Boulevard Care Limited

Welham House

Inspection report

Hundleby Road
Spilsby
Lincolnshire
PE23 5LP

Tel: 01790752989

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29 June 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 29 June and was unannounced.

Welham House is situated on the outskirts of Spilsby. It is registered to provide accommodation and personal care for 14 people with a learning disability or autism. There were 12 bedrooms in the house and separate flats. The flats were occupied by people who were able to be more independent but still liked the security of having staff close by. These were used by people as a step along the way to being independent. There were 14 people living at the home on the day of the inspection.

There was a registered manager for the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had identified the number of staff needed to meet people's needs and ensured that the correct number of staff were available at all times. Appropriate checks had been completed to ensure that staff were safe to work with the people living at the home. Staff were supported to develop their skills needed to care for people safely through training and supervision.

Staff had received training in how to keep people safe from harm and knew who to contact to report any concerns. People living at the home were also supported to raise concerns about their safety. Risks to people were identified and appropriate plans were in place to keep people safe. Where people needed to be restrained for their own safety this was clearly recorded in their care plans and the person had agreed to the restrain. Risks around medicines were identified and medicines were safely stored and administered in a person centred way.

Where people faced restrictions on their liberty that they were unable to make a decision about they were appropriately referred for assessment under the mental capacity act deprivation of liberty safeguards. People's abilities to make decisions were assessed and where needed people were supported with decisions made in their best interest.

Staff were kind and caring and supported people's choices about their everyday lives and to be involved with their care planning. People's privacy was respected and they were able to choose who they wanted to support them with their personal care. People were able to engage in activities both at the home and at the day centre and were supported to develop any hobbies.

There were effective systems in place to monitor the quality of care people received. People were encouraged to raise any concerns they had about the home and the care they received as well as any ideas on any improvements they wanted to see. People's views of the service were gathered and used to identify areas for improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported to understand the risks they may be exposed to and how to stay safe. Risk assessments minimised the restrictions on people's live.

Care plans included information about what kind of restraint should be used to keep people safe and any incident of restraint was investigated to minimise the risk of reoccurrence.

Appropriate checks had been completed to ensure staff were safe to work at the home and there were enough staff to meet people's needs.

People's medicines were safely managed and available when needed.

Is the service effective?

Good

The service was effective.

Staff were supported by training and supervision to have the skills needed to meet people's needs.

People's rights were protected by appropriate use of the mental capacity act.

People were supported to access a choice of food and drink.

People were able to access appropriate healthcare.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and had good relationships with the people they cared for.

People were fully included in making decisions about their care.

People's privacy was respected and people chose which staff

they wanted to receive personal care from.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and were happy that their care plans fully reflected their needs.

People were offered daily choices in activities and were able to suggest and plan outings. People were also supported to develop their hobbies.

People know how to make a complaint and support to make a complaint was available from their peers.

Is the service well-led?

Good

The service was well led.

The registered manager had developed a positive culture in the home where people living at the home and staff were encouraged to raise any ideas to improve the care.

People were supported to give their views on their care they received through meetings and surveys.

There were effective systems in place to monitor the quality of care people received.

Welham 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 June 2016 and was unannounced. The inspection team consisted of a single inspector.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service. We also reviewed information sent to us by the local authority who commission care for some people living at the home. Before the inspection, the provider 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.

During the inspection we spoke with two people who lived at the service and spent time observing care. We spoke with a senior care worker, a care worker and the registered manager.

We looked at two care plans and other records which recorded the care people received. In addition we examined records relating to how the service was run including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel safe here and I like living here. I'm not vulnerable as I am not by myself." Another person told us, "I do feel safe, If I didn't I wouldn't live here."

Staff we spoke with had received training in keeping people safe, especially when they accessed the community. Staff were able to describe the different type of harm that people needed protecting from. In addition information on safeguarding and who to contact if there were any concerns was available for people living at the home and staff on the notice board.

Care plans showed that people may become distressed and physically aggressive to staff in certain situations. We saw that their care plans described the way to try and calm things down, for example, by speaking with a calm flat voice and distraction techniques. If the situation could not be defused the care plan identified the physical restraint staff were able to use to keep this person safe. After each incident the person was asked if they were happy the way the incident had been dealt with and how future incidents could be dealt with in a more constructive way. All incidents of physical aggression were reported to people's social worker and staff we spoke with were clear on when they could use physical restraint.

Risks had been identified and care was planned to reduce the risk of people experiencing harm. For example, risk assessments were in place around people accessing the community. Each risk was reviewed and the best least restrictive care planned for people. For example, one person was only allowed to access the community independently when the registered manager was on site as they would always come back at the time they told the registered manager they would be back at.

Environmental risks had also been identified and action taken to keep people safe. An example of this was the television in the lounge was behind a plastic sheet as it was at risk of becoming damaged when people were distressed.

To support people to be safe in an emergency situation the registered manager held fire quizzes with people living at the home. There was an evacuation plan in place to ensure that people would leave safely and it was clearly identified where people would need support.

The registered manager explained that staffing levels were flexible to support people to take part in whatever activity they had chosen to partake in. Where people had been identified as needing individual support from staff this was included on the rota to ensure staff were available.

The provider had a day centre which people were supported to attend if they chose to. The registered manager ensured that people were accompanied by the correct number of staff to ensure they received the same level of support at the day centre as they did at the home.

Staff we spoke with told us that they were happy that the provider ensured that there were always enough staff available to meet people's needs. They said that while there were plenty of jobs to be completed they

always made sure one member of staff was supporting people. People living at the home told us that there were always enough staff to support them in what they wanted to do.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the service. For example, we saw people had completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who live at the service.

Care plans showed the people living at the home had been assessed to see if they were capable of independently managing their own medicines to some extent. However, at present no one had the ability to safely take responsibility for their medicines, although this was reviewed at intervals.

People were asked to visit the office at a time which was convenient to them to take their medicines. The senior carer explained how they monitored the medicines to ensure that everyone had remembered to come and get their required medicines in a timely manner.

We saw records of medicine administration had been accurately completed. Medicines were safely stored and twice weekly stock takes ensured medicine was available for people when they need it. Any medicines no longer required were safely returned to the pharmacy. Clear records were kept so that it possible to audit how many medicines should be in the home at any given point.

We saw that staff took the time to talk with people around their concerns about medicines. One person had been unhappy about taking a medicine to calm them down as they were afraid it would make them got to sleep. Staff explained the effects of the medicines to the person and they now took them willingly when requested. This meant the person was less likely to become physically aggressive and need to be restrained.

When people chose to visit their relatives they were given a supply of medicine along with instructions on how they should be taken. This supported people and their families to maintain the correct administration of medicines to ensure they received the best outcome.

Good

Is the service effective?

Our findings

Staff told us that they had received a good induction into the home. One member of staff told us, "I feel that they set me up to succeed." They told us as part of their induction they had worked through some training books and had time to read people's care plans to get to know their individual needs. They had also shadowed an experienced member of staff until they were competent to work independently.

Staff told us they had received the ongoing training they needed to keep their skills up to date and to care for people safely. An example of this was all staff completing the new care certificate. The Care certificate is a national training programme which provides people with the minimum skills needed to care. Staff were also supported to gain recognised qualification in care. Furthermore staff received ongoing support from the registered manager in supervisions. One member of staff told us, We have supervisions to make sure that we are where we need to be and we can raise any concerns if needed." In addition to supervisions, annual appraisals were completed to help people identify career development opportunities.

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.

An example of this was where people's ability to manage their money was assessed. While no one had capacity to fully manage their money, the capacity assessments identified that some people could manage certain amounts of money independently. Care plans reflected people's individual abilities and the support needed around money.

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.

The registered manager had assessed people's abilities to make decisions about where they wanted to live and how safe they were accessing the local community. Where people were not able to make a decision about where to live and needed constant supervision in the community the registered manager had appropriately referred them to the DoLS Team. We saw that restrictions to people's liberty were discussed with people at their care review and were appropriate, relaxed to give people the opportunity for more independence in a safe manner with appropriate risk assessments. An example of this was one person was allowed to go out for a short period unaccompanied so long as they let staff know when they would be back. Another person told us how the registered manager was supportive and helped them to work with the DoLS team to minimise the restrictions on their lives.

People told us they were happy with the food offered and that they were supported to make decisions about the menu. One person told us how they discussed the menu in the monthly meeting. They said, "We will say what we want and it gets sorted." While there was only one main meal planned each day people told us that they could always decline that meal and would be offered other choices. One person told us they had changed their mind about what they had wanted to eat at lunch on the day of our visit and the change had been accommodated.

Individual care plans included all the information needed to support people's day-to-day health needs. We saw people had been consulted on the people who provided care for them and offered options so that they could manage their monies better. For example, we saw that people had chosen to receive support from a foot health professional instead of a chiropodist. Records showed other health professionals such as GP's and the community mental health team had been included in people's care when needed.

Good

Is the service caring?

Our findings

We saw that there was a caring atmosphere between staff and people who lived at the home. We saw when people returned from their day out they were chatty and excited to tell staff what they had experienced. People we spoke with told us they were able to talk to staff if they were worried about anything.

Staff understood people's communication needs and how they responded to different members of staff. For example, one person was more likely to be cooperative with senior and female staff. In addition care plans supported staff to know how much information a person could take in without becoming confused. Staff also supported people to understand written communication and knew when extra support and explanations would be needed. For example, while one person was able to read, their comprehension of what they were reading was poor and they would need support from staff to fully understand the content of reading material.

People's bedrooms had been decorated in a colour theme of their choice. We saw the registered manager and staff had spent time talking to people about how they wanted the room to look and then put together a theme for them. This resulted in the bedrooms and flats being pleasant places to spend time in and which reflected people's personalities.

People told us they were supported to make decisions about their care. For example, people had been able to identify which member of staff they would like as their key worker. They met with these key workers on a monthly basis and at each meeting were asked if they were happy with the key worker or wanted to change. If people wanted to change key worker it was discussed with them which member of staff they would prefer.

Staff were considerate of people's needs and worked hard to give them choices and options. An example of this was how home visits were supported. When people went on home visits the registered manager and staff supported them to ensure that they had enough clothes and medicines to extend their stay if they wanted to.

People were seen as individual and not as a group of people who all had the same needs. An example of how staff supported people as individuals was that people were supported to purchase the toiletries of their own choice. We saw that their needs were added to a list to ensure that staff remembered to support people to purchase what they needed when they next went into town.

People's privacy was supported. One person who lived in a self-contained flat told us, "I have my friends visit me and we have coffee and watch television." Staff told us they ensured that people locked bathroom doors when showering. In addition where people needed assistance to shower they were asked which member of staff they would prefer to receive the support from.

People's needs to have personal relationships were supported and professional advice to support relationships was available for people if needed. The registered manager explained how people were supported to speak with staff about any concerns and that staff were sympathetic and supported them to

follow any behaviour which they found comforting.

All the people living at the home had been supported to vote in the recent referendum. Staff had supported them by ensuring that they had information about both choices in a format they were able to read and understand.

Good

Is the service responsive?

Our findings

We found that when people moved into the home an assessment was completed to identify all of their care and support needs. This allowed the registered manager to know if any specialised care or equipment was needed. The assessment supported people to have care plans that clearly their recorded individual needs and how much support they needed. For example, some people did not always like to complete personal care as frequently as they should. Knowing people's needs meant staff were able to support people and encourage them to be more independent. Staff had a thorough understanding of people's needs, what they liked to do and what would cause them to be upset.

As well as recording people's personal care needs, people's life aims were also recorded in their care plans with identified actions to help them achieve their goals. Care plans were regularly reviewed and people were supported to input into their care plan. People we spoke with had a clear understanding of what was recorded in their care plans and told us that staff would explain anything they did not understand. One person told us, "I have an annual meeting where we go through my care and get me to sign my care plan. I'm happy with everything in there. They read it to me and I know it's right and they explain it smaller details so I understand." In addition people met with their key worker on a monthly basis to talk about their care and if they had any issues.

Where people had chosen to smoke we saw it was assessed to see if they could do so safely. Discussions had been held with staff and the social worker about how any they would smoke a day. We saw it was recorded in their care plan how often they had agreed to have a cigarette. We saw one person had written the registered manager a letter after discussing this to show their agreement to their cigarettes being held and rationed by the staff.

People were supported to look after themselves as part of their development and to help them become more independent. For example, people were supported to keep their own bedroom clean and to do their own laundry. In addition people developed their cooking skills by helping staffing the kitchen.

There was a wide range of activities each day and evening including the weekends. Activities were planned by the people living at the home with the support of an activities coordinator. One person told us, "I like going on trips out. We have meetings to decide what we want to do and I know people listen to me." People were also supported to attend a day centre run by the provider. Each day's activity at the day centre was available for people to access and then they could make a choice about if they wanted to stay at home or go to the day centre. On the day of our inspection some people had gone to a local racetrack to watch some racing. People were also fully supported to engage in hobbies they expressed an interest in. For example, one person had identified that they would like to go fishing and staff had supported them to get a fishing licence and equipment.

We saw there was a notice telling people how to complain in the main entrance. People told us they were happy to raise complaints with the registered manager or other staff. In addition, the registered manager had supported the people to have their own support in the form of a peer mediator and each month one

person living at the home was voted to be the peer mediator. This person was available to support their colleagues if people did not want to raise issues directly with staff. We saw that there had been no recent complaints received. The registered manager told us that they worked to meet people's needs and any issues were resolved before a formal complaint was needed. One person told us, "There are no problems here, if there was I would tell the staff and we have peer mediators who will sort problems out."

Good

Is the service well-led?

Our findings

The registered manager had an open and approachable leadership style and was passionate about providing people with a high standard of care. One member of staff told us, "They are one of the most respected managers in the organisation and will do anything they can for the team. They want the best for the home and the clients." We found that people were happy to approach the registered manager and staff during the day for support or to just have a chat. In addition it was clear to see that people felt comfortable and that this was their home. An example of this was when people were quick to offer visitors a cup of tea regardless of who the visitor wanted to see.

Staff told us they were encouraged to identify areas for improvement and that the registered manager would listen to their ideas. One member of staff told us, "[Registered manager] will listen to everyone. They like the opinions of others and will listen and take action." Another member of staff said, "You can raise concerns and they are always well received. We have a good network and we can raise things with the registered manager or higher in the organisation." Staff had monthly staff meetings where they could also raise concerns and discuss ways they could improve the lives of people living at the home.

People living at the home, their relatives and visiting health care professionals had been asked for their views on the service. We saw that the results were displayed on the notice board for everyone to see. People had been surveyed at times to find out what they thought about different areas of their care they received. For example, a survey in June 2016 had asked about what summer activities people wanted to engage with. We saw action had been taken to ensure ideas had been actioned and put in place. In addition there was a regular monthly resident's meeting where we saw people were encouraged and supported to work together to make the home a happy place to be. Meeting minutes were produced and residents signed them to say they had seen them and they were reflected the discussions held.

There were structured management processes in place. This allowed staff to know what was expected of them. All actions were recorded in the daily log so that the registered manager could see at a glance what had been done and what still needed doing. Furthermore the daily log provided a clear history of what happened in the home so that any incidents could be fully investigated.

While the provider had submitted notifications about most incidents they were required to tell us about they had not identified that we needed to know about low level incidents that were reported to the local safeguarding authority on a monthly basis. We discussed this with the registered manager who immediately agreed to notify us about such incidents in the future. The registered manager also assured us that they would discuss this with the provider to ensure all the provider's homes were aware of this requirement.

There were systems in place to ensure that the registered manager and staff kept up to date with any change s in legislation or how care should be delivered. An example of this was where the provider engaged in meetings with the local authority infection control team and used their preferred audit tool to monitor infection control in the home. In addition the provider accessed training through a training company who ensured that training was kept up to date with legislation and good practice guidance. When any changes

were made staff were requested to revisit the training to ensure they were aware of the latest guidance.

There was an effective system of ongoing audits and checks in the home to ensure that the environment was safe and that people were receiving a good quality of care. For example, accidents and incidents were recorded reviewed to see if there were any recurrent themes which could be identified. The area manager also completed a quality audit on a monthly basis which covered all areas of the home's management including the environment, documentation and care plans. If any shortfalls were identified there was a clear action plan to show what action had been taken.