

Boulevard Care Limited

Boulevard House

Inspection report

1, The Boulevard
Mablethorpe
Lincolnshire
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Tel: 01507473228

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Boulevard House is a residential care home providing support for up to 15 people who experience learning disabilities. The accommodation consists of a bungalow where three people can live and a main house where 12 people can live. At the time of the inspection 10 people were living at Boulevard House.

The service is larger than current best practice guidance. However, the service had been developed and designed before Registering the Right Support and other best practice guidance was produced. The size of the home having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs outside to indicate it was a care home.

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

People who lived at the home received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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.

Systems were in place to protect people from the risk of abuse. Risks to people's health, safety and welfare had been identified and management plans were in place to minimise those risks. Medicines were managed safely and in line with good practice guidance. There were enough, safely recruited staff to ensure people had all of their needs met.

People's needs were assessed, planned for and kept under regular review. Staff were well trained and supported to enable them to provide good quality care. Staff supported people to maintain a healthy diet

and access healthcare service in a timely manner.

People were treated with kindness and respect by staff who understood the importance of maintaining people's privacy and dignity. Staff encouraged people to develop their independence and maintain relationships with those who were important to them.

There was an open and inclusive culture within the home. Systems to monitor the quality of services and drive improvements were in place.

Rating at last inspection

The last rating for this service was good (published 14 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Boulevard 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Boulevard 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.

A manager was in post at Boulevard House who was not yet registered with the Care Quality Commission. They had submitted an application to do so.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

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

and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at Boulevard House about their experience of the care provided. We spoke with four members of staff including the manager, a team leader and two care staff.

We reviewed three people's care files and multiple medicines records. We also looked at a range of other records relating to the management of the home including, staff recruitment files and quality assurance records.

After the inspection

We continued to seek clarification from the manager to validate evidence we found. We looked at training data and staff supervision information.



Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and trusted staff to help them stay safe. One person said, "They make sure we're safe when we go out; not get bullied and things."
- Another person told us how staff had used national media reports to support them to understand what good care looked like and how to report any concerns they might have.
- Staff knew how to identify if a person was at risk of harm or abuse and what actions to take if they suspected this.
- Records showed there had been no incidents of harm or abuse occurring in the past 12 months. People and their care staff confirmed this when we spoke with them.

Assessing risk, safety monitoring and management

- Risk assessments were in place for identified needs and they were regularly reviewed.
- Staff demonstrated a clear understanding of the risks to people's health, safety and welfare and how to minimise those risks.
- Detailed support plans were in place to guide staff about how to help people manage distressed behaviours and stay safe. A person told us, "I need help sometimes; they're good at helping me with it."
- Emergency evacuation plans were in place for each person should they need to leave the building to stay safe. People who lived in the home and staff described to us how they would evacuate the building in the event of an emergency. One person told us how they supported staff to carry out weekly checks on fire safety arrangements.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs and help them to stay safe. This included supporting people individually where needed.
- People told us staff were available whenever they needed them.
- The manager explained how staffing levels were assessed in line with people's needs and increased or

decreased accordingly.

- The provider had systems in place to ensure new staff were recruited safely. Records showed that checks had been made about the person's identity and their previous employment history. Disclosure and Barring Service (DBS) checks had also been carried out.

Using medicines safely

- Arrangements for the administration of people's medicines were in line with good practice and national guidance. Staff were aware of up to date guidance, for example the STOMP initiative, and worked with local health professionals to support its implementation. STOMP stands for Stopping over medication of people with a learning disability, autism, or both with psychotropic medicines.
- Records showed that staff were trained to administer medicines safely and the manager said they carried out regular observations of medicines administration. Staff confirmed this when we spoke with them.
- There were systems in place to audit medicines records regularly which meant any shortfalls could be addressed quickly.

Preventing and controlling infection

- One the day of the inspection the home was clean and tidy throughout. We saw people had been involved in cleaning wherever they were able. A person said, "I help clean my room and do the dishes, I enjoy it."
- People's laundry was done on an individual basis with people helping where they were able to. This reduced the risks of cross infection. Personal protective equipment (PPE) such as gloves and aprons were available and used by staff where appropriate.
- Staff had received training about how to prevent and control infection and they confirmed this when we spoke with them.
- Senior staff attended regular meetings with local authority infection control and prevention specialists to maintain and develop their knowledge. Learning was passed to the staff team by way of staff meetings.

Learning lessons when things go wrong

- Accident and incident reports were reviewed and analysed regularly. This meant any trends or themes could be identified in order to minimise future risks.
- We saw the manager had action plans in place for improvements where any issues had been identified.



Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and regularly reviewed to ensure their needs continued to be met.
- Protected characteristics under the Equality Act were considered so that, for example, any identified cultural or religious needs could be met.
- Staff completed training in equality, diversity and inclusion and demonstrated their commitment to ensuring those needs were met.

Staff support: induction, training, skills and experience

- Induction training was provided for all new staff to undertake in line with the provider's policy and the Care Certificate, which sets out common induction standards for social care staff.
- Staff told us their induction and on-going training arrangements enabled them to keep up to date with good practice.
- Records showed that staff had completed training in subjects such as managing behaviour, epilepsy awareness and person centred care.
- Staff told us they met regularly with senior staff to discuss their work and personal development. They also said the manager and senior staff always made time for them to discuss any issues in between their regular supervision meetings.

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

- People told us they were involved in choosing what they wanted to eat. During the inspection we saw people choosing and helping to prepare their lunch. We also saw people had free access to hot and cold drinks of their choice.
- One person told us how they had been supported to follow their chosen vegetarian diet. They said staff had helped them to understand what they needed to eat to stay healthy.
- Staff were knowledgeable about people's dietary preferences and needs and knew how to identify if

people needed extra dietary support, such as a referral to a dietician.

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

- People told us staff helped them to see their local doctor or other healthcare professional whenever they needed to. Records showed people had access to, for example, dentists, chiropodists and hospital medical staff.
- Information about people's health needs was recorded in care plans so staff could ensure they received the right support at the right times.
- Staff worked with specialist healthcare professionals, such as consultant psychiatrists, to ensure people's needs were regularly monitored and reviewed.

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

- People had their own spacious bedrooms which were personalised to their own tastes. Some people's bedrooms had been modified to include kitchen and dining facilities to help them develop their independence.
- The layout and design of the buildings meant people had access to all of the areas in which they wished to spend their time. This included outside space.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Five people were subject to DoLS authorisations. No conditions were attached to the authorisations. Records showed the authorisations were kept under regular review.
- The manager and staff demonstrated their understanding of the implications MCA and DoLS had on the people who lived at the home and had received training about the subject.
- People's capacity to make informed decisions had been assessed. Staff understood how to support people to make decisions or have them made in their best interest.



Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them with respect and were very kind to them. One person said, "They're so lovely; they're really great." Another person gave us a thumbs up sign and a smile when we asked them how staff treated them.
- Staff knew people well and responded quickly to ensure their anxieties were relieved. In one example we saw the manager noticed a person was becoming anxious from their subtle body language. The manager used calm and reassuring voice tones and gave clear explanations which helped the person to relax and enjoy the rest of their day.
- Staff received training about how to understand and respect people's diverse needs and understood how to promote the principles of equality and inclusion. A member of staff told us, "Everyone is different, we respect that and make sure everyone is treated the way they want to be."

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

- People told us staff encouraged them to express their views about the care and support they received. One person told us, "I can say what I want and they listen to me."
- People said they regularly talked with staff about their care plans and what they wanted for themselves.
- Staff knew about the support provided by lay advocacy services. These are services that are independent of the registered provider and the local authority and can support people in their decision making and help to communicate their decisions and wishes. Records showed these services were called upon when people needed help to make decisions for themselves.

Respecting and promoting people's privacy, dignity and independence

- We saw many examples where staff encouraged people to maintain and develop their independence. One example was a staff member helping a person to do their laundry. The staff member clearly understood how

to communicate guidance in a way the person understood and gave reassurance and praise when the person achieved a task. The person told us, "Makes me feel good when I can do it."

- The bungalow adjacent to the main building gave people the opportunity to further develop their independence in a safe environment with a view to moving on from residential care. One person told us their aim was to move into their own flat and staff were helping to achieve this.
- People's privacy and dignity was respected. We saw staff spoke with people in private about their personal needs and people had keys to their own rooms where they wanted them.
- People's private information was stored securely and computers were password protected. Staff understood the principles of confidentiality and only shared information on a need to know basis.



Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans for people who lived permanently in the home were personalised and provided clear information about the care and support each person needed and wanted. This enabled staff to provide bespoke care for people.
- A care plan for a person who visited the home for respite care was not as detailed and did not give clear guidance to staff about their needs. However, the manager took immediate action to address the shortfalls.
- The registered provider had ensured information was presented in alternative formats such as large print and pictures to help people access it.
- Some people used a communication method called Makaton and we saw information also displayed in this format.
- People's care plans contained information about how they communicated their needs, wishes and preferences. We saw staff had a detailed understanding of how people communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported to maintain and develop relationships with their family and friends. One person talked about being 'settled' at the home because it was nearer to their family and they were able to visit more often. Other people told us about how happy they were to be spending Christmas holidays with their family and friends.
- People talked to us about the varied social activities they were supported to take part in, such as local

clubs, trips to restaurants and walks with friends. People also spoke enthusiastically about returning to the registered provider's local day service which they enjoyed attending. This is a service that had been temporarily closed due to building work.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints procedure which the manager and staff were aware of. This was available in an easy to read version so everyone could access it. Since our last inspection, no complaints had been recorded.
- People told us they knew how to make a complaint if they needed to and were confident they would be listened to. One person said, "I'd go to [the manager] or the staff."

End of life care and support

- The manager told us that not every one was ready to discuss their end of life care because they found it distressing and some people did not have the capacity to understand the concept. Where people were able to and willing to discuss their end of life care they had been supported to record their wishes.



Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who lived at the home spoke in positive terms about the manager. One person told us, "He's great, I can talk to him and he helps me." Another person said, "Wonderful, lovely man."
- Staff were equally positive about the manager's leadership qualities. They told us the manager was committed to providing high quality, person centred support for people. They also said the manager promoted team work and encouraged feedback from the staff team.
- People who lived at the home and staff members had regular opportunities to meet together and express their views about how the home was run. Records of the meetings were kept and referred to so as to ensure any ideas or suggestions had been acted upon.
- There were regular opportunities for people to provide feedback on the service by way of questionnaires.
- People who lived in the home and staff told us they felt their views were listened to and respected.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager was not yet registered with CQC, however, they had submitted an application to us which had been accepted.
- The manager and registered provider understood their responsibility to send us the information they were required to, such as notification of changes or any events affecting the people who lived at Boulevard House. They had also displayed the latest inspection rating within the home and on their website.
- There were systems in place to monitor the quality of services provided for people. Aspects of the service

such as medicines arrangements, care planning and staff training were audited regularly and action plans were put in place where any shortfalls were identified.

- The registered provider and manager were aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff were aware of how to raise concerns using the registered provider's whistle-blowing policies. They knew how to contact external agencies, such as the local authority, if they felt their concerns were not being listened to or acted upon.

Continuous learning and improving care; Working in partnership with others

- The manager met regularly with other managers in the registered provider's organisation to share good practice and learning. They also had opportunities to undertake formal training and were about to undertake a nationally recognised management course.
- The manager and staff worked closely with external organisations such as service commissioners, the local authority and infection control specialists. This ensured people received timely and effective support and care.
- Feedback and outcomes from meetings with people and staff, questionnaires and audits were used to drive improvements within the home and improve people's experience of care.