Boulevard Care Limited

Link House

Inspection report

Main Road
Withern
Lincolnshire
LN13 0NB

Tel: 01507450403

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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 Link House on 2 August 2016. This was a short notice announced inspection, because the service users take part in activities in the local community. We wanted to ensure they were available for us to speak with on the day. The service provides care and support for up to eight people with learning disabilities and mental health problems. When we undertook our inspection there were seven 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 themselves. At the time of our inspection there were two 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.

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 eat their 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 safely. Record keeping and stock control of medicines was good.

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's needs and wishes were respected by staff.

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.

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

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.

Link 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 2 August 2016 and was a short notice period announced inspection.

The inspection was undertaken by one 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.

Before the inspection we reviewed 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.

During our inspection, we spoke with three 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. One person told us, "I feel safe here." People told us if they felt unsafe leaving the home to visit the local community that staff would always go with them. One person said, "I don't think I would find my way back, but staff always know the way."

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. This ensured people could be safe living in the home.

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. This ensured any changes to practice by staff or changes which had to be made to people's care plans was passed on to staff. Information was passed on to staff at shift handovers and meetings. We saw this in the staff meeting minutes for June 2016 and July 2016 and in the staff hand over diary.

To ensure people's safety was maintained a number of risk assessments were completed and people had been supported to take risks. For example, when handling their own money. Staff had assessed each person's capability on how to manage their own finances and systems put in place if they could not do this themselves. Where people could make non-complex decisions about handling money, for example, when buying items from local shops, this was recorded in each person's care plans. Staff recorded how each person coped in local shops and if they knew the value of items they were purchasing.

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 were frightened of loud noises. People and staff told us regular fire drills took place. The local fire and rescue service had completed an audit in July 2016. The majority of the work had been completed and the last items to be actioned was in progress. A plan identified to staff what they should do if utilities and other equipment failed. Staff were aware of how to access this document.

The laundry area was clean and tidy, with safety notices on display. People told us they were encouraged to do their own laundry, but sometimes needed help from staff. This was confirmed by staff and written in each person's care plans, where there were risk assessments in place. We observed a staff member helping someone load a washing machine and discussing different types of washing cycles. They also reminded them to open a window for air circulation.

We were invited into three 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 how their rooms were kept clean and how they contributed to the cleaning schedules. Staff had taken into consideration when writing the care plans of environmental risks for some people, especially those with poor vision. This included ensuring

rooms were free of trip hazards from trailing wires and ensuring furniture was in a good state of repair. The maintenance plan had been reviewed in July 2016 and resubmitted to the head office staff for future work to be authorised.

People told us their needs were being met and there was sufficient staff available each day. One person said, "Staff are always about." Another person said, "When I want to go out I can, staff are there for me." Another person told us they liked living in the home because staff were about at night if they required assistance.

Staff told us that the staffing levels were good. One staff member said, "There are always staff around and the staffing levels make us feel safe with people." Another staff member said, "Staff work well together, there is sufficient staff and we all pull together."

The registered manager told us how the staffing levels had been calculated, which depended on people's needs and daily requirements. These were checked by a member of the head office staff. These had been discussed with the commissioners of services. Social care professionals told us there were always staff available to speak with them and discuss people's needs. Contingence 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, "I always get my medicines." They went on to describe which medicines they took each day, which was confirmed on the medicines administration sheets (MARS). People told us their medicines had been explained by hospital staff, GPs and staff within the home. This was recorded in people's care plans. 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 area. There was good stock control. Records about people's medicines were accurately completed. Internal medicines audits we saw were completed regularly. We saw the last one for July 2016 and no actions were required. The local pharmacy had completed an audit in July 2016 and this was positive with no actions required.

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. Information on people's specific conditions and the use of medicines were available for staff to refer to in their office.

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 know all about me and my conditions."

A member of staff who had been recently recruited told us the process which had taken place for their employment to commence and the induction programme they had under taken. This followed the provider's policy for induction of new staff. This included assessments to test their skills in such tasks as manual handling and communicating with people. Details of the induction process were in the staff training files. The registered manager told us that the provider was embracing the principles of the care certificate for all staff. This would give everyone a new base line of information and training and ensure all staff had received a common induction process.

Staff said they had completed training in topics such as equality and diversity and infection control. 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 diabetes and challenging behaviour. This ensured the staff had the relevant training to meet people's specific needs at this time.

Staff told us the provider was encouraging them to expand their knowledge by setting up courses on specific topics. This included how to supervise staff and care of people with epilepsy. Staff told us the registered manager encouraged them to expand their career options, such as enrolling in a management course.

Staff told us a system was in place for formal supervision sessions. They told us that they could approach the registered 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. There was a supervision planner on display showing when the next formal sessions were due.

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. The provider had properly trained and prepared their staff in understanding the requirements of the MCA and DoLS.

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 requirements in the DoLS. Five applications had been submitted to the local authority and two

authorised. We saw the authorisation documents in the two people's care plans, with records of how decisions had been made. Three other applications were currently being reviewed by the authorised body. The provider had properly trained and prepared their staff in understanding the requirements of the MCA and DoLS.

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 help to set the tables for meals, it's one of my jobs I like to do." They went on to tell us the specific foods they liked the best such as treacle sponge pudding. Another person told us, "I have toast for breakfast and my favourite meal is jacket potato and salad." Another person said, "I like everything."

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. This ensured people received what they liked and what they needed to remain healthy. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs.

Menus were available and on display within the kitchen area. This was in word and picture format. People had access to the kitchen area at all times, under supervision of staff. There was no one capable of using the kitchen area without supervision. People helped to prepare the meals. We observed people helping to prepare the lunchtime meal and staff giving them advice on how to prepare the dishes.

We observed the lunchtime meal. The dining room was an adequate size for each person to have a seat and some spare seats for staff and visitors. We observed staff sitting with people who needed help to eat and drink. They spoke kindly to them and maintained eye contact. Staff did not hurry people. There was a lot of banter in the dining room, with people talking with staff about their morning activities and what they would like to do for the rest of the day. People were offered hot and cold drinks throughout the day.

We observed staff attending to the needs of people throughout the day and testing out the effectiveness of treatment. For example, how a person was feeling as they required a special diet and medicines to ensure their medical condition was under control.

People told us staff treated them with dignity and respect at all times. One person said, "Staff respect what I like to do. We have a discussion about whether my decision was the right one." Another person said, "When I like to go to my room staff respect my space."

We observed staff knocking on doors prior to being given permission to enter a person's room. People could lock their bedroom doors if they wished and we saw people using keys to enter their own rooms. One person said, "Staff will knock on my door before coming into my room and I do the same for my friend [named person] who lives here." Staff asked each person's permission prior to commencing any treatment and respected if they wanted pain relief medication prior to commencement of treatment. We observed staff ensuring people had suitable clothing on when going out of the building.

People told us staff obtained the advice of other health and social care professionals when required. One person said, "I can't remember dates so staff tell me when I need to go to the hospital." Another person said,

"I like them to come to the doctor with me as I can't remember things."

Staff told us they had good relationships with the local health care teams and could go to them for advice. For example, when people's behaviours had changed and when they required health checks such as blood tests for a medical condition. 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.

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 enjoy it here." Another person said, "I've lived here for [told us how many] years. I love living here. I get on with all the staff." Another person said, "Staff look after me. They do everything to help me. They are lovely."

The people we spoke with told us they were supported to make choices and their preferences were listened to. One person said, "My key worker is [named staff member]. They help me live here and it's alright here." The person went on to tell us how their key worker helped them make choices and gave different options to them. A key worker is someone who is employed by the provider and who is encouraged to build up a rapport with a person, to assess their needs and help them to live as independently as possible.

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 accessed events in the local community and told us where they had been that day.

All the staff approached people in a kindly manner. They were patient and sensitive to people's needs. For example, one person became anxious during the day. So staff spoke quietly to them and invited them for a discussion in their bedroom area, which the person accepted.

Throughout our inspection 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.

People told us they could have visitors whenever they wished. We saw several signatures in the visitors' book of when people had arrived at the home. Staff told us families visited on a regular basis. People told us staff would telephone their family members when they wanted to speak with them. They also told us of visits they had made to their family members. One person said, "I like going on holiday with my family, but this is like home too."

All members of staff were involved in conversations with people and relatives by telephone. Each staff member always acknowledged people when walking around the building. Greeting each person with a smile and a comment about the day, asking a person's well-being or engaging in lengthier conversations. Conversations were overheard about holidays, laundry needs, meals and forthcoming events.

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 local advocates being used by people at the time of our inspection. However, one person's needs were being assessed during our visit

as to the possibility of using the advocacy service in the future.

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. One person told us, "All my needs are being met." People told us staff responded quickly when they used their call bell, 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. People told us they were involved in the care plan process, but if they could not read their notes staff would do this for them. This was recorded in people's care plans.

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 and a communication book. Staff told us these were used as reminders to what had been said and useful if they had been on holiday.

People told us staff had the skills and understanding to look after them and knew about their social needs, their values and beliefs. They told us that staff knew them well and how their beliefs could influence their decisions to receive care and support. Staff knew how to meet people's preferences with suggestions for additional ideas and support. This meant people had a sense of wellbeing and quality of life.

Staff had used local agencies in health and social care such as GP surgeries, local care management teams, plus the internet to ensure messages were received by people about health and social care matters. Information leaflets were also on display about a variety of topics such as; local health care services and some leaflets on specific illnesses. Where possible information displayed had been provided in words and pictures. Where this was not possible staff told us they read the leaflets to people and informed relatives. The manager was aware of other resources, such as braille and audio services who could transcribe information on people's behalf. No one required this type of resource at the time of our visit.

People shared with us their thoughts that staff took time each day to discuss their care and treatment. As well as the opportunity to speak with other health professionals. This was recorded in each care plan. For example being able to see a dentist when they required one. People told us medical help from GPs and community nurses were accessed quickly and efficiently by staff. This was also confirmed by social care professionals we spoke with before our inspection. Where people required annual health checks or specific health checks, for example gender specific health checks, this was recorded in the care plans. People's wishes and refusals to have treatment were documented.

When speaking with social care professionals' about their visits to the service they said it was focused on providing person-centred care. On-going improvement is seen as essential and lessons learnt are passed 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.

All staff were involved in the provision of social activities and helping people to plan events in the community. Staff told us the care plans were used to inform relatives of how people's social needs were being met, when they asked about their family members. We saw this recorded in the care plans we reviewed.

People informed us of the events, both inside and in the local community they had participated in or were currently involved in each week. This included Zumba classes and other exercise classes at a local leisure centre, outings to the local cinema and shopping trips. People shared with us how staff had helped them plan holidays to places such as Blackpool and a holiday camp. They told us they had enjoyed the visits.

The provider has a day centre which all homes within the group can access when required. People informed us they visited the centre weekly and took part in events such as art sessions, baking and social skills teaching. They programme for the day centre was on display in words and pictures. Four people returned at lunchtime and told us of the exercise classes they had attended that morning at the day centre. One person said, "It helps me keep my weight in control" and another person said, "It's such a laugh there."

In the care plans we reviewed we saw people had been able to take part in events in the local community. This included; a country and western evening, a fund raising bake off for the Macmillan Nurses charity and the Lincolnshire County Show. Staff had recorded how people had been involved in the planning of events and their participation at the events. People living at the home had a charity they supported, chosen by them and details were recorded in the care plans and photographs on display on how each person had contributed to fund raising events for that charity.

People are 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 and the records confirmed this. We saw the complaints procedure on display in words and pictures. One person pointed this out to us. The complaints log detailed previous complaints the manager had dealt with, but none had been received since our last visit.

We saw several cards of thanks from relatives of people who used the home. Thanking staff for their help. We saw a very positive letter a relative had written to the registered manager. This stated how happy they were their family member had settled in so well and how staff had helped that person gain some more independence in their life.

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 all staff and felt their opinions were valued in the running of the home. One person said, "They asked me if I can read the notices and I said I could the picture ones." Another person said, "They ask us about everything not just how I like my bedroom, but if we like the colours of the walls in the games room, everything."

The registered manager had sent out questionnaires to people, which was a yearly event and completed for 2016. The results received were very positive. People told us they had completed questionnaires. The results were displayed on a notice board. Topics had included the key worker system, infection control and laundry services. People told us they had the opportunity to attend group meetings with the registered manager and other staff. We saw the minutes of meetings for June 2016 and July 2016 where a number of topics were discussed; such as fire precautions and planning the annual charity fun day. People had been given opportunity at the end of the meeting to ask questions and the responses recorded. At the end of the meetings minutes was an evaluation of each meeting and actions to be taken. These had been signed when completed.

Staff told us they worked well as a team and felt supported by the registered manager, and all other staff. One staff member said, "I love it. There are such characters here." Another staff member said, "It's all about the clients for me. The company helps me and I help them. We keep this place as normal for them as any other household in this village."

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 meetings for June 2016 and July 2016. The meetings had a variety of topics which staff had discussed, such as; the day centre garden plot and escorted visits. 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 meetings showed staff were given time to express their views, with explanations given, if possible, or suggestions for moving forward.

The registered manager and all staff were seen walking around the home. The registered knew the names of all the people and relevant information about each person. They gave support to staff when asked and checked on people's needs. The registered manager was visible throughout the day showing compassion and respect to people and 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 care plans, staffing, the environment and infection control. 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.

There were a number of information boards around the home. They included one about activities, one for

infection control and one for general information; such as the complaints policy and CQC registration certificate. Notices were in word and picture format. People told us they liked to read them to keep themselves up to date.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibilities and knew of other resources they could use for advice, such as the internet and local multi-agency groups This home is part of a small company so the registered manager had the opportunity of meeting with other home's managers, area staff and head office staff on a regular basis. 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.