

Boulevard Lodge Limited

Boulevard Lodge

Inspection report

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Essex
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Tel: 01702808814

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13 July 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 11 and 13 July 2016 and was unannounced.

Boulevard Lodge is registered to provide accommodation and personal care without nursing for up to nine persons who may be living with dementia. There were nine people living in the service at the time of our inspection.

There was a manager in post who was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 care and support was provided in a way that ensured their safety and welfare. Staff knew how to protect people from the risk of harm. They 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 care plans and risk assessments in place to ensure people were cared for safely. People needs were met by sufficient numbers of well trained and supported staff who had been safely recruited. People received their medication as prescribed. There were safe systems in place for receiving, administering and disposing of medication and staff had been trained and were competent to administer it.

The manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications when needed. People had sufficient amounts to eat and drink to meet their individual needs. Their healthcare needs were monitored and staff sought advice and guidance from healthcare professionals when needed.

Staff knew the people they cared for well and treated them with compassion and kindness. They ensured that people were treated with dignity and respect and that they always had the privacy they needed. People expressed their views and opinions and they participated in the pastimes and hobbies of their choosing. Family and friends could visit people at the time of their choosing and were always made to feel welcome. Where people did not have family and friends to support them to have a voice, they had access to advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People's needs had been fully assessed and their care plans provided staff with the information needed to meet their needs and ensure their safety and well-being. People were confident that their concerns or complaints were listened to and acted upon. There was an effective quality monitoring system in place to assess and monitor the service and to drive improvements.

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.

People were protected from the risk of harm. Staff had been safely recruited and there were sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good and ensured that people received their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

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

The manager and staff had a good understanding of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

People had sufficient to eat and drink and they experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were treated respectfully by kind, caring and compassionate staff who knew them well.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good ●

The service was responsive.

People had received a thorough assessment of their needs and their care plans provided detailed information for staff to care for people safely had meet their diverse needs.

There was a clear complaints procedure in place and people were confident that their complaints would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

Staff had confidence in the registered manager and shared their vision.

There was an effective quality assurance system in place to monitor the service and drive improvements.

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 and 13 July 2016 was unannounced and carried out by one inspector.

Before the inspection we reviewed information that we hold about the service such as for safeguarding and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six of the people using the service, two of their relatives, the manager, the deputy manager and five staff. We reviewed four people's care files and four staff recruitment and support records. We also looked at a sample of the service's policies, medication, audits, training records, staff rotas and complaint records.

Is the service safe?

Our findings

People were protected from the risk of abuse. They told us that they felt safe and secure living in the service. We saw that they were relaxed and comfortable when interacting with staff and each other. One person was very chatty with others in the lounge on day two of our visit. They told us, "It is lovely here; all of the staff treat me well. I feel safe and well looked after." Another person said, "You can't fault it here, the staff make sure we are all kept safe and secure." The manager and staff had a good knowledge of the different forms of abuse and how to protect people from the risk of harm. They understood the safeguarding and whistle blowing procedures and were aware of what to do if they felt their concerns had not been dealt with appropriately. Staff told us, and the records confirmed that they had been trained in safeguarding people and that they had regular updates. There was information about how to safeguard people available for staff to refer to if needed.

Risks to people's health and safety were well managed. Staff had received training in first aid and fire safety and they knew to call the emergency services when needed. The deputy manager told us that people had fire evacuation plans in place which were kept in individual's rooms for use in event of an emergency. Staff told us, and the records confirmed that fire drills had been carried out regularly. People had risk assessments together with management plans in place for their mobility, falls, fractures, skincare, nutrition and maintaining a safe environment. Staff had a good knowledge of people's identified risks and described how they would manage them. People told us that they often went out in the local community with family and friends. This showed that people were supported to take every day risks and to maintain their independence.

People were cared for in a safe environment. The manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and there were up to date safety certificates in place. Maintenance work and repairs had been carried out swiftly and there was a list of emergency contacts numbers in the office in the event of an emergency such as a major electrical or plumbing fault.

People told us that there was enough staff to meet their needs. One person said, "There are always staff around when you need them. They [staff] are in and out of the lounge all of the time." Another person said, "I never have to wait long for help. There are always staff around." Visiting relatives had different views. One relative told us that staff were always very busy and they felt that the service could do with more staff. They told us that the staff do the cooking and cleaning which stopped them from providing care. Another relative told us that there were always staff available when needed to meet their relative's needs. We looked at the staff duty rotas over a six week period and they showed that staffing levels had been maintained at an appropriate level. We discussed these views with the manager and agreement has since been reached from the provider for an additional 18 hours a week to be rostered. We observed that there were enough staff on duty to meet people's needs on both days of our visit.

There were robust recruitment processes in place to ensure that people were supported by suitable staff. The manager had obtained all of the appropriate checks in line with regulatory requirements, for example proof of identity, Disclosure and Barring checks (DBS) and written references before staff started work. Staff

told us that the recruitment process was thorough and they had not been able to start work until all of their checks had been carried out.

People's medicines were managed safely. People told us that they were given their medication correctly and that they knew what it was for. One person said, "Staff look after my medicine. They always ask me if I need any pain relief." Another person told us, "I am happy for the staff to take care of my medication. They [staff] make sure I get it when I need it." Staff had a good knowledge of people's medicine needs and their individual medical history and they gave people their medication appropriately. There was a good system in place for ordering, receiving, storing and the disposal of medication. We carried out a random check of the medication system and observed a medication round. We found that the medication was correct and the medication administration record sheets (MARS) had been completed to a good standard. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication.

Staff had been trained and had received regular updates to refresh their knowledge. The manager told us that they ordered medication on a 28 day cycle. They said, and the records confirmed that unused or spoiled medication was returned to the pharmacy. Staff's competency to administer medication was regularly checked through the auditing process. This showed that people received their medication safely and as prescribed.

Is the service effective?

Our findings

People were cared for by staff who felt supported and valued. Staff told us, and the records confirmed that the induction process was good. Newer staff were in the process of undertaking the care certificate. The care certificate replaces the Skills for Care common induction standards and provides staff who are new to care with the knowledge and skills to care for people safely. Staff told us that they felt well supported and that they had regular supervision. There was a supervision schedule in place that detailed when staff's supervision was due and when it had been completed. The records showed that staff had received supervision every six to eight weeks. There was no appraisal system in place. The manager told us that they had plans to set up an appraisal system in the next few weeks.

Staff had the knowledge and skills to care for people effectively. People told us that they felt that staff were well trained. One person said, "All of the staff here know what I need and how to care for me properly. I think they must be well trained as they do it so well." Another person told us, "They [staff] are trained; they know what they have to do and they make sure that I get everything that I need." Staff told us that their training was good and that it provided them with the skills they needed to carry out their work appropriately. The records showed that staff had received a wide range of training that had been regularly updated and was suitable for their role. Staff told us they had completed a national qualification in care and the records confirmed that 11 of the service's 12 staff had either obtained or were working towards a national vocational qualification in care. People were cared for by well trained staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. There was information about DoLS available in the office. Staff had been trained in MCA and DoLS and they knew how to support people in making decisions. One staff member said, "When people do not have the capacity to make decisions and we have to make them for them they must be made in their best interests and other people must be involved in the decision."

Where necessary appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed. People told us, and we heard, that staff asked them for their consent before carrying out any tasks. The service had carried out mental capacity assessments where required. This showed that where people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. They told us that the food was good and that they always had plenty of choice. One person said, "It is always lovely, home cooked food and they [staff] will prepare me something different if I don't like the meal." Another person told us, "The food is always tasty and served well." There was fresh fruit available in the lounge for people to help themselves to when they wanted it. Where people required support with their meal, staff supported them appropriately ensuring they had sufficient time to enjoy the meal. Where it was necessary peoples' dietary intake had been recorded and their weight had been monitored to ensure that their nutritional intake kept them healthy.

People's healthcare needs were met. They told us that they saw a variety of healthcare professionals when needed such as the dentist, optician, district nurse and their doctor. People said, and the records confirmed that they got the support they needed to help them to remain healthy. The outcomes of healthcare visits and any follow up actions had been clearly recorded and showed how and when people had received the healthcare support they needed.

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person said, "The staff are kind and caring without exception, they treat me well and are very gentle when helping me to wash and dress." Another person told us, "The staff are all lovely and they take their time to give me the help I need. They all show that they care about us." A visiting relative told us, "The home is lovely and the staff are very kind, respectful, compassionate and understanding and treat my relative well. I have no worries knowing that the staff are taking good care of them." People were relaxed and happy throughout our visits and we saw and heard good staff interaction with people. There was a pleasant atmosphere where people happily chatted with staff and with each other. Staff knew the people they cared for well and had built up positive caring relationships with them. They displayed kind and caring qualities when interacting with people throughout both our visits.

People told us that staff treated them with dignity and respect. They said that they never felt rushed and that staff always treated them gently and with respect. We saw people being supported and heard staff speaking with people in a calm, respectful way and they gave them the time they needed to carry out any tasks. People told us that staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms. People were treated with dignity and respect.

The service had arranged for people to practice their faith if they wished to. One person told us that they had weekly visits from their local pastor. They said that they looked forward to the visits. The manager told us that in the recent past one person had very deep religious beliefs and their pastor had visited them twice a week at their request. They said that no other person currently using the service wished to practice their faith but if they changed their mind they would be fully supported to do so. People's religious faith was respected and their cultural needs had been met.

Staff supported people to maintain their independence as much as possible. People told us that they made every day decisions for themselves. One person said, "I decide when I want to get up and when I want to go to bed." Another person told us, "I go out as often as I can and I always enjoy it." A third person said, "I like to come and go as I please. I enjoy watching the tennis in my bedroom but also like to spend time with others when I choose to." Two people had been out to lunch on the second day of our visit. They told us that the staff encouraged them to maintain their independence.

People told us that they had been actively involved in making decisions about their care and support. They said that they were supported to make choices about how they spent their time, what they wanted to wear and where they wanted to be. The care files contained good information about people's likes, dislikes and preferences to enable staff to care for people in a way that they preferred. Care plans contained detailed information about people's past life history such as their work life, their family life, holidays and other events that were important to them. Staff recognised the importance of obtaining this information. One staff member said, "It is good to know about a person's life history and to understand what their life was like in the past." Other staff told us they felt it was important to have this information to enable them to care for people properly in a way that they would wish.

People told us that their visitors were always made to feel welcome. One person said, "[relative's name] visits me regularly and they can come when they want. The staff make them feel welcome." A visiting relative told us that they had quite a long journey because they had to travel some distance to visit their relative. They said that staff were always warm and friendly and made them feel welcome when they visited. Where people did not have family members to support them to have a voice, they had access to advocacy services. There was advocacy contact details displayed on the noticeboard in the office. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

People told us they had received a full assessment of their needs before moving into the service. They said that they and their families had been fully involved in the assessment and care planning process. One person told us, "Before I came to live here one of the staff came and spoke with me to make sure they could meet my needs." Another person said, "The staff asked me what I needed help and support with and they asked my relative for their views as well. They often ask if everything is to my liking." Care plans were detailed and informative and included information about people's personal preferences such as, when they liked to go to bed and get up, how they liked to spend their time and the level of support needed to maintain their independence. People told us that the service provided them with suitable equipment such as hoists, walking aids and wheelchairs to support their mobility. People had end of life plans that described their wishes for their end of life care. All of the care plans that we reviewed had been regularly updated to reflect people's changing needs. People received personalised care that was responsive to their individual needs.

People were given the support they needed to mobilise around the home. For example, staff helped people to move around the service using their individual walking aids. People told us that staff were quick to respond when they pressed their call bell. They said that staff never rushed them and that they gave them the support they needed, when they needed it, and we saw this in practice throughout both days of our visits. People received a service that was responsive to their individual needs.

People told us that they felt they had enough to do. One person said, "I like to read my newspapers and keep in touch with the world." Another person told us, "I go out quite a bit with my family. I enjoy having meals out and like some time to myself when I get home." People said that an entertainer had visited the service who was very good and got them all singing. The manager told us that most people currently living in the service chose to do the activities which they preferred. For example one person enjoyed colouring and another enjoyed watching sport on their television. The manager had sought information from the Care Consortium's website for elderly activities to enable staff to find activities that suited people's individual needs and choices. The website offers a range of suggested activities they may be used in care homes and it includes activities specifically for people who are living with dementia. People were supported to follow their own interests and hobbies as far as they were able to.

People told us, and we saw and heard, that staff asked them for their views on a daily basis. Staff constantly checked with people to see that the service continued to suit their needs. Although formal resident's and relative's meetings had not been held the manager told us that they consulted people daily and that they discussed people's care and support with their relatives at each visit. People and their relatives confirmed this. The manager also said that they planned to start holding more formal resident and relative meetings on a quarterly basis. They told us these would be recorded and that a schedule would be put in place for any identified actions.

People said they knew how to complain if they were not happy with the service they received. One person told us, "I am sure that if I did have any complaints the manager would deal with them immediately. They

are very good at listening to you here." Another person said, "They [staff] respond to anything I tell them. They make sure everything is to my liking." There was a clear complaints procedure in place which described how any complaints or concerns would be dealt with. There was also a pictorial 'speaking out' leaflet available for people not able to understand the written policy. The policy included the contact details of CQC, the local authority and the Local Government Ombudsman. The complaints records showed that the service had responded quickly to people's concerns and had addressed them appropriately. People were confident that their complaints and concerns would be dealt with appropriately and in a timely manner.

Is the service well-led?

Our findings

The manager had applied to be registered with CQC. They worked in the service on a daily basis and were available by telephone at other times to support people using the service and staff. People and their relatives were very complimentary about the manager and they spoke positively about them. People knew the manager by name and the manager had a good knowledge of the people they cared for. One person said, "[manager's name] is very nice, they always ask if I am alright and if everything is to my liking. They are very friendly and helpful." There was an open door policy where people, their relatives and staff could speak with the manager whenever they wanted to. People had confidence in them and they told us that they were approachable and supportive and they responded positively to their requests. Staff told us they felt valued and that they shared the manager's vision to provide people with good quality person centred care that met all their needs.

There were clear whistle blowing, safeguarding and complaints procedures in place and staff told us they were confident about applying them. One staff member told us, "I would report any worries or concerns to [manager's name] and I know that they would be dealt with properly." Another staff member said, "We cover the policies during our induction so that we know what to do. I know that [manager's name] would act quickly to make sure that everyone is safe and happy."

People told us that they were actively involved in making decisions about how to improve the service. They said that the manager asked for their views and opinions about everyday things such as food and activities all of the time. Although formal resident and relative's meetings had not been held, the manager had a plan in place to establish them and to formally record the outcomes and any actions arising from the meetings.

The service had an effective quality monitoring system. People's views had been sought and their responses had been analysed and actions had been taken to address any shortfalls. The last quality assurance survey took place in May 2016 and people had been very complimentary about the service. Their comments included, 'Very good standard of care.' 'All staff, without exception are very caring.' 'Staff attitude, appearance and knowledge is very good.' And, "The manager is very approachable." Regular audits had taken place such as for health and safety, infection control, medication and complaints.

The local authority undertook a quality monitoring visit in June 2016 and the report showed that a score of 81.7% had been achieved and according to the rating from the local authority were considered to be providing a 'good' service. Following the local authority inspection we saw that the provider was in the process of developing an action plan for the completion of the recommended actions; at the time of our inspection some of the actions had already been completed. People told us that they were very happy with the quality of the service they received. A visitor told us, "I am very happy with the service; my relative loves it here and I have no worries as they get the best care from lovely staff."

Regular staff meetings had been held where a range of issues such as care practice, activities, regulatory visits, training, supervision and staff uniform had been discussed. Staff told us that they had time allocated in meetings to openly discuss any other issues of importance to them. They also said that they were fully

involved in how the service was run. One staff member said, "The manager listens to what I say and takes any issues seriously. We always get the opportunity to air our views and give our opinions."

There was a good system in place for staff to communicate with each other. A handover sheet was in use where staff recorded important information in addition to having a handover period at the end of each shift. This meant that staff could access information quickly when returning to work after a break to ensure that they had good up to date knowledge to enable them to care for people safely. This showed that there was good teamwork and that staff were kept up to date about changes to people's care needs.

Personal records were stored in a locked filing cabinet in the office when not in use but they were accessible to staff, when needed. The manager had access to up to date information on the service's computer system and shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.