Boulevard Care Limited

Willoughby House

Inspection report

Willoughby Road
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Lincolnshire
LN12 2NF

Tel: 01507442555

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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

We inspected Willoughby House on 20 September 2016. We gave the registered persons a short period of notice before we called to the service. This was because the people who lived in the service had complex needs for care and benefited from knowing that we would be calling. The inspection team consisted of a single inspector. The service provides care and support for up to 8 people. When we undertook our inspection there were 7 people living at the home.

People living at the home were of mixed ages. Some people required more assistance either because of physical illnesses or because they were experiencing difficulties coping with everyday tasks.

There was a registered manager in post. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect them. At the time of our inspection there were three people subject to such an authorisation.

We found that there were sufficient staff to meet the needs of people using the service. The provider had taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

People were treated with kindness and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

Staff had taken care in finding out what people wanted from their lives and had supported them in their choices. They had used family and friends as guides to obtain information whenever possible.

People had a choice of meals, snacks and drinks. Meals could be taken in a dining room, sitting rooms or people's own bedrooms. Staff encouraged people to help prepare the meals and gave assistance to those

that required it.

The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual.

People had been consulted about the development of the home and quality checks had been completed to ensure services met people's requirements.

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.

Checks were made to ensure the home was a safe place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Is the service caring?

Good

The service was caring.

People were relaxed in the company of staff and told us staff were approachable.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Is the service responsive?

Good

The service was responsive.

People's care was planned and reviewed on a regular basis with

them.

Activities were planned into each day and people told us how staff helped them spend their time.

People knew how to make concerns known and felt assured anything raised would be investigated.

Is the service well-led?

Good

The service was well-led.

Audits were undertaken to measure the delivery of care, treatment and support given to people against current guidance.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

The views of visitors and other health and social care professionals were sought on a regular basis.

Willoughby 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.

We visited the service on 20 September 2016. We gave the registered persons a short period of notice before we called to the service. This was because the people who lived in the service had complex needs for care and benefited from knowing that we would be calling. The inspection team consisted of a single inspector.

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. We also reviewed all other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

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

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

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

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. They were consistent in their opinions of how staff looked after them.One person said, "I love living here, they keep me safe." Another person told us, "I feel safe."

Staff had received training in how to maintain the safety of people and were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the registered manager would take the right action to safeguard people.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health and social care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns on a monthly basis. The records ensured any investigation action was recorded and lessons learnt from each incident were recorded. For example, ensuring people knew of the dangers of using sharp knives in the kitchen and what to do if they had an accident.

To ensure people's safety was maintained a number of risk assessments were completed and people had been supported to take risks. For example, ensuring people knew of the dangers of busy roads when they wanted to visit the local shops. Each person's ability to go out alone had been assessed to ensure they were safe in the local community and could find their way back if they went out alone. One person told us, "I keep the name of my home in my bag so if I had an accident people could come and find the staff."

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm and what support they required. For example, those who needed help because they did not like loud noises and would not remember where the exit doors were in the building. A plan identified to staff what they should do if utilities and other equipment failed. Staff were aware of how to access this document.

We were invited into four people's bedrooms to see how they had been decorated. People told us of their involvement in the layout of the bedrooms. They told us they were happy to keep their rooms clean themselves, with the help of staff. Staff had taken into consideration when writing the care plans of environmental risks for some people, especially those with poor vision and mobility needs. The care plans stated where the staff had worked in collaboration with each person to ensure each bedroom had all the required furniture in place, which was safe to use. People told us they could have keys for their bedroom doors if they wished. We saw people using their keys. This had also been discussed with staff in the staff meeting in September 2016. One person said, "I'm afraid of losing my own things so I have a key to my room." All floor coverings throughout the home were securely attached to the floors and there were no trip hazards. All areas of the garden were safe to walk in and there was no direct entry to the gardens from the main road. Entry to the premises was through iron gates which were shut across the drive.

People told us their needs were being met and there was sufficient staff available each day. One person said,

"We can always do what we want to do, there is loads of staff." Another person told us, "When I want to go on a bus ride I can. Staff will always come with me."

Staff told us that the staffing levels were good. One staff member said, "Staffing is fine." Another staff member said, "There is sufficient staff to meet people's needs." Staff told us how the staffing levels depended on what people wanted to do each day. Where necessary extra staff were on duty at the home if people required escorts for appointments and other visits.

The registered manager told us how the staffing levels had been calculated, which depended on people's needs and daily requirements. These were completed on a monthly basis by the registered manager and submitted to head office. These had been discussed with the commissioners of services. Health and social care professionals told us there were always staff available to speak with them and discuss people's needs. Contingency plans were in place for short term staff absences such as sickness and holidays.

We looked at two personnel files of staff. Checks had been made to ensure they were safe to work with people at this location. The files contained details of their initial interview and the job offered to them. There were no current staff vacancies.

People told us they received their medicines and understood why they had been prescribed them. One person said, "Yes I have tablets to take, but staff keep them for me. I don't want that worry." Another person described all the medicines they would take each day and told us they liked them at the same time, which they received from staff. This was recorded in people's care plans. People told us that if required the staff would contact the person's GP if medicines needed to be changed. Staff were observed giving advice to people about their medicines. Staff knew which medicines people had been prescribed and when they were due to be taken.

Medicines were kept in a locked cupboard. There was good stock control. Records about people's medicines were accurately completed. Medicines audits we saw were completed by staff at the home. We saw the last audit from August 2016 which required no actions. The local pharmacy had not recently completed an audit, but the registered manager told us this was being negotiated with their supplier.

We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. Staff informed each person what each medicine was for and how important it was to take it. They stayed with each person until they had taken their medicines. Staff who administered medicines had received training. Reference material was available in the storage area and staff told us they also used the internet for more detailed information about particular medicines and how it affected people's conditions.

Good

Is the service effective?

Our findings

People we spoke with told us they thought the staff were trained and able to meet their needs. One person said, "Staff tell us when they go on training courses. I like to hear about them."

None of the staff we spoke with had been newly recruited. However, they told us that the induction programme at the time of their initial days at the home had suited their needs. They told us what the programme had consisted of which followed the provider's policy for induction of new staff. Details of the induction process were in the staff training files. The registered manager told us that all new staff were now registered for the new Care Certificate. This would give everyone a new base line of information and training and ensure all staff had received a common induction process. All other staff training was reviewed at staff supervisions. Staff confirmed this happened

Staff said they had completed training in topics such as fire and health and safety. They told us training was always on offer and it helped them understand people's needs better. The training records supported their comments. Staff had also completed training in particular topics such as food hygiene, physical disengagement and improving outcomes for people with dementia. This ensured the staff had the relevant training to meet people's specific needs at this time. One staff member said, "The [named training source] is very good, it's suited to staff needs." Another staff member told us, "We have sufficient training to do our job." We saw training was recorded on a computer data base. This recorded what topics staff had covered and highlighted what training had been completed, what was pending, to be for example, handed in and what topics required updating.

Staff told us the provider was encouraging them to expand their knowledge by setting up courses on specific topics. This included national awards in care and being encouraged to attend local support groups in topics such as infection control. Staff also told us that they were offered courses in topics such as supervising staff. They told us this helped when working with different levels of staff.

Staff told us a system was in place for formal supervision sessions. They told us that they could approach the registered manager and area manager at any time for advice and would receive help. The records showed when supervision sessions had taken place, which was in line with the provider's policy. The supervision planner also identified when supervision session were due to be arranged.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had followed the requirement in the DoLS. Three applications had been submitted to the local authority and authorised. One application was pending. The provider had properly trained and prepared their staff in understanding the requirements of the MCA and DoLS. Staff informed us when they had attended the training sessions for MCA and DoLS and that they had enjoyed the sessions. One staff member said, "It has given me a much better insight on why we complete best interest meetings with people."

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted. Staff had recorded the times best interest meetings had been held and assessments completed to test their mental capacity and ability.

People told us that they liked the food. One person said, "I like going shopping for our food." Another person told us, "My favourite is spotted dick and today I am helping to make the steak pie." We later saw them preparing the pastry. Another person said, "I like steak pie and apple pie and we get drinks whenever we want." One other person told us, "My favourite meal is fish." People told us that sometime they had what they described as "a take away night." They told us they choose which type of take away food they would like to order and it was either delivered or they went to fetch it. People also told us about local restaurants they visited and which fast food chains they liked the best.

Staff knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as when a person required a special diet. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs. The registered manager told us how food monitoring was sometimes essential for some people as they had a poor understanding of what constituted a healthy diet. We saw records of this in people's care plans. Notices in the kitchen explained to staff the importance of certain foods for people who were diabetic or on low calorie diets. The day of our inspection the registered manager was exploring different ways of presenting the menu using words and pictures.

We observed the lunchtime meal. We observed staff sitting with people who needed more help than others to eat and drink. They spoke kindly to them and maintained eye contact. Staff did not hurry people. We saw that hot and cold drinks were offered and requests fulfilled throughout the day.

People told us staff treated them with dignity and respect at all times. One person said, "When I go to bed staff ask me whether I want my curtains pulled. I do of course." Another person said, "If I go to the bathroom staff make sure I wear a dressing gown, but they ask me nicely."

Professionals' told us the service was focused on providing person-centred care. On-going improvement is seen as essential and lessons learnt are past to all staff. Social care professionals we had contact with before the inspection told us staff informed them quickly of any issues. They were confident staff had the knowledge to follow instructions and did so.

People told us staff obtained the advice of other health and social care professionals when required. One person said, "When I need a GP or nurse they get one, because sometimes I get poorly." In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example,

when people's behaviours had changed and when they required specific women's and men's health checks. Staff had recorded when people had seen the optician and dentist. Several people had hospital appointments which they had attended. Staff had recorded outcomes of those visits. Staff told us they had a good rapport with other health professionals and felt supported by them when they required assistance. This was affirmed by the health and social care professionals we spoke with before our visit.

Good

Is the service caring?

Our findings

People told us they liked the staff and felt well cared for by them. One person said, "I really like living here. [Named members of staff] are all lovely and kind." Another person told us, "I do like to be looked after and staff do that here." Each person we spoke with told us how happy they were living at the home and described how staff looked after them.

The people we spoke with told us they were supported to make choices and their preferences were listened to. One person said, "When I wanted to visit a friend in another home staff helped me do this." Another person said, "I wanted to do my own laundry, so staff help me to do that but have to explain the dials."

People were given choices throughout the day if they wanted to remain in their rooms or where they would like to sit. Some people joined in happily and readily in communal areas. Others declined, but staff respected their choices on what they wanted to do. Some people preferred to go out of the home to different activities and staff supported them to attend different events. Two people told us in detail their visits out that morning and what staff had helped them achieve. One person said, "Staff are very patient with me."

All the staff approached people in a kindly manner. They showed a great deal of friendliness and consideration to people. They were patient and sensitive to people's needs, but there was also a lot of laughter in the home. For example, talking about meal times and how the garden was to be developed created a great deal of discussion, laughter and questions. Staff were patient with each individual, helping the quieter people to join in and respecting each person's wishes.

We observed staff attending to the needs of people throughout the day. For example, when someone became anxious because of a visitor in the home. Staff spoke quietly to them, explained the visitor's role and asked whether they would like to speak with the visitor. We heard staff asking people whether they would like to contact their family to arrange hospital appointments and home visits, after obtaining people's permission. This was to ensure those who looked after the interests of their family members' knew what arrangements had been made. All the comments we saw staff record in the care plans.

Throughout our visit we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. Some staff had attended courses so they could use sign language with people who communicated that way.

People told us they could have visitors whenever they wished and some people went to their family homes for events. People told us staff would telephone their family members when they wanted to speak with them. This was all recorded in people's care plans.

All members of staff were involved in conversations with people. Each staff member always acknowledged

people when walking around the building. Staff greeted people with their first names if this was their wish and smiled at people. Staff engaged with people about the person's day, asking a person's well-being or engaging in lengthier conversations.

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care could be supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local advocacy service on display. There were no lay advocates being used by people at the moment.

We observed staff knocking on doors prior to being given permission to enter a person's room. They asked each person's permission prior to commencing any treatment.

To ensure confidentiality of records kept about people, staff stored them in a locked area. Staff ensured no one was near by when they were discussing those records with people. Discussions took place in the office or people's rooms. We observed staff took time to explain what part of the records they wanted clarity about and ensured each person was aware of the outcome before recording it on the person's notes.

Good

Is the service responsive?

Our findings

The people we spoke with gave us positive views about the response times of staff to their needs. They told us staff responded to their needs quickly both day and night.

People told us staff had talked with them about their specific needs. This was in reviews about their care. They told us they were aware staff kept notes about them, but most people preferred to have staff read them their care plans. The care plans were in a written format and also on a computer data base. We looked at both versions and found they were identical.

Staff received a verbal handover of each person's needs each shift change so they could continue to monitor people's care. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. There was also a handover book in use. Staff told us this was used as a reminder of what had been said to them. We observed the lunchtime handover. This was unhurried and staff were given time to ask questions. Details included the well-being of each person and redecoration of a person's room.

People told us staff had the skills and understanding to look after them and knew about their values and beliefs. People told us that staff knew them well. Staff knew how to meet people's preferences with suggestions for additional ideas and support. This means people had a sense of wellbeing and quality of life. Information leaflets were on display about a variety of topics such as; local health care services and events in the community.

People told us that staff took time each day to discuss their care. As well as the opportunity to speak with other health professionals, if required. This was recorded in each care plan. For example being able to see an optician when they required one. People told us medical help from GPs and community nurses were accessed quickly and efficiently by staff.

Each person had a personal programme and diary of events, social activities and places they liked to visit regularly. Some had this displayed in their bedrooms. People told us what events they liked taking part in the most. This included visits to local events such as the beach, the cinema and a social club. People talked animatedly about holidays they had taken, such as to Blackpool. We were told about visits to museums, the local county show and a local disco. The provider has a day care facility in a nearby town. The programme for the centre was on display and people told us which events they liked to attend.

Staff told us they took into consideration the needs of people who preferred to stay at home. A garden area was being redeveloped, with input from people who lived at the home. We also observed people sitting watching the television, completing art work and looking at magazines. One person asked us to listen to some music with them, which the person enjoyed dancing too.

People were actively encouraged to give their views and raise compliments, concerns or complaints. People's feedback was valued and concerns discussed in an open and transparent way. People told us they were happy to make a complaint if necessary and felt their views would be respected. Each person knew

how to make a complaint. No-one we spoke with had made a formal complaint since their admission. People told us they felt any complaint would be thoroughly investigated. The complaints process was on display in words and pictures and one person showed us where it was displayed and read it to us. The complaints log detailed the formal complaints the manager had dealt with, but none had been received since 2015. It recorded the details of the investigations and the outcomes for the complainant. Lessons learnt from each of the complaints had been passed to staff at their meetings in 2015.

Good

Is the service well-led?

Our findings

There was a registered manager in post. People told us they could express their views to the registered manager and felt their opinions were valued in the running of the home. One person said, "I can speak to our manager anytime, she always has time for me." Another person said, "The manager is great, she tells staff what to do and makes sure I am happy."

Questionnaires were given to people every two months and were in word and picture format. The last topics were fire processes, menus and activities. People told us they had completed questionnaires. The results were displayed on a notice board. People told us they had the opportunity to attend group meetings with the registered manager and other staff, which were monthly. We saw the minutes of the meetings for July 2016 and August 2016 where a number of topics were discussed; such as, the weather, drinking fluids and bereavement. People had been given opportunity at the end of the meeting to ask questions and the responses recorded. Where actions were required for questionnaires and meetings the registered manager recorded when these had been completed. One person said, "I like the meetings we can talk a lot with everyone there." Staff told us if someone did not wish to attend a monthly meeting they would speak with them in private, but at the moment people attended.

On the home's website there was a lot of information about the running of the home and the wider company. This included a calendar of events, what type of services were provided and what the accommodation consisted of.

Staff told us they worked well as a team and felt supported by the registered manager, area manager and senior staff. One staff member said, "I enjoy it every day, we all work well together with the manager." Another staff member said, "I like it here, it is an extension of my family."

Staff told us staff meetings were held. They said the meetings were used to keep them informed of the plans for the home and new ways of working. We saw the minutes of the staff meeting for September 2016. The meeting had a variety of topics which staff had discussed, such as rotas, report writing and regularly checking if people needed additional medical support in order to keep them well.This ensured staff were kept up to date with events. Staff told us they felt included in the running of the home. The minutes of the meeting showed staff were given time to express their views, with explanations given, if possible, or suggests for moving forward.

The registered manager was seen walking around the home. They knew the names of all the people. They gave support to staff when asked and checked on people's needs. They showed compassion and respect to people and were assisting staff when they needed help.

There was sufficient evidence to show the registered manager had completed audits to test the quality of the service. These included infection control, care plans, environmental audits and fire equipment. Where actions were required these had been clearly identified and signed when completed. Any changes of practice required by staff were highlighted in staff meetings, in the communication book and shift

handovers so staff were aware if lessons had to be learnt. The area manager also visited frequently through the month, sometimes with other head office staff and the provider himself. A site visit report was produced which gave the registered manager and provider information on people's needs and any remedial work which was required to be completed to ensure the premises were safe. People told us that the provider visited and would speak with them. One person said, "I will speak to them all and they will listen."

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. Copies of staff personal records were also kept at head office. The registered manager understood their responsibilities and knew of other resources they could use for advice, such as the internet and other homes within the group. They said there was opportunity for all registered managers within the company to meet This was welcomed by the registered manager as extra resources for advice and support.

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