

# Boulevard Care Limited

# Orby House

## Inspection report

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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

Orby House is a residential care home providing accommodation and personal care to six people at the time of the inspection. The service can support up to seven younger adults with a learning disability and/or autism. Each person had their own flat within one overall building, on a larger site accommodating a day centre and other facilities. There were office facilities and a sleep-in room within the building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were happy living at the service; they told us staff were like family members to them and always acted in their best interests. Services were delivered in a way that was flexible, provided choice and ensured continuity of care. People were truly placed at the centre of the service and were consulted and involved in decision making. Care was individualised and tailored to the needs and wishes of the people using the service.

People were protected from avoidable harm and abuse by staff who were alert to the signs of abuse and knowledgeable about the action to take if they identified a concern. Staffing levels were planned to take into account people's planned and spontaneous activities. Medicines were managed safely and people told us they received their medicines regularly.

Staff were supported to deliver effective care and received training to gain and further develop their knowledge and skills. They received regular supervision and appraisal. Consent was gained for the care and support people required in line with the relevant legislation. People had access to healthcare and preventative services according to their needs.

People continued to be supported by staff who showed empathy and kindness toward them. They supported people physically and emotionally, to enable them to lead fulfilled lives. People's privacy and dignity were respected.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. This was illustrated by a person who told us of the progress they had made following admission to the service, moving from requiring one to one support initially, to preparing to move towards supported living. They said, "I have had a lot of support and they have helped me through it."

Leaders were enthusiastic and committed to providing the high standards of care. They led by example. Processes were in place to monitor quality of the service provided and action was taken to bring about continuous improvement. People and staff felt listened to, valued and involved.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 28 February 2017). At this inspection the service remained good.

#### Why we inspected

This was a planned inspection based on the previous rating.

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.

## 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.

# Orby 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 undertaken by one inspector.

#### Service and service type

Orby 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection and sought feedback from the local authority. The provider completed a Provider Information Return. 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.

#### During the inspection

We spoke with the six people using the service. We spoke with five members of staff including the registered

manager, the location support manager and three care workers. We reviewed a range of records. This included three people's care records and all the medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

# Is the service safe?

## 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 said they felt safe at the service. They had their own keys to their flat and told us staff were always at hand if they needed support. A person told us how staff had supported them when they had found themselves in 'a sticky situation' when they were out in the community and had supported them to resolve the issue. Information about abuse and how to report abuse was available in the main entrance.
- Staff received training about safeguarding adults at risk of abuse. They were aware of the signs of abuse and actions they needed to take if they had a concern. They said they would have no hesitation in reporting any concerns or unsafe practice. They were aware of the role of the local authority and said they would contact them if necessary.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety, such as risks within the environment, kitchen safety, road safety and risks associated with behaviour such as self harm. Staff explained how they encouraged people to be as independent as possible, whilst keeping them safe. For example, one person said they went on the bus to see their relatives. Staff took them to the bus station and ensured they caught the bus and they contacted staff when they arrived, to let them know they had arrived safely. Another person had one to one care and staff provided additional support when they went out into the community.
- One person had attempted to harm themselves previously and staff had undertaken a detailed risk assessment and had taken steps to reduce their access to items that could be used to self harm. They had identified the possible triggers and a management plan was in place to ensure the triggers were recognised and reduced, whilst respecting their freedom and not restricting them unnecessarily.
- Each person had a plan providing information on their support needs if there was an emergency situation such as a fire, which required them to leave the building.

Staffing and recruitment

- People told us there were enough staff to support them safely. A person said, "There are staff here night and day and one of the seniors sleeps in at night." "Someone will always come if you need them."
- The registered manager explained how they adjusted the number of staff rostered on duty according to the day to day activities planned for people. Staff said the planned staff numbers were normally achieved; in the case of staff sickness/absence, the shortfall was usually filled by another permanent staff member or a member of the day centre staff. People using the service also confirmed that any gaps were filled by staff they were familiar with.

- Processes were in place for the safe recruitment of staff. The registered manager completed the required recruitment checks, to reduce the risk of staff being employed who were unsuitable to work with vulnerable people.

#### Using medicines safely

- People's medicines were managed safely. Processes were in place for the timely ordering and supply of people's medicines and they were stored in accordance with requirements. Staff administered people's medicines safely and followed best practice guidance.
- People told us staff always remembered to give them their medicines at the same times each day. They said they did not have problems with medicines running out. One person managed their own medicines and said staff checked each day that they had remembered their medicines and completed a medicines count regularly, to ensure they were taking their medicines correctly. They also said staff reminded them when their next prescription was due to ensure they obtained their medicines in a timely way.
- The provider completed medicines audits as part of the monthly audits programme and any actions were identified and addressed. Staff received annual medicines updates. Staff did not have formal competency assessments on a regular basis, however, the registered manager and representative of the provider said they would put these in place as part of the monthly audits.

#### Preventing and controlling infection

- The home was visibly clean at the time of the inspection and cleaning schedules were completed to ensure and demonstrate all parts of the service were cleaned regularly. People told us they were encouraged to keep their flats clean with the support of staff.
- Staff completed training in infection prevention and control and food hygiene. They were clear about their responsibilities when a person had an infection or in the event of an outbreak of infection.
- The service had an infection prevention and control champion who attended external infection control link nurse meetings. Hand hygiene audits were also completed and showed good compliance with the requirements.

#### Learning lessons when things go wrong

- Staff said they were encouraged to report all incidents and accidents and records we reviewed were consistently completed. Staff were able to tell us of the actions taken following accidents and incidents, to reduce the risk of them happening in the future. For example, a person had self harmed on several occasions; their environment had been risk assessed and their access to objects that could be used to self harm was removed, except when a member of staff was in attendance.



# Is the service effective?

## 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

- Each person's needs were assessed and care plans developed based on people's individual needs and wishes. These were reviewed regularly and updated whenever changes occurred.

- Up to date policies and procedures were in place; these were based on best practice guidance.

Information was also available for staff on a range of different health conditions relevant to people using the service.

- People were supported to achieve good outcomes. For example, we were given examples of how people's independence and confidence had increased. In addition, a person's epileptic seizure activity had reduced and their need for behavioural support had improved significantly, since moving to the service.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction and completed mandatory training on commencing work at the service. New staff completed the care certificate which is a nationally recognised course for care workers. The provider's training matrix showed staff completed regular refresher training and indicated when updates were due.

- Staff had a detailed knowledge of the support needs and wishes of each person using the service and people told us they were happy with the care and support staff provided.

- Staff said they had regular supervision and an annual appraisal and records confirmed this. They said access to training was good and they could ask for any additional training they felt they needed.

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

- Staff supported people to eat a nutritious and varied diet. Menus were produced based on people's preferences. People's views were obtained on the menu and alternatives they would like on the menu, at client meetings.

- People said they enjoyed the food; they spoke about their likes and dislikes and told us staff ensured they had the choice of something they liked. They also told us they enjoyed going out for pub meals or other meals out, as a group and individually.

- Dietary information for each person was provided in their care records. This included their food preferences.

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

- Staff worked closely with other professionals to provide care and support. For example, one person told us they had access to a psychologist and staff had liaised with the psychologist in relation to a specific issue they had been dealing with. We saw evidence in people's care records of contact with hospital services, an optician, chiropodist, and dentist on a regular basis. People told us staff assisted them to obtain appointments with their GP and accompanied them when needed.
- Information about oral health was displayed in the entrance to the service along with the importance of a good fluid intake and information about oral hygiene and preventing mouth cancer.
- People had access to preventative screening services such as breast screening and alternative therapies such as aromatherapy.

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

- The accommodation was purpose built to meet people's needs. Each flat had its own kitchen and dining area so people could be supported to prepare their own meals or have them provided by staff. Each person had their own possessions and personal items and the décor reflected their personal preferences.

#### 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. We found that it was. Most people using the service were able to consent to the care and support provided and we saw they had signed consent forms to give their consent. A DoLS authorisation was in place for a person who was unable to make some decisions. When person was not able to consent to a specific decision, staff explained how they had assessed and documented the risks to the person and consulted with a range of professionals in reaching a best interest decision. The details were documented in the DoLS assessment; however, staff at the service had not documented the mental capacity assessment process. A representative of the provider agreed to review their approach to this to ensure the documentation reflected the actions taken.

# Is the service caring?

## 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 were very positive about the care they received and the support staff provided. A person said, "Everything is good here." Staff had built good relationships with people and people told us the staff were like family to them. A person said, "They (staff) have built up my trust. There is always someone to fight my corner." "They go out of their way to help." They went on to say, "No matter how hard the situation is, they will sort it."
- Staff spoke with empathy and affection for the people they cared for. They spoke about how much they would miss a person when they moved away from the service to more independent living and said they would keep in touch with them. They spoke with pride about the progress people were making in terms of increasing their independence and positive behavioural changes.
- People appreciated the continuity of staffing provided and this was important to them. They were treated as individuals and their diverse needs were identified and respected.

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

- People said they were able to make their own decisions about their care and support. They told us they had lots of opportunities to give their views and staff always listened to them and acted on what they said.
- People said staff discussed their care plans with them. One person said, "They give it to me to read and we chat about it afterwards."
- We reviewed notes of residents meetings and saw a wide range of topics were discussed and peoples' views recorded and acted on.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected. They said they could spend time on their own if they wished or meet with others. For example, on the day of the inspection, two people chose to eat their lunchtime meal together whilst others ate individually. Some people were going to a Halloween party in the evening, whilst others chose to stay at home.
- Staff spoke of the steps they took to maintain people's privacy and dignity during personal care, such as drawing the blinds and locking or shutting the door.
- People were encouraged to be as independent as possible. Most people participated in daily tasks such as keeping their flat clean and tidy and doing their laundry, with varying amounts of assistance from staff. A person had been assessed as being able to administer their own medicines; staff had provided them with a

medicines dispenser that they filled each week to help with this.

# Is the service responsive?

## 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

- Care and support was provided individually based on people's needs and choices. Their care plans provided details of their preferences and choices in relation to their care and support. They also contained information about their aspirations and goals.
- People told us they chose how they spent their time. One person said, "I am free to do what I want." "If I am going out or my family are coming, I let them know". "I give them [staff] a ring when I get there and tell them when I arrive back.
- We were told of how people had gained in confidence and abilities to live independently whilst at the service. For example, one person became very anxious prior to any new activity; however, staff recognised this and provided additional support and reassurance to reduce their anxiety and enable them to participate. Another person was starting to have more insight into their mood and how it affected their behaviour. They told us they found it difficult to talk about it, but staff were encouraging them to write it down and they found this a little easier. A member of staff said, "Now [the person] will come to us and say they have written in their diary and we ask if they would like us to have a look at it." Another member of staff said, "If we feel that [the person] is showing signs of having problems we will sit with them and spend time with them to encourage them to talk."

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.

- People's communication needs were known and understood by staff. Their care plans identified their communication needs and there was an assessment of their reading and writing ability, numerical skills as well as sensory issues. The registered manager ensured people had access to the information they needed in a format they could understand and said they sat down with people to explain, as they felt they understood this better than the written word. Cleaning schedule prompts were supplemented with pictures. We spoke with the registered manager about increased use of pictorial aids and accessible or 'easy read' information and they said they would explore this further.

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

- Some people had regular visits from relatives and friends and others were supported to visit their families whenever they wished.
- People were given the opportunity to develop their own interests and access activities in the wider community, increasing their independence. Some people had undertaken voluntary work placements and achieved enormous satisfaction from this. For example, a person had undertaken a voluntary placement at the sea life centre, whilst another was a volunteer marshal at a motor racing circuit and a speedway stadium. Another person said they enjoyed shows at the nearby theatre. Other people had participated in fund raising for charities. Staff said people had said they, 'Wanted to give something back.' The service as a whole had undertaken fund raising for Macmillan cancer relief, making cakes, having a raffle and tombola. They had invited people from the other nearby services.
- Activities were based on the people's individual preferences. For example, one person had carved a pumpkin for Halloween, whilst another was dressing up. One person was colouring a picture which they were actively interested in doing. Another person had gone out for the day. Some people enjoyed spending time at the day centre, while another person said they did not go as they preferred doing other things.
- Opportunities for social events were provided and people were given the chance to participate if they wished. People were able to attend social events in the nearby towns, go to the theatre and staff also arranged meals and evenings out for the whole group if they wished.

#### Improving care quality in response to complaints or concerns

- Information about how to make a complaint and the complaints policy were displayed in the main entrance hall. People told us they had no reason to make a complaint and if they had an issue they would speak with one of the senior staff or the registered manager. They were confident any concerns would be responded to. One person said, "I have had my ups and downs, but issues have been resolved fairly."
- The service had not received any complaints in the last twelve months. There was a complaints policy in place and the registered manager said they aimed to respond to and resolve complaints within 24 hours of receipt. They gave an example of a concern that had been raised about noise at night. They told us it had been resolved to the person's satisfaction.

#### End of life care and support

- The service was not supporting anyone with end of life care. However, staff had explored people's preferences and choices in relation to care at the end of their lives and this was documented in their care records. This included spiritual care and funeral arrangements.

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

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

- The culture within the service, placed the people using the service, firmly at the centre. Staff were very person-focused and went out of their way to ensure people's happiness and well-being. They discussed step by step processes to increase people's independence and empower them to achieve things that were important to them.
- Staff said they were able to speak freely with the registered manager and representatives of the provider and said their opinions and views were listened to. They felt valued and appreciated.

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 registered manager was clear about being open and honest with people and discussing issues with them and apologising when things went wrong. People trusted staff and felt they explained things fully and open with them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Accountability within the organisational structure and staff roles were well understood by all those we spoke with. Staff said everyone was treated fairly and there was no discrimination. They told us the registered manager responded positively when they raised issues and action was taken to resolve them.
- The registered manager was supported by representatives of the provider and attended meetings with other heads of service at other provider locations.
- The registered manager and representatives of the provider completed a range of monthly audits to monitor the quality of care provided. We saw that actions from the audits were identified and followed up at the next audit. Dates for resolution were not identified and we noted some actions from a previous audit were outstanding. A representative of the provider said they would make an immediate revision of the audit template to ensure progress and timescales for action were documented as some of these actions were not urgent and had a longer timescale for resolution.
- The registered manager was aware of their responsibilities for reporting to the CQC and other organisations. They kept a log of all safeguarding referrals, incidents and complaints.

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

- People knew who the registered manager and a representative of the provider were and said they were always available either on site or by phone. They said the management team discussed things with them regularly and said they were always willing to discuss and explain anything they were not sure about.
- Feedback from people using the services and their families was sought regularly through meetings and surveys. Feedback we reviewed was very positive.
- Regular meetings were held for staff and staff told us they were encouraged to share their views and ideas for improvements to the service provided. We saw a wide range of topics were discussed and attendance was good.
- The service supported people living with a learning disability. Care and support provided was in line with the values that underpinned Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

Working in partnership with others

- The service worked with general healthcare services, psychologists and social services to achieve good outcomes for people using the service. The management team told us of the very positive feedback they had received in relation to the progress people made following admission to the service.