Boulevard Care Limited

Boulevard House

Inspection report

1, The Boulevard
Mablethorpe
Lincolnshire
LN12 2AD

Tel: 01507473228

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17 May 2017

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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

Boulevard House is a care home which is registered for 15 people. When we undertook our inspection there were 12 people living in the home. The majority of people are younger adults some of whom may experience difficulties with communication due to their learning disability. The location is split into two houses. One housing three people and the rest in the main house. Each has its own facilities of communal areas, kitchens and gardens. There is car parking at both houses.

At the last inspection, the service was rated good.

At this inspection on 11 and 17 May 2017, which was unannounced we found the service remained good.

People were protected from abuse and avoidable harm because staff were aware of individuals' needs and what was a potential risk for them. Sufficient numbers of staff were employed to ensure people's needs were met. People's medicines were managed so they received them safely and they were stored in a place which only certain suitably trained staff had access to.

Staff had the knowledge and skills to carry out their roles and responsibilities, which was based on best practice to ensure people received effective care. Consent to care and treatment was always sought and where people could not consent themselves a suitable advocate was found. People were supported to eat and drink and maintain a balanced diet and were encouraged to help with the preparation of meals. They had access to healthcare services and received on-going healthcare support by staff at the home and other local health and social care agencies.

Positive and caring relationships were developed with people using the service and staff ensured people had access to other family members and friends when they wished. People were supported to express their views by individual discussions with members of staff and in group house meetings. Each person was actively involved in making decisions about their care, treatment and support. Staff ensured people's privacy and dignity was respected and promoted.

People received personalised care that was responsive to their needs. Staff ensured they routinely listened and learnt from people's experiences, concerns and complaints. People were actively involved in putting together a care plan of their needs and where this was difficult for them staff involved their family members or other advocates.

The registered persons and registered manager always promoted a person-centred, open and inclusive culture. This ensured people would be empowered to take part in as much as of the running of the home as they wished. The registered manager and registered persons ensured they regularly met with people who used the service, family members, other advocates and visitors to the home to obtain their views of the quality of the services being provided. Any actions from quality assurance audits were passed on to staff to ensure they learnt from events and incidents.

The registered manager and registered persons continued to look for ways of improving the services it offered and how to ensure the views of people were incorporated into the running of the home. The home was currently meeting all relevant fundamental standards.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Boulevard House

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 checked 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 was a comprehensive inspection which looked at all domains.

This inspection took place on 11 and 17 May 2017 and was unannounced. We returned on the second day as there were only a few people to speak with on the first day.

The inspection was undertaken by a single inspector.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service. We spoke to social care professionals before the site visit.

During our inspection, we spoke with five people who lived at the service, a relative, two members of the care staff and the registered manager. We also observed how care and support was provided to people. After the inspection we spoke with three relatives.

We looked at four people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, minutes of meetings and audit reports the registered manager had completed about the services provided.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe living at the home. One person said, "I am looked after and I feel safe." Another person told us, "I have my own key to my room, which makes me feel safe." A relative told us, "I'm pleased about everything."

Staff had received training in how to maintain the safety of people and were able to explain what constituted abuse and how to report incidents should they occur. Staff knew the processes which should be followed to protect people from harm. They were aware of the role of other agencies such as the local authority safeguarding team and CQC. They felt confident the registered manager would take the right action to safeguard people. This ensured people could be safe living in the home.

The registered manager and staff ensured they were aware of each individual's needs and what was a potential risk for them. Risks to people's health and safety were identified through the completion of risk assessments for such as maintaining a safe environment and road safety. These were reviewed regularly. For example, when someone wished to visit the local shops they were reminded of which was the best way to go and how to cross busy roads. We observed that staff stayed in communal areas when people using the service were present to ensure they were safe and were interacting with others in a calm and supportive manner.

Where people had distressed behaviours which others might find challenging, staff told us they would give the person some space and try and provide them with explanations and reassurance to gain their co-operation. They told us they did not use forms of restraint. Care plans identified when people were resistive to personal care and the actions staff should take when this occurred.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health and social care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns on a monthly basis. There was an analysis to show themes and trends, which would help to identify specific safeguarding concerns.

We were invited into several people's bedrooms to see how they had been decorated. People told us of their involvement in the layout of the bedrooms. Staff had taken into consideration when writing the care plans of environmental risks for some people, especially those with mobility problems or limited vision. People told us how they had been involved in the layout of their bedrooms and the housekeeping jobs they did each day to keep the rooms clean. One person told us, "I keep my room clean so there aren't any germs." People had keys to their bedrooms and proudly showed us the different ways they carried them around.

People told us there were sufficient staff to meet their needs. One person said, "When I want to go out I don't like to go on my own, but there are always staff to go with me." A relative told us there were sufficient staff around to ensure their family member was ready on time when they wanted to take them out for the day.

Staff told us that the staffing levels were appropriate to meet the needs of the people they cared for all of the

time and this was discussed with them. The registered manager told us how the staffing levels had been calculated, which depended on people's needs and daily requirements. They had discussed the staffing needs for one person with complex needs with commissioners of services. This was because that person required more input by staff on a one to one basis. We saw in the care plans when those discussions had taken place.

Staff told us the registered providers and registered manager were very supportive for staff to attend events with people. They said staff were always available to take people to events and the registered manager attended when possible. One staff member said, "I love it. They are like an extension of my family and I do with people here what I do at home."

We saw that recruitment checks were carried out prior to people being employed at the service. The registered person asked for references, proof of identification and undertook checks with the Disclosure and Barring Service (DBS) to ensure that people did not have any past convictions that would present them as a risk to people living at the service. At the time of our inspection there were no staff vacancies.

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm and what support they required. For example, those who needed help because they would become anxious when hearing a loud noise. This was displayed in each bedroom and by the visitors signing in book. A plan identified to staff what they should do if utilities and other equipment failed. Staff were aware of how to access this document.

Large areas of the home had undergone redecoration and refurbishment since our last visit. This included corridors, sitting rooms and dining rooms and bathrooms. A new carpet was being fitted during our visit in the main house sitting room. People told us how much they liked the refurbished room. One person said, "I love the new curtains. We've gone modern." This has ensured that environmental this was a safe place to live.

People told us they received their medicines and understood why they had been prescribed them. One person said, "Yes I get mine on time." They went on to tell us what was administered and which staff helped them. Staff were observed giving advice to people about their medicines. Staff knew which medicines people had been prescribed and when they were due to be taken. We observed staff administering medicines safely to people at various times of the day.

Good

Is the service effective?

Our findings

People and relatives told us they thought the staff were well trained and able to meet their or their family member's needs.

Staff we spoke with told us that the induction programme at the time they started work at the home had suited their needs. Records showed that the induction process has been completed in line with the provider's policy. The registered manager told us that all new staff were now registered for the Care Certificate. This would give everyone a base line of information and training and ensure all staff had received a common induction process.

There was a training system in place which alongside the mandatory training enabled the provider to identify training for staff which reflected the needs of people living at the home or supported their development. In addition the system monitored the training which had been completed so that any missing training could be discussed with people at their supervisions. Staff received regular supervision and yearly appraisals. They told us they could voice their opinions in supervision sessions and felt their opinions were valued.

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 on authorisations to deprive a person of their liberty were being met. We found that the provider had followed the requirement in the DoLS. Two applications had been submitted to the local authority and the registered manager was waiting for them to be authorised. The provider had properly trained and prepared their staff in understanding the requirements of the MCA and DoLS. Staff had a good understanding of what the MCA and DoLS would mean for the people they looked after.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. They showed the steps which had been taken to make sure people who knew the person and their circumstances had also been consulted. Staff had recorded the times best interest meetings had been held and assessments completed to test their mental capacity and ability for such events such as living in the home and being able to make informed choices about going out on their own. Consent to care and treatment was recorded in the care plans and signed by the person themselves or their advocate. For example, being weighed on a regular basis to help control their diabetes.

People told us that they liked the food. One person said, "Staff help me to control my diet. I have a lot of conditions and take a lot of tablets so I am careful." Another person told us, "We all can help in some way to prepare meals or clean up afterwards. I love cooking." People told us about their favourite meals and how they sometimes had a themed night, for example, around Chinese food. They also became very enthusiastic about eating out. One person liked fast food outlets, whilst another liked the local restaurant. People also told us where they shopped for their food. One person particularly liked the new large supermarket in the town. They said, "It's great. We get good choices there." We were invited to have lunch on the first day, which had been prepared by staff and people living at the home and were invited to sit with people having breakfast on the second day. There was a lot of laughter and banter on both occasions.

Staff knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as when a person required a special diet and if they needed assistance. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs. Staff had recorded people's loss or gains in weight and involved the local hospital dietary team. Menus were on display in the two dining rooms. We saw that staff ensured people were well hydrated during the day. One person made the inspector a drink.

People had access to healthcare services and received on-going support from staff to maintain links with other health and social care agencies. We saw recorded in the care plans when people had visited local GPs and had been supported to attend hospital appointments. For example, people had discussed with staff the differences in attending well women clinics and tests and those for men. For those with conditions such as diabetes staff had recorded the visits to diabetic clinics and the daily involvement of people and staff to help people keep control of their diabetes.

Good

Is the service caring?

Our findings

We observed staff greeting people with a smile and approaching people in a kindly manner. They acknowledged people as they walked around the home. They were patient and sensitive to people's needs. For example, when someone asked for assistance to have a shave. Staff were patient with the person and gave gentle encouragement so they had a smooth face.

People told us they liked the staff and felt well cared for by them. One person said, "I love it here. I have loads of friends." Another person told us, "I'm happy here." A relative said, "I would know if [named relative] wasn't happy by what they say to me. This is a good place for them." People told us how they had formed friendships within the home, but also at the local day centre, which was also owned by the same registered persons. They described how staff ensured they had contact with friends and family by visits, telephone, email and by video internet access. We observed one person become more animated when a relative arrived to take them out for the day. Staff encouraged the person to look forward to their day out.

People were given choices throughout the day, for example, if they wanted to remain in their bedrooms or where they would like to sit. Some people joined in happily and readily in communal areas. Others declined, but staff respected their choices on what they wanted to do. The general mood within the home was light hearted. There was a lot of laughter and camaraderie amongst the people who lived there, visitors and staff. For example, we observed staff and a couple of people talking about the latest garden project at the day centre.

Some people through choice they told us sat in communal areas, but quietly looked out the windows or observed others walking around rather than engaging in group games. Staff sat with them for some of the time and quiet discussions took place about what they would like to do next and forth coming meals. One person touched the staff member's hands in a reassuring patting gesture and smiled.

The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example, we saw recorded in a care plan when a person liked to complete their housekeeping jobs. They told us staff adhered to their wishes, but checked to ensure the jobs had been completed. They had a check list, which they ticked each day when tasks had been completed.

Staff told us of various ways they communicated with people who could not easily express themselves verbally such as with pictures, sign language and hand gestures. We observed one person who liked to go over forth coming events. They asked the same questions of staff continually throughout the day. Staff were very patient and ensured each time the person understood about timescales and what was to happen.

People told us staff treated them with dignity and respect at all times. One person said, "When I don't want people to enter my room I say." We observed staff knocking on doors prior to being given permission to enter a person's room. We observed that people had a number of items in their bedrooms so they could spend time on their own. This included books, DVDs, televisions and computers.

People told us they could express their views at any time to staff, but also enjoyed the group housing meetings. We saw these took place monthly and recorded items staff needed to pass on to people, such as upgrading the home. People had opportunity to ask what they wanted during the course of the meeting. There was also opportunity for people to express their wishes throughout the day and we observed some lively discussions between group of people on both visit days. Discussions took place about politics, daily routines and visits between people who lived at the home. Discussions sometimes included staff, but not always.

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported in different ways. This could be by staff and the local lay advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local lay advocacy service on display. There was one person being supported in this way and details of visits were in the person's care plan.

Good

Is the service responsive?

Our findings

The location was split into two separate houses and the registered manager told us people were assessed with a view of initially staying in the house which best suited their immediate needs. As staff became more familiar with people's needs and wishes there was then opportunity for them to move to a different house within the home or to other homes the registered persons owned.

People were assessed to see if the setting and staff could provide appropriate support for them. Their past care needs were reviewed so that there was some continuity of care provided when they moved into their new home. In a care plan for one person, who had complex needs we saw there had been many incidents where staff had intervened due to their behaviour being distressing to others. Staff were aware of what type of intervention had worked in the past and whether the person would require extra funding if more staff were required to monitor this person's behaviour.

We observed staff helping people whose behaviour was becoming distressing to others. Other people in the area were either politely asked to move away until the situation was calmer or the person concerned was asked to move away. This defused the situation and staff remained with that person until they looked more settled and fully understood what was happening at that time.

In the person centred care plans there was clear information on plans for people's health and well-being over a period of time. For example, where people had communication difficulties and required extra time to express themselves and where people were being encouraged to socialise at a day centre. There was written confirmation that people had been involved in the formation of their care plans and where they found this difficult their family or other advocates had been involved.

Each person had their own activities weekly planner, plus there were planners on display for weekly group events taking place in the home and those at the day centre. People told us they could opt in and out of events as they wished. Several people told us about time away last year when they went to the illuminations at Matlock and were looking forward to a holiday in London this year. One person was particularly excited about a visit with family to a local holiday resort. They said, "It's lovely when all the family are together." Another person showed us photographs of a recent family event they had attended and staff told us the family were particularly supportive of the person.

To help people integrate into the local community staff had assessed whether they had the capabilities to know what to do to vote. We saw voting cards which had arrived for the next General Election and people told us how they were coming to decisions on who to vote for at that election.

The provider had a system for managing complaints and this was available in the entrance of the service for people to access. This was in words and pictures. We reviewed the complaints information and the record file of any formal complaints having been made in the last year. There had been no complaints. People and relatives told us they could speak to any staff about their concerns and they knew the registered manager had an open door policy and would see them at any time.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People and relatives told us they could express their views to the registered manager and felt their opinions were valued in the running of the home. We observed the registered manager interacting politely with people and people responded to her in a positive manner. One relative said, "The manager is available to us as well as people they look after." Staff told us they felt supported and could influence change when speaking with the registered manager.

Systems for auditing and monitoring the service were in place. These included areas such as nutrition, medicines, staff needs, the environment and care plans. Each one had the facility to create an action plan. When these had been written they gave clear instructions on what staff should do and why. Once the actions had been completed these had been signed as such by the auditor.

There were records in place to show the registered provider's regional representatives visited the home on a regular basis. Visit notes showed topics covered included speaking with people, staff and looking at records. These included the registered manager's audits, care plans and environmental checks. When actions were required these showed when they had been completed. The registered manager told us they felt relaxed in the company of regional representatives and able to voice their opinions, which they felt were valued. The registered manager also had opportunity to meet with other mangers in the registered providers homes and felt this was a useful way of learning and sharing information.

The registered manager held meetings with people to gather their views about the running of the service and the notes from the meetings showed that much of the discussion was around activities, the delivery of care and meals. Questionnaires went out to people throughout the year. We saw the ones for January 2017 and March 2017. These were about menus, making complaints and activities. One action from the March 2017 questionnaire was that people wanted menus written up and displayed. We saw this had been put in place. One person told us, "I like to speak up at meetings and I do get answers."

Staff meetings were held and minuted. We saw the minutes of a variety of meetings which had been held with staff. Each had a number of topics which had been discussed. Staff had been given opportunity to express their own views. Staff told us they could express their views at meetings and felt their opinions were valued.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibilities and knew of other resources they could use for advice, such as the internet.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.