

Boulevard Care Limited

Bumblebee Lodge

Inspection report

6 Hundleby Road
Hundleby
Spilsby
PE23 5LP

Tel: 01754811002

Date of inspection visit:
28 January 2020

Date of publication:
25 February 2020

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

Bumblebee Lodge is a residential care home providing support for up to three people who experience learning disabilities. At the time of the inspection three people were living at Bumblebee Lodge.

The service had 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.

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

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 service applied the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people using the service reflected those principles and values 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.

People were treated with respect and staff promoted their privacy, dignity and independence. Staff knew people well and understood what was important to them.

People and those who were important to them were involved in planning the care and support they needed and wanted.

People were protected from the risk of avoidable harm. Risks to their health, safety and welfare had been assessed and plans were in place to minimise those risks.

People's healthcare needs were met and staff supported them to maintain healthy lifestyles. They received their medicines as prescribed for them and staff understood the importance of maintaining good nutrition for them.

There were enough staff, who were safely recruited, to make sure people had all of their needs and wishes met.

Staff received training and support to make sure they had the right skills and knowledge to provide effective and responsive care.

There was a culture of inclusiveness and continuous development within the home. The provider and registered manager regularly checked the quality of services provided, and quickly addressed any issues identified.

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

Rating at last inspection

This service was registered with us on 31/01/2019 and this was the first inspection.

Why we inspected

This was the first planned inspection of the service.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, 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.

Bumblebee Lodge

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

Bumblebee Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

A manager was in post at Bumblebee Lodge who was registered with the Care Quality Commission.

Notice of inspection

We gave a short period notice of the inspection. This was because Bumblebee Lodge is a small service 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. 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.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager.

We reviewed a range of records. This included three people's care and medicines records. We looked at two staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a relative of a person who lived at the home.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us or indicated to us they felt safe living at Bumblebee Lodge. For example, one person said, "[Staff] keep us happy and safe." Another person gave us a 'thumbs up' sign and smiled when we spoke with them about feeling safe.
- A relative said they felt their family member was 'definitely' safe living in the home.
- Staff demonstrated their understanding about how to keep people safe. They knew how and where to report any concerns of this nature.
- Records showed that staff received up to date training about keeping people safe.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare had been identified and staff were aware of how to minimise those risks.
- Records showed people were supported to take positive risks in a safe way, which enabled them to develop their independence safely. An example of this was for one person who enjoyed gardening. The risks associated with the use of gardening machinery had been assessed and planned for. The person told us how they were supported to use the machinery safely and they enjoyed doing so.
- People and staff demonstrated their understanding of what to do if they needed to evacuate the building in the event of an emergency. Checks were carried out on fire safety arrangements and emergency evacuation procedure were in place for each person.

Staffing and recruitment

- The provider had systems in place to recruit staff in a safe way and to ensure they were suitable to work with people who lived in the home. Records showed the provider had carried out checks, for example, about previous employment history and identity. They also carried out checks with the Disclosure and Barring Service.
- There were enough staff employed to make sure people received the support they needed and wanted.
- The registered manager and staff told us about arrangements for cover in the event of staff sickness. This was provided by staff from within the provider's organisation who were known to the people who lived in the home so as to maintain consistency for them.

Using medicines safely

- Arrangements for the administration of people's medicines were in line with national guidance and good practice.
- Protocols for the use of medicines people required infrequently (known as prn) were in place and staff were

aware of how and when they should be used.

- Medicines administration records (MAR's) were completed appropriately and staff who administered medicines were trained to do so.

Preventing and controlling infection

- The home was clean, tidy and odour free on the day of the inspection.
- People told us they helped to keep their home clean and tidy and we saw staff supported them to do so.
- The registered manager attended regular meetings with the local authority about preventing and controlling infection and shared the information with the staff team. The registered manager told us going forward staff members would all have an opportunity to represent the home at these meetings to help develop their participation with external agencies.
- Information was available for staff and people who lived there about preventing and controlling the risks of infection and staff had received up to date training about the subject.

Learning lessons when things go wrong

- Systems were in place to analyse any accidents or incidents that happened in the home. This meant any themes or trends could be identified and action taken to minimise the risk of future occurrences.
- Staff told us learning was shared with them to help improve the care and support people received.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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 before they moved into the home to help ensure the home was the right place for them to live, and support could be effectively delivered.
- Everyone who was important in the person's life was involved in the process so that assessments were as comprehensive and detailed as possible.
- A relative told us how the process had helped their family member to settle into the home. They said it was, "As if it was meant to be."

Staff support: induction, training, skills and experience

- Staff told us and records showed they received induction training when they started work in the home. There was also an on-going programme of training to make sure their skills and knowledge were kept up to date.
- Staff made comments such as, "We're always learning," and, "We can suggest any training courses we want to do and [registered manager] will organise them."
- A staff member described a recent training course about autism which they described as, "One of the best courses... it gave me a massive insight."
- Staff told us they received regular supervision and were positive about the on-going support they received.

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

- Staff demonstrated their awareness of people's dietary needs and preferences and the importance of supporting them to maintain good nutrition.
- People told us, and we saw, they were involved in deciding what they wanted to eat and drink. One person used signs to show us how they had their favourite breakfast.
- People's dietary needs and preferences were documented in their care records and updated when necessary.

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

- The building had been renovated and designed to meet people's needs. Before the home opened the provider had involved the people who planned to move there in the decoration and choice of furnishings.
- The home was spacious, bright and well maintained. People told us or indicated with signs they felt comfortable in the environment.
- There were several communal areas where people could choose to spend their time as well as their private bedrooms. There was also a spacious garden with a storage shed for one person to store their gardening

tools.

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

- People received the healthcare support they needed. Care plans contained information about people's health needs and how staff should support them with those needs.
- Care records showed people had regular health checks and medicines reviews with their GP. They also showed people were supported to see a variety of other health care professionals such as hospital consultants, chiropodists and opticians.
- Information, including national guidance, was available for people and staff about maintaining good oral hygiene. Records showed people visited their dentists regularly.

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.

- The registered manager and staff had a good understanding of the principles of the MCA and DoLS. DoLS authorisations were in place where required and were regularly reviewed.
- When people were unable to make specific decisions, those decisions had been made in the person's best interests. Records showed that those who were important in the person's life had been involved in making decisions in their best interests.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- During the inspection we observed the registered manager and staff treated people in a warm and caring manner. One person placed their head on a staff member's shoulder and smiled when we spoke with them about how they were treated. Another person gave us a 'thumbs up' sign and sang a song. We were told this was a sign that they were happy.
- The ways in which the registered manager and staff spoke about supporting people indicated a passion and clear commitment to ensuring people could live their best lives. A relative commented that their family member was "quite loved" by staff.
- Staff knew people well and considered their diverse needs and preferences when supporting them. Care records contained information, for example, about people's background and any cultural or religious needs and preferences they may have.
- We saw people were supported to make their own decisions and choices wherever they were able to do so. Staff used pictures, sign language and familiar words to help people make their decisions and choices.
- Lay advocacy services 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. The registered manager knew about the support offered by these services and how to contact them if people needed their support.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated commitment to helping people develop their skills and independence. A staff member told us the aim of care and support was to help people 'grow as a person'.
- A relative told us their family member had made 'amazing progress' since moving into Bumblebee Lodge. They said their family member had developed their personal care skills and was more responsive to engaging in new experiences.
- We saw staff were discreet when supporting people with personal needs and were respectful of people's individual preferences when speaking with them.
- People's private information was stored securely. Staff understood the importance of protecting people's private information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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; 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

- Care records contained information about people's preferred routines, aspirations and strengths they could build upon. This helped staff to provide care and support which was tailored to their individual needs and wishes.
- We saw care plans were reviewed and updated regularly to ensure they accurately reflected people's needs and wishes.
- People enjoyed a wide range of social and leisure activities. Staff supported people to choose what they wanted to do and offered different choices to help them experience activities they may not have already tried. Two people were supported to enjoy their love of motor sports with visits to race tracks planned for them.
- A senior member of the provider's organisation supported one person to regularly undertake their favourite gardening pastime in a variety of locations. This helped the person to develop their skills as well as socialising with different groups of people.
- Relatives were encouraged to be fully involved in people's lives. This was confirmed when we spoke with a relative and when we looked at care records.

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.

- Information was available for people in alternative formats they could understand, such as pictures.
- The different ways in which people communicated was recorded in their care plans. Staff demonstrated a good understanding of how each person communicated and how to present information to help them to understand it.

Improving care quality in response to complaints or concerns

- The registered provider had systems in place to manage any complaints that were received. The registered manager told us no complaints about the quality of the services provided at Bumblebee Lodge had been received since they first registered with CQC.
- People indicated to us they would raise any concerns or complaints with staff or the registered manager. One person said they would, "Tell them" and pointed at staff members.

- The registered manager was aware that some people may not be able to clearly express any concerns or complaints. They told us close attention was paid to any changes in people's behaviour as this could indicate the person needed support to resolve a concern.
- A relative told us they were confident the registered manager and staff would respond in the right way if they had any concerns or complaints to make.

End of life care and support

- No-one who lived at Bumblebee Lodge required end of life care at the time of the inspection.
- The registered manager told us and care records demonstrated the subject of end of life care had been considered. There were systems in place to support people and their families to discuss the subject when they were ready to do so.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager demonstrated a commitment to providing a high quality service for the people who lived at Bumblebee Lodge. People were clearly comfortable in the registered manager's company and she knew them as individuals with their own needs and wishes.
- The registered manager encouraged people to be involved in all aspects of the service. As mentioned earlier in this report, two people were involved in developing the home before it opened. This included choosing the name for the home so it was easy for them to pronounce and remember.
- Staff were positive about the leadership and support from the registered manager. They described her as 'very approachable' and commented on how well she knew people. One staff member also commented, "[Registered manager] and seniors go above and beyond to help you."
- People who lived there and the staff team had regular opportunities to meet together. Records of the meetings showed everyone was encouraged to share their views and opinions. They also showed the registered manager acted on ideas and suggestions put forward. Staff told us, "[Registered manager] always takes our views and opinions into account."
- Surveys were used to gather people's views about the services provided. In a recent survey an external professional had commented, "Very impressed with the standard of care."

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 registered manager and provider maintained an overview of the services provided by way of a comprehensive quality assurance system. They carried out regular audits of areas such as care records, staff training and people's finances. Action plans were developed to address any shortfalls identified and these were reviewed during the next audit.
- The registered manager understood their responsibility to send us notifications about events which they were required to do by law.
- 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 had a clear understanding of their roles. They knew how and when to report issues of concern and

recognised the importance of clear record keeping. They were also aware of the provider's whistleblowing policy and said they would not hesitate to use it if they needed to.

Continuous learning and improving care; Working in partnership with others

- Records showed positive links had been developed with external agencies such as local community facilities, the local authority and specialist healthcare professionals. The registered manager told us this helped people to get the right support at the right times.
- The registered manager met regularly with other managers in the registered provider's organisation to share good practice and learning. They also attended good practice development meetings with the local authority.
- The registered manager had a positive approach to learning and development within the service. They gave us an example of how they had recently improved a recording chart so they could demonstrate the impact that learning lessons had on people's care and support.