appointed in December 2014 but has not yet applied to be registered. They were being supported in their role by a consultant and the consultant's representative. 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.

People's needs had not assessed before they moved into the service. Although the care plans contained some good information to inform staff of how to care for people safely, improvements were needed to ensure that staff fully understood how to meet people's needs.

Summary of findings

Although a quality assurance process had been developed improvements were needed to ensure that systems and processes were consistently implemented to ensure that standards are maintained.

People felt safe and secure and the staff had a good understanding of how to protect them from the risk of abuse. Staff had been trained and had access to guidance and information to support them with the process.

Risks to people's health and safety had been assessed and the service had made plans for how they were to be managed. This ensured that people were cared for safely.

People received their medication as prescribed. There were safe systems in place for receiving, administering and disposing of medicines.

The manager had a good knowledge of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards

(DoLS) and they had made applications appropriately when needed. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

People were supported to have sufficient amounts of food and drink to meet their needs. There was a system in place to deal with any complaints or concerns.

Staff were kind and caring and treated people respectfully. People participated in a range of activities that met their needs. People were made to feel welcome and were able to receive visitors at a time of their choosing. Staff ensured that people's privacy and dignity was maintained at all times.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

People were protected from the risk of harm. There was sufficient suitable, skilled and qualified staff to meet people's needs.

Medication management was good.

Good



Is the service effective?

This service was effective.

People were cared for by staff who were well trained and supported.

Staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People experienced positive outcomes regarding their health.

Good



Is the service caring?

This service was caring.

People were treated respectfully and the staff were kind and caring in their approach.

People had been involved in planning their care. Advocacy services had been accessed when needed.

Good



Is the service responsive?

This service was not always responsive.

People had not had their needs assessed prior to moving into the service.

The care plans were informative and they provided staff with information to meet people's diverse needs.

There was a clear complaints procedure and complaints had been dealt with appropriately.

Requires improvement



Is the service well-led?

The service was not consistently well-led.

There has been no registered manager in post since October 2014 and the new manager was not allocated enough time to carry out their management responsibilities.

The quality assurance system was in the development stage so systems and processes had not been consistently checked to ensure that standards had been maintained.

Requires improvement



Summary of findings

Staff had confidence in the manager and shared their vision of a person centred, open, positive culture.	
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Boulevard Lodge

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 11 May 2015 was unannounced and carried out by one inspector.

We reviewed information that we held about the service which included any notifications received by the Care

Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke with six people who used the service, two visitors, one health and social care professional, the manager, the provider's consultant, their representative and five members of staff. We reviewed all eight people's care records and five staff recruitment files. We also looked at a sample of the service's policies, audits, staff rotas, complaint records and training records.

Is the service safe?

Our findings

People told us that they felt safe whilst living in the service. One person said, “I feel comfortable and safe living here, everyone is very nice to me.” The manager and staff demonstrated a good understanding of how to protect people from harm and abuse. There was a safeguarding procedure in place and all staff had received training during their induction period. The manager told us that regular annual updates would take place when due.

Risks to people’s health and safety were well managed. People told us that they were supported to take risks in their everyday lives. For example, one person liked to walk up and down the stairs to their room as they did not like to use the stair lift so the person was supported by staff to do so safely. Another person, who was at risk of falling from their bed, was supported to move to a more suitable room. The bed was placed in a better position to minimise the risk of them falling. People had access to emergency call bells when alone in their rooms to enable them to summon help should they need it. Care action plans included risk assessments together with plans describing how the risks were to be managed. Staff had been trained in health and safety and moving and handling.

Recruitment processes were thorough. There had been changes to the staff team in the past few months, some

staff had left and new staff had started. On the day of our inspection all three staff on duty including the manager were staff who had started work at the service within the last six months. Staff files included disclosure and barring checks, references and evidence of people’s fitness to work. People received a service from staff who had been safely recruited.

People received timely and responsive care. People who use the service and staff told us that staffing levels were consistent. One person said, “The staff are very good and there is always someone around when you need them.” The staff duty rotas showed that staffing levels had been consistently maintained over the eight week period checked. One staff member said, “This is a small home so we do the cooking and cleaning when we are on shift. There has been a change recently where one member of staff is allocated as ‘cook of the day’ and this works better because we can plan the shift more easily.”

People’s medicines were managed safely. Staff had received training in medication management and regular checks on the medication system had taken place. Medicines were stored and disposed of safely in line with current guidance. Staff had access to information about medication administration to refer to if necessary. People received their medicines as prescribed.

Is the service effective?

Our findings

People received a service from staff that were well-trained and supported. People told us that they felt the staff were competent in their work. They said that the staff had been having a lot of training recently. Staff told us that the training had improved since the new manager took up their post. They said they had recently received training in dementia and end of life care in addition to their mandatory training. This helped them to understand and to meet the needs of the people using the service.

Staff told us that they had received an induction when they first started work at the service. Staff felt the induction was good and that it helped them to understand their role. Some staff had care qualifications and the provider's consultant told us that all staff new to care would be undertaking the new care certificate. This replaces the Skills for Care Common Induction Standards and paves the way for staff to gain a QCF (Qualifications and Credit Framework) which replaces NVQ and should be completed in the first 12 weeks of employment.

Although staff told us that they felt well supported by the manager, it was clear from the supervision records that formal supervision had not taken place as often as required in accordance with the service's policy. The manager and the provider's consultant both told us that plans were in place to train senior staff to undertake supervision duties. Senior staff said they would be happy to do this once trained. Staff received support in regards to their practice through regular team meetings and continuous access to the manager who had an open door policy.

On the day of our visit training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) had been planned for five members of staff. The trainer was the consultant and they told us that a further session had

been arranged for the following week to ensure that all staff had this important training. Staff told us after the training was very good and had refreshed their knowledge about MCA and DoLS.

The manager and staff attended training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. People were supported to make decisions. There were completed Do Not Attempt Resuscitation (DNAR) documents that showed that the relevant people had been involved in making decisions in people's best interests. Mental capacity assessments had been carried out for people who lacked the capacity to make decisions on their everyday lives such as for medication, personal care and dressing. DoLS applications had been made appropriately. Staff asked people for their consent when providing care and support. People received their care from staff who had the knowledge and skills to support them effectively.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People told us that they liked the food. One person said, "I love the food, it is always nicely cooked and I get plenty of it." Another person said, "The food is good here and you get a choice so you can have something different if you don't want what is on offer." There was a plentiful supply of healthy foods and fresh fruit was available in the lounge so that people could help themselves whenever they wanted to. People's nutritional needs had been assessed and their weight and nutritional intake was monitored where necessary.

People told us that staff supported them to maintain their health. There was transfer to hospital forms on the care files that we viewed. They provided information about people's next of kin, religion and GP and the manager told us that they planned to improve these to show the level of support people needed when attending hospital. The care records showed that routine health checks and appointments had taken place and the outcomes and any follow up actions had been taken.

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person said, “The staff are very nice and respectful, they are all very friendly.” Visitors told us that the staff had changed recently but that they were all very good and that they liked the new staff. One visitor said, “I know my relative is happy here and they are well cared for by staff who are always respectful and kind.”

People were treated with dignity and respect; for example we saw people being supported and heard staff speaking with them in a dignified and calm way. Staff spoke with people respectfully, addressing them in a way they liked to be addressed and involving them fully in the task. Staff listened to what people had to say and responded positively when people asked them to do something for them.

People told us that they had been involved in planning their care. One person said, “The staff work with me to make sure that I get the care that I need and they make sure that I am happy with what they write about me.”

People told us that they had good relationships with the manager and the staff team. They said that the staff spent time talking with them about matters that interested them such as their likes and dislikes, hobbies and interests. A group of people were completing a large jigsaw puzzle together with a member of staff. We heard the staff member encouraging and supporting the group to participate in a very caring way which was adapted to meet each individual's different needs.

Where people did not have family members to support them to have a voice, they had access to advocacy services. An advocate supports and enables people to express their views, access information and defends and promotes their rights and responsibilities.

Visitors told us that they were able to visit the service whenever they wanted to. They said they were always made to feel welcome and that they found staff were always kind, caring and respectful when they visited.

Is the service responsive?

Our findings

People were at risk of not receiving personalised care that was responsive to their individual needs. The manager and provider's consultant told us that there were no pre-admission assessments available for us to view. There was assessment documentation on the care files that we looked at but it was dated after the person had moved into the service. Improvements are needed to ensure that people receive a full pre admission assessment to confirm that the service can meet their needs prior to them moving into the service. The provider's consultant told us that the care plan documentation was in the process of being updated and we could see that improvements had been made recently, for example, each person had a care action plan document which incorporated care plans and risk assessments. The care action plans had been reviewed and updated monthly to reflect people's changing needs.

People told us that the staff met their needs and that they had agreed to their care plans. One person said, "I told the staff what I like and what I don't like and they make sure that it is written down so that all staff know." Care action plans provided information about people's physical, personal, social and emotional needs and risks. The manager told us and we saw that improvements were in progress, for example, life story books were being compiled and were at various stages of completion. The manager said that people who used the service, their relatives and friends had all been involved in providing information to ensure that the life story books contained a good view of what was important to individuals.

Staff adapted their approach to people according to their individual requirements, for example, one person was very softly spoken so the staff member spoke with them in a

gentle manner, explaining what they were doing so that the person could understand. Other people were quite vocal about what they wanted and staff responded appropriately ensuring that their wishes were respected.

People told us that they had enough to do. One person said, "I keep myself occupied, I tidy my room, I like talking with others and reading my magazines. I don't watch much television but I do like some programmes. I don't go out but that is because I prefer not to. I like to just sit and relax as I did enough bringing up my children so want to rest now." Staff told us that people were offered the opportunity to participate in a range of activities such as arts and crafts, board games, planting flowers, reminiscence sessions and going for walks with staff in the local community. Our observations confirmed that people were engaged in meaningful activity and support to pursue their hobbies and interests.

People were encouraged and supported to maintain relationships with their family and friends. Visitors told us that they were able to spend as much time as they and their relative or friend wished them to and that the staff and manager encouraged this.

The service had a good complaints process in place which fully described how any complaints or concerns would be dealt with. The complaints procedure was available in a pictorial format to assist people who had difficulty reading the written word. The procedure showed clear timescales for the service to respond to complainants and it provided contact details of the local authority and the local government ombudsman. This ensured that people had the information they needed about who else they could refer their complaint to if they were not satisfied with the outcome.

Is the service well-led?

Our findings

The provider's consultant told us that the registered manager had left the service in October 2014. They said that the service had not been managed well and that they had difficulty finding some of the documents that should have been in place such as pre-admission assessments, audits and supervision records. Improvements had been made since the new manager took up their post in December 2014, for example the medication system had been overhauled and there was now a clear audit process making the medication system safer.

Further improvements were needed to ensure that the quality monitoring of the service continually improved the service people received and kept them safe. A quality management system had been set up which included annual satisfaction surveys, monthly meetings and regular audits of systems and practices. However, no survey had yet taken place and we were only able to view the completed medication audit. The provider's consultant was undertaking a room and care plan audit on the day of our visit. There were no other audits available for us to view and staff supervision had not taken place as often as required.

The new manager was allocated six hours a week to complete all of the management tasks. They told us they did not feel that this was sufficient time to complete the work. The manager was being supported to set up the new quality assurance systems and processes by the provider's consultant. The provider's consultant told us that they expected to remain as the service's consultant for at least another six weeks. The service needed to continue with the improvements that have been made so far and there was a risk of this process not being successfully implemented and maintained as the manager would not have sufficient time to ensure effective and safe management oversight of the service when the provider's consultant support stops.

People told us that they were happy with the service they received. One person said, "The manager, the staff, the food and the service are of good quality. I am very pleased with the service." A visitor also told us that they felt the service was of good quality and looked after their relative well. One visiting health and social care professional told us that they felt the service was of good quality and that they had no concerns.

Staff told us that the manager was supportive and that they encouraged an open, inclusive person-centred culture. Two staff meetings had taken place in 2015 where a range of issues, such as training, care practice and complaints had been discussed.

There were clear aims and objectives that focussed on people's rights to privacy, dignity, independence, choice and fulfilment. The manager and staff were clear about this and shared this vision. They told us that it was important to give people person centred care that was holistic and met all of a person's needs. The manager had access to up-to-date guidance and information and guidance and practice had been discussed at recent staff meetings where staff had looked at ways of improving the service. Staff told us that they had handovers at each shift where they discussed people's changing needs and wishes and important information about any occurrences that had taken place on the previous shift. This showed that there was good teamwork and that staff were kept up-to-date with information about changes to people's needs.

The records viewed were clearly written and stored safely in locked filing cabinets. Personal records were stored in a locked office when not in use. The provider's consultant told us that records would be securely stored and destroyed in line with their policy and the data protection act.