

Accomplish Group Limited

Boston House

Inspection report

Broadway Street
Oldham
Lancashire
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Tel: 01615092921

Date of inspection visit:
09 October 2020
20 October 2020
21 October 2020

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17 November 2020

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●



Summary of findings

Overall summary

About the service

Boston House provides support for people with complex needs following a brain injury. It is a new service which opened in January 2020 in Oldham, and can support up to 17 people. The building is divided into three units: a residential unit, a nursing unit and six studio apartments. At the time of our inspection the nursing unit was closed. The service was supporting seven people.

People's experience of using this service and what we found
Medicines were not always managed safely.

Correct infection control procedures were followed and the service had taken additional infection control measures to minimise the risk posed by COVID-19.

Relatives told us they were happy with the care and support provided by staff.

Staff demonstrated a good understanding about how to safeguard people from the risk of abuse. Recruitment procedures were robust and there were enough staff to care for people safely. Staff had completed appropriate training and received regular supervision to help develop their skills.

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.

There was a new management team at the service. We received positive feedback about their management and leadership from everybody we spoke with. Staff told us there was a positive culture at the service and that staff morale had improved over recent weeks.

The service used a range of audits and monitoring tools to assess the quality and safety of the environment and care provided. However, the medicines audits had not identified all the concerns we found during our inspection.

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

Rating at last inspection

Boston House was registered with us on 17 January 2020. This is the first inspection of the service.

Why we inspected

The inspection was prompted in part due to concerns received about the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led. We have not provided an overall rating for the service, as we have only inspected two key questions.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach of regulations in relation to the management of medicines. Please see the action we have asked the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Boston 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector and a member of the medicines team.

Service and service type

Boston House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 a short period notice of the inspection due to the Covid-19 pandemic to ensure we had prior information to promote safety. Inspection activity started on 9 October 2020 and finished on 21 October, at which point we had received all the additional information we had requested from the provider. We visited Boston House on 9 October 2020.

What we did before the inspection

Prior to the inspection we reviewed information we already held about the service which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We sought

feedback from professionals who work with the service from Oldham local authority. 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 walked around the building to look at how well it was maintained and cleaned. We talked to the registered manager and deputy manager. We reviewed three people's care files and risk assessments. We looked at medicines and records about medicines for all seven people living at Boston House. A variety of other records relating to the management of the service were also reviewed.

After the inspection

We spoke with three relatives, a registered nurse and two support workers on the telephone. We asked for further documents which related to how the service was run. These were sent to us electronically.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Records about medicines and creams were not always accurate and did not always show that medicines and creams had been managed safely. However, when the records were accurate, they showed people were usually given their medicines as prescribed.
- People were at risk of being given doses of some of their medicines too close together or at the wrong times. This was because the system did not include checks to make sure this did not happen.
- Written guidance was in place when people were prescribed medicines to be given "when required". However, the guidance was inconsistent, and not always personalised. This meant staff did not have the information to tell them when someone may need the medicine. When medicines were prescribed with a choice of dose there was no information about which dose to choose.
- Waste and unwanted medicines were not stored safely in line with current guidance.
- Medicines audits were made but they did not pick up all the issues found during the inspection.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had already identified there were some concerns around the management of medicines at the service and was in the process of implementing changes which would improve safety in this area. We will review these at our next inspection to ensure they have been embedded and sustained.

Preventing and controlling infection

- Systems were in place to prevent and control the spread of infection. Additional measures had been taken to protect staff and people who used the service from the risk of COVID-19.
- The home had opened at the beginning of 2020. The building and equipment were of a high standard, well-maintained and clean.
- Staff had received training in infection prevention, hand hygiene and COVID-19.
- Personal protective equipment, including face masks, was available and worn appropriately by staff. We were assured the provider was accessing COVID-19 testing for people using the service and staff in line with current guidance.

Systems and processes to safeguard people from the risk of abuse

- Relatives were pleased with the way staff cared for their loved ones. They told us people were happy and settled at the home and liked the staff. One person said, "[name] is very happy at Boston House. They [staff]

are lovely with her."

- Appropriate safeguarding systems were in place.
- The service followed safeguarding procedures, made referrals to the local authority and notified CQC as required.
- Staff had received safeguarding training and were clear about the processes they would follow if they needed to report any safeguarding concerns.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out to protect people from the risk of unsuitable staff working for the service.
- Staff received an induction, training and ongoing supervision to support them in their different roles.
- Staffing levels were appropriate for the number of people using the service and the complexity of their needs. Relatives and staff told us they were happy with staffing levels.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been assessed and management plans to help staff minimise identified risks were in place. For example, one person regularly went out of the home on their own. There was clear guidance to show how staff should minimise the risks this posed to the person.
- Equipment safety checks were regularly completed and equipment had been serviced.
- People had personal evacuation plans in place to ensure they could be evacuated safely in the event of fire.

Learning lessons when things go wrong

- Accidents, incidents and complaints were investigated thoroughly. Analysis of these events was used as a learning opportunity to improve the service.

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 requires improvement.

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

- The registered manager and provider were clear about their roles. Quality monitoring audits and safety checks were completed to promote good standards and to help the service improve. However, improvements were needed in the way medicines were audited and managed. We identified a breach of regulations, as documented in the safe section of this report.
- The management team had already taken some steps to implement improvements identified and were receptive to suggestions and guidance. We will review how well improvements are embedded and sustained at our next inspection.
- The registered manager understood their regulatory requirements and had submitted statutory notifications to the CQC, to inform us of important events such as accidents, incidents, safeguarding concerns and deaths.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; working in partnership with others

- There was an inclusive environment at the home. People were asked their views and opinions and were involved in making decisions about their care.
- Relatives spoke positively about the support and care given to their loved ones.
- Staff meetings were held regularly to pass on information, discuss future plans and promote team working.

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

- Staff spoke positively of the new management team and told us they were always available and ready to listen to their concerns. They told us this had contributed to an improvement in staff morale.
- The service valued its staff and rewarded them for their hard work through an 'employee of the month' scheme.

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 provider and registered manager understood the requirements and their responsibilities under the duty of candour.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of medicines was not always carried out safely.