

Boulevard Care Limited

# Ashby Court

## Inspection report

1-6 Ashby Road  
Spilsby  
Lincolnshire  
PE23 5DR

Tel: 01790753432

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05 March 2019

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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?	Requires Improvement 

# Summary of findings

## Overall summary

About the service:

- The service is in a rural setting, near to Skegness in Lincolnshire.
- The service provides accommodation and personal care to people with learning disabilities and autism. Ashby Court is a complex of six small houses accommodating up to 11 people near the centre of Spilsby, Lincolnshire. The houses are purposely designed to promote independent living. At the time of our inspection there were 10 people living in the service.

People's experience of using this service:

- Audit processes were not comprehensively in place to ensure all risks had been managed and reduced. Questionnaires had been supplied to people for their views of the service though not to staff, external professionals and relatives.
- People were provided with a safe service though staff recruitment systems needed to be strengthened and any instances of suspected abuse reported to relevant agencies.
- People told us that people liked living at the service and that staff were friendly and caring towards them.
- People were assisted to have choice and control over their lives.
- People were protected against abuse, neglect and discrimination. Staff members were aware of ensuring people's safety and acting when necessary to prevent any harm.
- Staff members knew people well and people enjoyed spending time with them.
- People had a say in how the service was operated and managed.
- Activities were always available to people and they were assisted to have opportunities to work and to go to communal activities outside the service.
- People's care was personalised to their individual needs.
- The service met the characteristics for a rating of "Good" in key questions except well led, where it was rated Requires Improvement.

Rating at last inspection:

- The service was rated "good". Our last report was published for the inspection of 14 July 2016.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people received safe, high quality care. Further inspections will be planned for future dates. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained Good.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained Effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained Caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remained Responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service rating had changed to Requires Improvement.

Details are in our Well Led findings below.

Requires Improvement ●

# Ashby Court

## Detailed findings

### Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

- Our inspection was completed by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience was familiar with the care of people with learning disabilities.

Service and service type:

- Ashby Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement.
- CQC regulates both the premises and the care provided, and both were looked at during this inspection.
- The service is required to have a registered manager. 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. At the time of our inspection, a manager was registered with us.
- The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Notice of inspection:

- Our inspection was unannounced.
- The inspection site visit occurred on 5 March 2019.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback

we received from members of the public and the local authority. We checked records held by Companies House and the Food Standards Agency.

- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with five people living in the service, two relatives, the registered manager and two staff members. We observed relationships between people and staff. We saw how staff members supported people throughout the inspection to help us understand peoples' experiences of living in the home.
- We reviewed two people's care records, two staff personnel files, medicines administration records and other records relating to the management of the service.
- We asked the registered manager to send us further information after our inspection. This was received and used as evidence for our ratings.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People said that they felt safe. Relatives agree their family members were safe. One person said, "Yes, the doors are locked. I love the staff the best. They're all nice because they keep us safe." A relative told us, "I feel she's in a safe place."
- Staff members knew how to recognise signs of abuse and to act, including referring any incidents to a relevant outside agency.
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.

Assessing risk, safety monitoring and management

- People were kept safe because staff had assessed risks to people. Information was in place of what action should be taken to reduce these risks.
- Water temperatures had been tested to ensure people were not at risk of scalding from hot water. However, there was no maximum safe temperature recorded as to what water temperatures should be. We received information after the inspection which showed that this issue had been resolved.
- Fire checks and regular drills were carried out. People had individual personal evacuation plans (PEEPs) to show staff the action they needed to take in the event of a fire. They had been trained about fire safety.
- Staff knew how to support when people became anxious or displaying behaviours that were putting themselves or others at risk.
- We saw that people were supported in line with the information in their risk assessments and support plans.

Staffing and recruitment

- People said there were enough staff on duty in the daytime and night. One person said, "Yes, there is [enough staff]." A relative said, "It always seems to be [well staffed]."
- There were enough staff to keep people safe and provide individual support when required. A staff member told us, "Yes, there are enough staff around to make sure that people are safe, especially as a lot of people are very independent here."
- People were supported by staff who were suitable to work in the home. Prospective staff members suitability was checked before they started work. The Disclosure and Barring Service (DBS) allows providers to check the criminal history of anyone applying for a job in a care setting. However, in one staff record, information had been received relating to incidents in the past, which indicated potential risk. A risk assessment was not in place to determine the risk level and what, if any, controls were needed to protect people from potentially unsuitable staff. . After the inspection visit, the registered manager submitted evidence that this system was being put in place. This will help to protect people from potentially unsuitable staff.

### Using medicines safely

- People confirmed they were provided with their medicine. One person said they could take manage their own medicine. This had been risk assessed to ensure that they were safe to do so.
- Relatives said there hadn't been any issues with medicines.
- Medicines systems were organised and people received their medicines at prescribed times.
- Medicine was audited to check it had been supplied correctly to people. The provider was following procedures for the receipt, storage, administration and disposal of medicines.
- Only senior staff members supplied people with their medicines. They had received training and were assessed to be competent.

### Preventing and controlling infection

- People said that the home was kept clean and they cleaned their flats. They had been supplied with training on infection control which helped them avoid getting infections.
- Staff were aware of the need to use relevant equipment when cleaning and to always wash their hands after completing a task.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. Action was taken to prevent any future re-occurrence and to ensure continuous improvement such as updating care plans.

# Is the service effective?

## Our findings

Effective – Staff working with other agencies to provide consistent, effective, timely care

Good: People's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support.
- Care and support plans were personalised and had been reviewed with people and their representatives to ensure staff provided care that met their needs.
- Staff received training in equality and diversity and understood people as individuals.

Staff support: induction, training, skills and experience

- People told us that staff knew how to support them. People said that they thought staff had been trained and knew what they were doing in providing care to them. People and relatives said that staff were trained to help people. One person said, "I think they're all trained to work in a home like this."
- People were supported by staff who had ongoing relevant training.
- On joining the service, staff received an induction, mandatory training and training specific to the needs of individuals, for example, autism awareness. Staff completed the Care Certificate where they did not have care experience or had not achieved a National Vocational Qualification (NVQ). The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- The registered manager ensured that staff completed essential training on meeting people's needs.
- Where a new need was identified, the registered manager arranged training to increase staff skills to meet any new need.
- Staff were given opportunities to review their individual work and development needs in supervision sessions.

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

- People liked their meals. They were asked in client meetings what food they wanted to eat.
- People could make themselves drinks when they wanted. If they needed support, drinks were offered to them. This protected people from becoming dehydrated.
- Staff knew people's dietary requirements and encouraged people to eat a balanced diet.
- People had food from their cultural backgrounds.
- People took turns to cook for other people. They were provided with support from staff if needed.

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

- People said they liked their accommodation. Premises were personalised to people's individual tastes.
- The houses seen either had a shower or a bath but not both. Two people living in a house with just a bath said they would like a shower installed. One person said, "I really love a shower." This was brought to the attention of the registered manager who stated that showers had been ordered and would be installed shortly.



- People could move freely around the home and their houses in the home.
- The registered manager was in the process of organising accommodation to be adapted to assist a person with their mobility needs.

Supporting people to live healthier lives, access healthcare services and support

- People said that they saw the GP when they did not feel well. They confirmed they also had dental, optical and chiropody appointments regularly.
- Relatives said that they were informed if their family member was ill. One relative said, "[Family member] had to go to hospital and the manager stayed with me until 2 am." They were very grateful for this support.
- Some people said that their health conditions had improved as a result of getting healthcare support.
- Records showed people's health and wellbeing was supported. They showed that people attended healthcare appointments with consultants, mental health practitioners, GPs and community nurses.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had received training in MCA and DoLS.
- Staff members understood the need to gain people's consent for any care that was provided.
- Mental capacity assessments were completed to determine people's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they were happy with the support provided and that staff were friendly and caring. One person said, "Yes, they [staff] are the best." Relatives were complimentary about the care their family member received.
- We saw people were treated with kindness and consideration by staff and management. People were praised and thanked for carrying out tasks.
- Two people said they were sometimes told off if they didn't clean well or forgot. However, they still thought staff were friendly and caring towards them. The registered manager was surprised by these comments and said this issue would be followed up with staff, as it was expected practice to treat people with respect at all times.

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

- People and relatives told us that they were involved in planning for people's care.
- An advocate was involved with helping someone with their care plan. Other people could get this support if they wanted.
- Staff told us that they reviewed care plans with people and altered them if people wanted this. For example, a person had said they were able to clean their own teeth without staff support. This had been respected by staff.
- People were allocated a keyworker to help them express their views and check they were happy with the support they were receiving. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.
- There was evidence in care plans, reviews and meetings that people and their representatives had been consulted. One person said, "We do a big shop once a week. We write a list with the staff." Another person said, "We choose what we want to eat. We've got a menu."
- Clients meetings were regularly held to ascertain people's views about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us that they can do what they wanted. A person said, "We go to bed anytime we want."
- People said they had the opportunity to have relationships and that they could go out into the community together to go for coffee or a meal.
- People said their independence was important to them. Staff supported them to be independent. One person said that they could come and go as they chose and they often stayed with their partner.
- People were involved in choosing what activities they wanted to do such as going to their day centre and shopping.
- Relatives told us they could visit when they wanted and any contact with staff was always friendly.

- People told us their privacy and dignity was respected. Everyone we spoke with, except one person, said staff knocked before going into their room. This person said they had to remind staff to knock sometimes. This was brought to the attention of the registered manager to follow up.
- There was information in care plans about whether people had any specific cultural and religious needs. Staff understood the need to treat people equally whatever their backgrounds or sexuality.
- People's confidentiality and privacy was protected and records were stored securely. Staff asked people to move away when they were looking at other people's records, to preserve confidentiality.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

Good: People's needs were met through good organisation and delivery.

The provision of accessible information:

- The service identified people's information and communication needs by assessing them.
- Most people had no specific communication needs. One person said they needed symbols in documents because they couldn't read very well. The registered manager confirmed this would be provided in the near future.
- Care plans recorded that the service identified and recorded how people wanted to communicate.
- Staff knew how to communicate with a person with complex communication needs.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People said that if they had any issues regarding their care than they received staff support. A person said, "If I have pain in my legs I go to staff and they give me deep heat for my legs." Another person said, "I was having problems. They [staff] helped me with the paperwork."
- Other people confirmed they received help when they needed it. One person said, "Yes, they [staff] help us. If I'm cooking I ask the staff."
- Care plans had detailed information about people's likes and dislikes, their aspirations and their hobbies and interests. This assisted in providing people with care that met their individual needs.
- Staff members knew people's likes and dislikes and their important routines.
- Activities were provided. There was an activity sheet which documented types of activities that people could participate in. These included going to the theatre or cinema, going for walks, going to the pub and going out for meals. People's living rooms had televisions for people to use and enjoy. A person said they liked working; "I love it, I go three days a week." Other people said they went swimming and to football practice.
- People said staff informed them of local activities that were taking place.

Improving care quality in response to complaints or concerns

- People said they had no complaints about the service. People knew they could tell staff if they were worried about anything, and knew how to make a complaint.
- Relatives said they hadn't ever needed to make a complaint. If this ever happened, they were confident the registered manager would act to deal with any issues.
- No written complaints from people or their representatives had been received in the last 12 months.
- There was a policy and procedure in place if the need arose. The procedure did not include all relevant information such as how to contact the complaints authority and the local government ombudsman. The registered manager stated that the procedure would be amended and we received this after the inspection visit.

End of life care and support

- People's care plans contained their wishes and preferences about this care. One staff member had been

trained in end-of-life care. The registered manager confirmed that other staff would receive this training soon.

# Is the service well-led?

## Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Requires improvement; Service management and leadership was not comprehensively consistent, as some risks had not been comprehensively dealt with.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- There was a positive management structure in place which was open and available to staff when they needed support.
- Staff told us they had excellent management support. A staff member said, " [Name of registered manager] is a great manager. She's always thinking of everything before it happens. She knows how to plan. Staff always get thanks for a job well done."
- Staff were clear about their role and told us they worked well together as a team.
- Staff shared the manager's vision for the service. A member of staff said, "We support people and help them be as independent as possible."

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback had been obtained in the past from people living in the service, as to whether there were issues that needed to be actioned to improve care. Questionnaires had not been supplied to relatives, staff and professionals for their views on the quality of care supplied. The registered manager recognised this and stated that surveys would be carried out in the future.
- The provider carried out audits. These included checks on medication and health and safety systems. However, these had not identified all relevant issues of risk. Not all statutory notifications had been made to CQC. There had been an incident of suspected abuse of a person in 2018 which had not been reported to the safeguarding authority or to CQC, as required. It had not identified whether risk assessments had been carried out for staff who had issues in their past. Audits had not identified a small number of care practice issues such as people reporting their being told off and staff not always respecting their privacy before entering bedrooms.
- The registered manager had identified staff training about a person's changing needs to increase the awareness and skills of staff so that high quality care was provided to the person.
- People said they were confident about speaking to the registered manager or staff about anything that was bothering them. A relative said of staff and management, "They're kind and sensible." There was a compliment in records from another relative who stated, "As a family we can't thank you [referring to staff and management] enough."
- People and their relatives said they would recommend the home to other families. A relative told us, "I would recommend, it's [the service] helping people."
- People told us there were residents meetings where they could put forward their views, such as if they were happy with the care from staff and what food they wanted to eat. We saw detailed records of relevant issues

being discussed, which gave people an involvement in the running of the service.

- Staff thought the service was always well run. Staff said the registered manager was always available and would help wherever she could.
- A staff member said, "The manager makes sure everything runs really smoothly. She is a fantastic manager and helps everyone."
- Staff meetings were held. Staff said they felt comfortable about raising the issues and felt they had been listened to by management and action had been taken when they raised issues.
- Systems were in place to ensure the service was learning and developing. The provider was planning to make improvements to the premises by ensuring that a person with mobility needs had accessible accommodation.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People told us they were provided with care that met their individual needs.
- The registered manager understood the duty of candour responsibility if things went wrong.
- The service had an appropriate statement of purpose which stressed the importance of providing personalised care. This clearly set out the aims, objectives and ethos of the service. The statement of purpose was available for anyone to access and read.
- The rating from the previous inspection was displayed, as legally required.

Working in partnership with others

- The registered manager told us that the service worked well in partnership with the local GP and community services, including the local healthcare practice. Records showed that these agencies were involved in people's care for the benefit of people's wellbeing, such as mental health professionals.
- The registered manager attended networking meetings to keep their knowledge up to date and to share best practice.