

Boulevard Care Limited

Willoughby House

Inspection report

Willoughby Road
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Tel: 01507442555

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Willoughby House is a residential care home providing personal care and accommodation to up to 8 people. The service provides support to autistic people and people with a learning disability. At the time of our inspection there were 6 people using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Staff supported people to take part in activities and pursue their interests in their local area with people who had shared interests.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People had a choice about their living environment and were able to personalise their rooms.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Staff enabled people to access specialist health and social care support in the community and to play an active role in maintaining their own health and wellbeing.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Staff and people worked together to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

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 were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care.

Systems to guide staff and record care and treatment needed reviewing and was being updated by the manager. They worked well with external professionals to meet people's needs which ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 28 June 2019).

Why we inspected

The inspection was prompted in part due to concerns received about how people were treated. A decision was made for us to inspect and examine those risks. During this inspection we found no evidence to support the risks identified.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Willoughby House on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Willoughby House

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector and 1 Expert By experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Willoughby House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Willoughby House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was not a registered manager in post. However, a manager had been appointment and had submitted their application to the CQC.

Notice of inspection

The inspection was unannounced. Inspection activity began on 8 January 2024 when we visited the service. We spoke with relatives and professionals and reviewed documents submitted for review. The inspection ended on 19 January 2024.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from professionals who work with the service and Healthwatch England. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We are improving how we hear people's experience and views on services, when people have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked this was a suitable communication method, and people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff and the person themselves. In this report, we used this communication tool with 1 person to tell us their experience of the care.

We also used a combination of speaking with people and observing their responses, gestures and body language. We communicated in this way with a further 4 people. We spoke with 3 people's relatives and 4 professionals who work with the service. We spoke with 5 members of staff including the manager and care staff.

We reviewed care records for 4 people including medicines records. We looked at recruitment records for 2 staff and a variety of quality assurance records such as audits as well as reviewing policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm. The manager had learnt from previous incidents where the CQC had not been notified in a timely manner. They had implemented systems to ensure people were safe and records accurate.

Staff had received training in abuse awareness and had a good knowledge of how to identify and report concerns.

People told us they felt safe and this was echoed by their relatives who said, "[My family member] is very safe there. [They] are very settled." Another relative told us, "[My family member] has 1:1 staffing who makes them feel safe and builds up their trust and confidence." A professional told us. "The provider has worked closely with us following safeguarding alerts and is responsive to requests."

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. The manager was in the process of reviewing and updating all risk assessments and care plans. Staff had a good understanding of people's risks and how to safely support them. Any changes to people's care needs were identified quickly, shared with the staff team and referrals made to the relevant health professionals.

Relatives were happy with how risks to their family member were being supported and told us they were involved in reviews of care. A relative told us, "Prior to [Willoughby House] [my family member] used to self-harm or could just stand there and cry. They have not done any of that since being there. They are no longer self-harming, just a bit vocal sometimes."

Staffing and recruitment

The provider operated safe recruitment processes. The provider ensured there were sufficient numbers of suitable staff. The manager ensured staff employed were suitably skilled and covered gaps in staffing levels by employing the staff team in overtime. A relative told us, "Day and night there's enough staff to meet [my family member's] needs. [They are] happy, know all the staff really well and [staff] know [my family member]."

Using medicines safely

People were supported to receive their medicines safely. People's care plans showed how they preferred their medicine administered and information about risks. Some areas of records such as list of current medicines needed reviewing. The manager was aware of this and made the required updates during the inspection process. No one had come to harm as a result of this.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices. The service was very clean and tidy but still captured a 'homely' feel. Staff understood and practiced good hand hygiene and used PPE where required. People had agreed a rota for various cleaning tasks and were observed being supported by staff to complete them.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance. People told us their relatives and friends could visit anytime. A relative said, "Everybody is warm and friendly and they answer the door quickly when we go, we end up chatting to them all. It feels like you've gone to visit a family." A visiting professional told us, "I have always been made to feel very welcome on visits. There is a homely atmosphere at Willoughby House and everyone is approachable and willing to give me their time."

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong. The manager was able to demonstrate learning taken from other services and inspections and transferred to Willoughby House. Staff told us they were supported to talk about events when they happened as a team and individually to help to identify what else they could do in the future to avoid similar incidents or improve the care.

Is consent to care and treatment always sought in line with legislation 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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act. Some DoLS authorisations had expired and they were awaiting reassessment by the local authority. Staff had training in MCA and DoLS and had a good understanding of the principles of choice and consent.

People told us staff respected their choices. A relative told us, "We're involved in best interest decisions." A professional said, "When completing the personalised care and support plans, [people] have been allowed to speak for themselves, where possible, to ensure that their voice is heard and their wishes and wants are taken into account."

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

The provider did not have a fully supported management structure as these posts were currently vacant. The provider's system did not always effectively monitor the quality of care provided to drive improvements.

At the time of the inspection, records showed provider oversight was limited to manager level audits. This had resulted in 2 notifications of alleged abuse not being reported to CQC in a timely manner. Records had also not been reviewed and updated to ensure information and guidance for staff was accurate. The provider has since submitted the relevant notifications and was in the process of implementing new systems to enable them to have more effective oversight of the service.

There was no registered manager in post but the manager had submitted their application to register to CQC and was awaiting feedback. The new manager had a positive impact on the service, they fully understood their role and responsibilities, had identified areas for improvement and was able to evidence the progress they had made. Some of the improvement plan was still to be implemented and embedded into daily practice, systems and records.

People, relatives, staff and professionals all spoke highly of the new manager and the positive changes they had made so far. Staff had a good understanding of their roles and how to meet people's needs. Quality and concerns were reviewed daily during handover.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.

Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture which promoted the principles of the Right support, right care, right culture policy.

People told us they were able to do things of interest at a time that suited them such as outings, meeting

friends, photography, meals and how to spend their time. A relative told us, "With food, [staff] have widened [my family member's] choices. They've taken time to experiment with different foods and if [my family member] doesn't like something there's always a backup." Another relative said, "[Staff] always ask [my family member] first. They know them well. [My family member] gets choice, what to do or what to eat, whether they want privacy and they get taken out into the community. I'd really struggle to find anything to improve."

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 understood their responsibilities under the duty of candour. The manager followed up with the relevant people following incidents or complaints. They did not always ensure all notifiable events were reported to the appropriate authorities such as CQC or got picked up for action by a responsible person. The manager had implemented a new digital and paper system to combat this and has submitted notifications in retrospect.

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

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics. People told us they had meetings and could speak up and tell staff anything. They told us they were asked about the décor of their home and what they would like to do. A relative said, "I get a questionnaire every now and then. I fill it in and post it back. They send it with an envelope inside and the postage is paid." Another relative told us, "I'm happy with just the newsletter. It was nice to hear what's going on. They say it's going to be regular but I haven't received one for January yet. This one was December."

Continuous learning and improving care

The manager had created a learning culture at the service which improved the care people received. The manager encouraged staff to learn and accept new challenges with a view of staff achieving new qualifications and advancement in their careers.

Staff told us they were appreciative of both the new systems being put into place and the support and development they received to understand how to best use them. A staff member told us it meant records and information was easier to understand.

Working in partnership with others

The provider worked in partnership with others. The manager worked with various health and social care professionals to ensure people had the right support and equipment or medicine to meet their needs. They worked closely with the district nursing team, GP and social workers. Relatives told us how the staff teamwork with them to keep them informed of changes. A relative said, "We get an email or text to say [our family member] is going to the doctors or the dentist. We can rely on that without a shadow of a doubt."

A professional who regularly visits the service told us, "I have found the manager extremely helpful and supportive. Although [the manager] has only recently taken over management of Willoughby House, [they] have a thorough knowledge of each individual and their needs. It is evident that the care home provides good, personalised care. Staff answering the call are able to answer any queries and are happy to provide regular updates and information about any upcoming appointments [people] have."