

Boulevard Care Limited

Boulevard House

Inspection report

1 The Boulevard
Mablethorpe
Lincolnshire
LN12 2AD
Tel: 10507 473228
Website:

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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 

Overall summary

The service provides care and support for up to 15 people, some of whom may experience difficulties with communication due to their learning disability. When we undertook our inspection there were 10 people living at the service.

There was not a registered manager in post. This was only for a number of days. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the

Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was in the process of submitting their application to include this location onto their current CQC manager's registration.

At the last inspection on 27 June 2014 we asked the provider to make improvements for storage of medicines, the lack of auditing processes for administration of medicines and ensuring staff were trained to administer medicines. This action was completed.

Summary of findings

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 or others. At the time of the inspection there was one person who had their freedom restricted. The necessary documentation was in place to show how the decision had been arrived at.

We found that people's health care needs were assessed, and planned and delivered in a consistent way through the use of a care plan. 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.

During our inspection people had links with the local community to ensure their interests and hobbies were fulfilled. This also included holidays away from the area.

People received the medicines they had been prescribed. Staff were trained to administer medicines, which were stored safely.

People were happy with the service they received. They were treated with respect, kindness and compassion. People found the staff and manager approachable and that they could speak with them at any time if they were concerned about anything.

Staff had the knowledge and skills that they needed to support people. They received training to enable them to understand people's diverse needs. Staff told us they had formal supervision and support.

The provider had systems in place to regularly monitor, and when needed take action to continuously improve the quality and safety of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were involved in decisions about any risks they may take.

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.

Good



Is the service effective?

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.

Staff were able to identify people's needs and recorded the effectiveness of any treatment and care given.

Good



Is the service caring?

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 and fulfilled their wishes.

Information was given to people to help them understand their illnesses.

Good



Is the service responsive?

The service was responsive.

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

Staff ensured people were not socially isolated. People could develop their own interests and hobbies.

People knew how to make concerns known and felt assured anything would be investigated in a confidential manner.

Staff ensured other health and social care professionals were aware of people's needs when they moved between services.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The leadership at the home was open and transparent and people were relaxed in the company of staff.

Checks were made to ensure the quality of the service was being maintained.

People's opinions were sought on the services provided and they felt those opinions were valued, as did the staff.

Staff kept under review the day to day culture of the service.

Good



Boulevard 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 17 February 2015 and was unannounced.

The inspection team consisted of an inspector and a specialist advisor. A specialist advisor is someone who is currently practicing in their field of expertise and who can give advice on a particular topic. The specialist advisor for this visit was one with expert knowledge in learning disabilities and mental health.

Before the inspection we reviewed other information that we held about the service. This included 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 get their view on the quality of care provided by the service.

Most of the people who used the service were able to speak with us during our inspection. We spoke with eight people who lived at the service and three care staff members. We also spoke with the manager and the regional manager. We observed how care and support was provided to people.

We looked at five people's care plan records and other records related to the running of and the quality of the service.

Is the service safe?

Our findings

At our last inspection on 27 June 2014 we found that the registered person had not ensured medicines had been stored safely and no auditing methods were in place for the safe administration of medicines. Untrained staff were administering medicines. This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2010. The provider sent us an action plan stating how they were going to comply. They said auditing processes would be tightened up and storage reviewed. All staff who needed to administer medicines would undergo training or refresher training.

At this inspection medicines were stored safely and there were records of medicines being received and disposed of safely. An auditing system was now in place to check storage, administration and competency of staff. The records showed this was completed monthly and any action signed when completed. We saw the training records of staff which showed all who administered medicines had undergone a refresher course. The provider had completed all actions to ensure they had complied with the breach of the regulations from the previous inspection.

People told us they received their prescribed medicines, on time each day. We observed staff administering medicines to people in the morning and at lunchtime. They told each person what the medicines were for and ensured they had taken them before signing the medicines administration sheet (MARS). Records showed people appeared to receive their medicines according to the doctors' prescriptions. Homely remedies were only given with a GP's consent and we saw the GPs' letters.

All the people we spoke with told us they felt safe living at Boulevard House. One person said, "It's lovely here. It's safe. I like it." Another person said, "They look after us and help us to do things for ourselves."

The premises were well maintained and certificates were in place to ensure all equipment was working properly. Hazards, such as raised steps had been highlighted so they did not become a trip hazard. We looked at all communal areas, toilets and bathrooms and the grounds. Each care plan included an environmental risk assessment for each bedroom to ensure it was a safe room for people to use.

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Is the service safe?

music. Plans were in place for each person in the event of an evacuation of the building. The assessments included how people might respond when knowing there was a fire in the building and if people required one or two people to help them evacuate the building.

Risk assessments were put in place when staff had identified specific needs of people. This included when people were having a problem maintaining an adequate diet for their health and wellbeing and to control their weight. Another person's care plan described the need to provide road safety skills for the person. An external trainer was involved in teaching and testing the person's competence and confidence in road skill. The action plans gave staff clear guidance on how to ensure each person's needs were being safely managed. The person told us they were gaining in confidence in crossing roads.

People told us there were sufficient staff on duty to meet their needs. One person said, "There are loads of staff around." Another person said, "The manager always makes sure there are enough staff so we can go out. I like going out."

Staff told us there were sufficient staff to look after people's needs and when required extra staff could always be found. We observed that the sitting room, which most people stayed in during the day, always had a staff member present to answer people's questions and ensure it was a safe environment. In a separate unit where three people lived who presented with behaviours that challenged others, two staff were always present to provide support. The provider looked at the individual needs of each person to assess the staffing requirement for the home. This varied, depending on each person's needs, whether outings were arranged or when people went home to their families or on holiday. Staff told us this worked well. The manager reviewed the staffing levels monthly and we saw records of their decisions. This ensured suitable numbers of staff were available to look after people on a daily basis.

Is the service effective?

Our findings

People told us their needs were being met and staff helped them fulfil their lives." One person said, "We have a lot to do and they help us to do things we like." They said they had confidence in the staff's ability to look after them. They told us they felt staff were trained to look after them. One person said, "Staff tell us what they have learnt on training days. It's all to help us isn't it?" One person said, "I've asked to see a doctor when I felt ill and staff made an appointment for me."

Staff informed us of the likes, needs and aspirations of the people they looked after. When we met with those people they recounted the same likes, needs and aspirations. The care plans further incorporated the same aspects. The staff demonstrated excellent knowledge of people's needs and were using that to develop and deliver effective care strategies.

The involvement of other health professionals had been recorded such as district nurses and community psychiatric nurses. People told us staff tried to obtain the advice of other health and social care professionals when required. Health and social care professionals told us they were alerted by staff if someone's condition changed and they could give advice. They said staff were good at following instructions. For example when a person required extra help to manage their diet, advice had been sought from health professionals. They told us they had been pleased to see the person had been encouraged to attend health clinics and staff were helping them to maintain and monitor the effectiveness of their diet.

One staff member told us about the induction process they had undertaken. This included assessments to test their competency skills in such tasks as manual handling and fire. We saw the induction records within the person's personal file. This had ensured the person was capable of completing their job role before being offered a permanent post.

Staff we spoke with told us they had completed mandatory training in topics such as basic food hygiene and infection control. The training records supported this. Staff had completed the training by computer and face to face sessions. The manager was aware which topics staff required to complete and showed us their training planner for the forthcoming year.

Staff understood the needs of the people they were caring for and felt they were given the opportunity to undertake additional training when it was needed. One staff member said, "We have loads of training opportunities here." Another person told us how they had progressed their career, by training, through working for the provider and said, "It's the best thing I've done."

There was a system for supervision and staff said supervision took place every two months. When we looked at the records we found supervision sessions had taken place in the last year. Staff told us they felt their opinions were valued and they could express them at supervision sessions but also on a one to one basis with the manager, at any time.

We discussed the Mental Capacity Act 2005 with the manager and other staff. They showed that they were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff told us they had completed their training on the Mental Capacity Act 2005 and were aware of the implications for their practice.

People's care plans showed that consent to care and treatment was a part of the assessment, care planning and delivery process. Records showed these were agreed by each person and had

been signed by them. The care plans demonstrated understanding of the rights of people but there was no evidence of a process to confirm best interest decisions and meetings. "When I need to go to the doctor staff make the appointment for me as I'm not good on the phone." Another person told us, "A member of staff comes with me to the doctors because I don't always remember what is said."

One person was subject to an authorisation to be deprived of their liberty. In this case we did see that best interest meetings with a multi-agency team, the person themselves and their advocate had taken place. An advocate is someone who can help a person make decisions or make decisions on their behalf.

We observed the lunchtime meal. Staff treated people with respect and dignity and allowed them to say what they would like to eat. One person told us about their diet and said, "I need to lose weight. I know it will be good for my health but it's hard when you like food like I do." Another person said, "I get enough to eat and am never hungry."

Is the service effective?

The staff we talked with knew which people were on special diets and those who needed support. They told us a person who had weight problems had been referred to the community speech and language therapist and they followed their guidance. Staff had recorded people's dietary needs in the care plans such as a problem a person was having controlling their diabetes with their diet. There was evidence of routine and consistent on-going monitoring of nutritional needs and weight gains and losses.

We observed staff asking people how they felt when they got up. They ensured people had relevant checks to ensure

their day to day needs were being met. This included attending hospital and GP appointments. People told us they liked staff to go with them on appointments as they could not always remember what had been discussed.

There were lots of posters on display about maintaining a healthy diet, what was on offer at local health clinics and how to maintain good personal hygiene. In each of the care plans specific health needs and checks were recorded for men and woman. For example, breast examination for women. Where people had refused to have health checks their reasons for refusal and other options discussed were recorded.

Is the service caring?

Our findings

People told us staff were caring and kind. One person said, “Staff are nice. [Named staff member] is the nicest” and another person said, “They look after us and help us to do things for ourselves.”

Staff were patient with people when they were attending to their needs. We observed staff ensuring people understood what care and treatment was going to be delivered before commencing a task, such as helping with bathing arrangements.

We saw staff interacting with people in a professional but warm and caring manner. They unobtrusively observed people's actions and only when necessary intervened in discussions between individuals. For example a discussion took place about a forthcoming visit to the shops between two people and suggestions were made only when the people were struggling to decide where and when they wanted to go. All the staff we spoke with told us they felt people were well cared for in this home.

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. One person, for example, could not

decide whether they wanted a game of snooker, the game was commenced but the person lost interest after a very short period of time. Staff respected the person wanted to do something else.

People told us staff sat and talked with them on a daily basis but also had meetings with them and their family members or advocates regularly. 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 were 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 in the care plans when meetings had taken place and daily discussions held. We observed staff asking a person if they could go to their room to discuss their care plan. The person agreed and the discussion took place in a private area.

Staff described the actions they took to preserve people's privacy and dignity. They said they would knock on their bedroom doors before entering, closing doors and curtains when providing care. We observed staff knocking on doors.

People told us they enjoyed visits from and too family and friends. One person said, “I like going home. My mum and dad like me to go but my other family is here.” Another person described how their family picked them up to go home. They said, “They [the family] phone to say they are on the way. Staff help me pack my bag so I am ready. Staff give them [the family] a cup of tea.”

Is the service responsive?

Our findings

The people we spoke with told us staff responded to their needs as quickly as they could. Another person said they had been worried about their money in the bank so staff had taken them to the bank. The person said, "I felt happier then." One person said "I can get up when I want to and do lots of stuff I like. I went tobogganing; it was a bit scary but good fun.

People's care plans were person centred and focused on individual need. They were targeted at empowering each person to enable them to have self-responsibility and achieve their personal goals. Where skills were not achieved by people an analysis was completed and documented on why this may have occurred. For example when a work placement was put in place the person was asked their opinion on if it was helping their social skills or not.

We saw that staff were responding to people's needs when they wanted help. For example three people wanted to visit a local nature reserve. Staff ensured the clothing they were wearing was suitable for a cold day, before driving them to the reserve. Later that day those people told us they had enjoyed their visit.

One person was having difficulty managing their personal allowance money. We saw in the care plan how staff had helped the person access an independent advocate to ensure they understood how they could receive their money. Staff had engaged with the person's family and the local care management team to ensure the person's money could be accessed easily.

In the minutes of meetings we saw people had stated they would like to go on bike rides. The provider had purchased bicycles for people and staff to use. One person said, "The staff have made sure I can ride one and I know about road safety." Staff told us this was a good form of exercise for people. One staff member said, "We don't go far but people get some fresh air and exercise."

The people living at Boulevard House had been asked their opinions about the meals when meetings were held with them and through questionnaires. They told us they had, what they described as "take away nights and theme nights." This was described by people as when they had fish and chips suppers, Chinese takeaways and Halloween theme nights. People were very animated when talking

about their meals. People were offered or obtained themselves hot and cold drinks all day. With people's permission we looked at a selection of bedrooms. These had been personalised to suit people's tastes and needs.

Health and social care professionals we spoke to before the inspection told us they knew staff gave person centred care as they were asked for their opinions about people and to respond to immediate needs. We observed staff liaising with health professionals on the telephone. The staff gave an overview of each person's immediate needs and had information to hand about the person. Staff wrote notes for the oncoming staff to read about each person's experience that day and any treatment or advice required from GPs' or district nurses. This ensured each staff member knew the needs of each person and how other staff had responded.

People told us they could get up and go to bed when they wanted. They said there was opportunity to join in group events but staff would respect their wishes if they wanted to stay in their bedrooms. One person we saw on the day had risen later that morning and staff gently encouraged them to get up so their breakfast wasn't too near lunch. People told us about all the

holidays they went on. One person said, "We go on great holidays. We went to Blackpool and all over." Another person told us staff had helped them do different things at Christmas. They said, "At Christmas I am going home this year but last year I had it here. I like to switch every year as it is good to go home but Christmas here is really good too."

There was a pool table in a sitting room which some people used on and off during the day. Staff encouraged people to complete daily chores such as keeping their own bedrooms tidy and clean. There was also a rota for people living in the houses to help with general house work. One person was vacuuming a carpet and another helping prepare the vegetables for lunch. People told us they liked, what they described, as jobs to do in the house.

Staff told us they encouraged people to have individual interests but group activities were considered to be a part of people's social skills interaction. We saw in the people's care plans this involved going on group holidays, going to a local disco and shopping to other towns. One staff member said, "We do encourage individuals to expand themselves. For example one person likes swimming and we can use a local pool. Another person has a favourite musical artist so

Is the service responsive?

we help them search for music on the internet.” We saw when this had occurred and was recorded in people’s care plans. The person showed us all the information, music tapes and posters they had collected on a particular artiste.

People told us they were happy to make a complaint if necessary and felt their views would be respected. We saw the log book for formal complaints and none had been made since our last inspection. The complaint process was in word format only, yet other notices were in words and

pictures, for those unable to read well. The manager told us this was being reviewed as they had found people had different levels of reading ability so they were looking at producing the process in different ways.

Staff said that if a person wanted to make a complaint they would listen to the person and try to resolve it. They said they would document it in the care record and inform the person in charge of the shift.

Is the service well-led?

Our findings

People said they felt the home was well led. One person said, “We see the manager every day. She’s great.” Another person said, “I can talk with all the staff and the manager. We knock on the door of the manager’s office if it’s closed if we want to speak with her.” We observed people doing this during the day and people received answers to their queries each time. They appeared happy with those answers.

People told us they had completed questionnaires about the home and attended house meetings. One person said, “I go to the house meetings and I like to have my say.” We saw that questionnaires were sent out every three months and the results analysed and put on display. Recent ones included activities, complaints and menus. House meetings were recorded in a book and when action was required to be taken this was identified and signed when completed. For example people had asked to have sandwiches at lunch time and a cooked meal in the evening. We saw this had been actioned.

Staff said the manager was available each day and approachable. They told us they felt supported and encouraged to learn and develop. One staff member said, “[Named manager] is very supportive and accessible.” Another staff member said, “She is approachable and her door is always open.”

Staff told us staff meetings were held monthly and if they did not attend the minutes were included in their payslips. We saw they were also displayed on a staff notice board. Staff told they could voice their opinions and they were valued. One staff member said, “If we need anything to support our clients the managers get it sorted.” We saw the minutes of meetings held in December 2014 and January 2015. Topics included; breakfast food, completing documents on the computer system and holidays. Staff told us they had been asked their opinions on how systems were working such as allowing people to have breakfasts when they wanted, the ease of completing computer records and the logistics of planning holidays with people. This ensured staff were included in discussions on the running of the service as well as peoples’ needs who used the service.

The staff said they would challenge their colleagues if they observed any poor practice. One staff member said, “I would not tolerate poor practice. I’ve never seen it here and would stop the person and report straight away.” Staff were aware of the whistleblowing policy.

There was no registered manager in post at the time of our visit, as they had left shortly before. Another home manager was supporting the home and had applied to have this home included on their registration. Staff told us they felt well supported and could approach the manager. The manager was known to the people who use the service as they had previously worked there. One person said, “It’s nice to have her back.”

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The 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.

The manager and staff had a thorough understanding of people’s needs. The manager shared resources with other homes within the company and the day care services. People told us they liked visiting other homes and the day care centre.

Clear pathways and processes were in place so staff could understand how to account for the decisions they made and action taken. The manager and other company staff completed audits on at least a monthly basis to test the quality of the services being provided. This included infection control, accidents and risk assessments in place for individuals.

The manager and other company representatives who visited the home recorded when they had spoken with people during their visits to the different houses. We saw this was recorded in logs about the different visits and where people had made suggestions, this was followed through with the home manager. For example when a redecoration plan needed to be commenced for parts of the outside of the building. This was being planned for the finer weather period.

The service measured and reviewed the quality of the care, treatment and support which was offered to each person by a system of audits. These were undertaken by the manager and other company representatives. They included health and safety checks, the safety of the

Is the service well-led?

environment and accidents. Each audit gave details of any failures and this was passed on either immediately to staff for correction or at staff meetings. Lessons learnt from accidents were discussed in more length at team meetings and with head office staff to prevent a reoccurrence as much as possible.

The managers of all the services the provider had met on a regular basis. The manager told us this was to share ideas,

discuss problems and be involved in future planning within the provider's portfolio. The provider had told us prior to this visit when certain aspects of the service provision had been discussed with the managers. Topics had included the better management of managers time, extending the client group being looked after and adding locations to the portfolio.