

Accomplish Group Limited

Boston House

Inspection report

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Oldham
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Boston House is a care home providing support for people with complex needs following a brain injury. The service is based in Oldham and can support up to 17 people. The building is divided into three units; a residential unit, a nursing unit and six studio apartments. At the time of our inspection the nursing unit was closed and the service was supporting ten people.

People's experience of using this service and what we found

At the last inspection we found there were concerns in relation to the safe management of medication. At this inspection we found the management team had addressed some of the issues from the last inspection. However, medicines remained unsafely managed. We observed some staff not wearing personal protective equipment (PPE) appropriately. We discussed this with the management, who took immediate action to address this. The registered manager advised action would be taken against staff who were not compliant with wearing PPE appropriately.

People and relatives said care was provided in a safe way. Risks to people's health and wellbeing were assessed and clear guidance was provided to staff on how to support people. Staff demonstrated a good understanding of how to safeguard people from the risk of harm and abuse. Some staff said they did not feel confident they would know what to do in the event of a fire. The registered manager scheduled fire drills and stated that people's evacuation plans would be reviewed as a priority. We have recommended the provider follows guidance relating to fire safety.

People living at the service were able to provide limited feedback. However, we observed care being provided in accordance with the information recorded in people's care plans. Relatives reported that they were involved in decisions made about people's care and in the development of care plans, risk assessments and activity plans. Communication plans had detailed information recorded in them and were personalised.

Staff had received a robust induction programme and subsequent training relevant to their role. Systems were in place for the management, supervision and support of staff. Staffing levels had been impacted by several staff leaving the service in a short space of time. However, new staff were going through the recruitment process and were expected to start imminently. Staff reported the management team were implementing new systems to improve the service, such as recording systems and drop-in sessions for staff to share their views, concerns and suggestions for improvement.

Person centred care was evident in people's records, such as risk assessments and care plans; it was also evident in the providers policies and in the interactions between people and staff. Relatives praised the services flexibility in how they supported people and felt staff were warm and caring in their approach.

Relatives reported they had been kept up to date with any changes in people's lives and when things had

gone wrong. They also felt the provider consulted them to gather important information, so they knew how to best support people. The provider had good links with local health and social care partners.

The providers oversight was completed using audits that could be transferred onto an electronic recording system. This helped the provider highlight any trends, learning or good practice. The provider used independent auditors to ensure they were identifying any areas for improvement or where things had gone wrong without bias. However, the medicines audit had not identified the same issues we found at this inspection. We have recommended the provider reviews their quality assurance process to ensure internal oversight.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

At our last inspection the service was inspected but not given an overall rating. However, the service was rated as requires improvement in the safe and well-led sections of the report (published 18 November 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about staff support of a person with complex needs and associated risks. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Boston House on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

Since the last inspection we recognised that the provider had failed to manage medicines safely. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Boston House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors and included a pharmacy inspector.

Service and service type

Boston House is a 'care home.' People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be at the service to support the inspection.

Inspection activity started on 16 June and ended on 14 July 2021. We visited the office location on 16 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection, we spoke with two people who used the service. We spoke with two relatives to gain their experience of the care provided. We spoke with six staff, including the registered manager, the deputy manager, senior support staff and support workers. We observed care to help us understand the experience of people who could not talk to us.

We reviewed a range of records. This included three peoples care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, incident reports and records which evidenced holistic working with other professionals.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were used safely. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not managed safely. The provider had produced an action plan following the last inspection and there was evidence that actions had been taken to improve medicines management, including extensive staff medicines training. However enough improvement had not been sustained.
- Records showed information relating to the management and administration of medicines was not always accurately recorded. This included specific administration instructions, people's identifying information, fridge temperatures and the amount or frequency of when medicines such as cream and thickener had been used.
- The system for ordering and ensuring sufficient supplies of the correct people's medicines was not robust. Stock levels showed that some people did not have a month's supply which meant a risk of people not receiving their medicines.
- The home recorded when medicines incidents took place. However, we were not assured that sufficient action had been taken to prevent reoccurrence.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This was a continued breach of regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had enough trained staff to administer medicines and were using trained nurses in senior roles, who knew the people well. Medicines were administered in a kind and caring manner.

Assessing risk, safety monitoring and management

- The home had effective systems in place to ensure the premises and equipment were fit for purpose. Safety certificates were in place and up to date for gas, electricity and hoists.
- Peoples care needs were risk assessed and provided staff with clear guidance to support people safely.
- People who required a modified diet, such as modified texture food or thickened fluid, received these in accordance with information recorded in their care records.

- Fire equipment had been checked and was in working order. The service had systems in place to test the fire alarm and check equipment was in working order. However, staff did not always feel confident in what they would need to do in the event of a fire. We discussed this with the registered manager, who scheduled fire drills, to ensure staff felt more confident. People had personal emergency evacuation plans which clearly identified the support they would need in the event of a fire.

We recommend the provider follows current guidance relating to fire safety

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse and harm.
- Relatives felt people were kept safe from the risk of harm, neglect and abuse. One relative said, "[Staff] are very good, [person] has a lot of medical problems and I don't feel like I'm under as much pressure. I feel like they're always safe, which really is a relief."
- Staff had a good understanding of how to raise safeguarding concerns and who they would need to contact. One staff said, "My first port of call would be the safeguarding lead, if they weren't here, it would be the senior. If I felt like it wasn't acted on, I'd contact outside agencies, could be CQC, the police, social workers and advocates."

Staffing and recruitment

- Staff had been recruited safely with appropriate checks and a formal induction process was completed consistently.
- Staffing levels were sufficient to meet people's needs; however, a large number of agency staff had been used over recent months. Recruitment had been started to ensure staff vacancies were filled and several staff had been identified as successful candidates. Regular analysis was completed to ensure staffing levels remained at an appropriate level.
- One staff member said, "Staffing levels are good, we have a lot of agency, to bring staffing levels to the correct level. (The management) have recruited though and we're expecting new starters soon."

Preventing and controlling infection

- There were systems in place to manage the risks associated with infection. Staff did not always use personal protective equipment appropriately, despite receiving training and guidance and we observed staff not wearing masks appropriately. We followed this up with the registered manager, who took immediate action to ensure staff understood their responsibilities.
- The environment and equipment were kept clean and tidy. Wherever possible windows were opened to allow for ventilation.
- The provider had robust testing systems in place for people and staff, in line with current guidance.
- The management team recognised the risk presented by COVID-19 and heightened measures had been implemented. Visitors were asked to show the results of lateral flow device (LFD) COVID-19 tests and COVID-19 risk assessments had been completed.

Learning lessons when things go wrong

- The provider had identified learning when things had gone wrong. Systems had been implemented to ensure the analysis of accidents and incidents informed improvements and lessons could be learnt.
- The providers electronic recording system was easy to understand and gave the management team up to date data on accidents, incidents and people's health and wellbeing. This information was used to support the identification of lessons which could be learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was not rated. At this inspection this key question has now been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed and information was used to inform support planning. Care plans gave clear guidance to staff on how people wished to receive their support.
- People's risk assessments covered all areas of their lives and clearly stated how risks should be managed.
- Where people were not able to provide information on their needs and choices, the provider had sought feedback from relatives and other professionals.

Staff support: induction, training, skills and experience

- The provider had effective systems in place to provide staff with robust training. Most staff had received appropriate training and a plan was in place to ensure any outstanding training was completed in a timely manner.
- Staff confirmed they received a robust induction. One staff said, "I've had a lot of training. I've had a lot of support from the seniors, so I understand what I'm doing in practice. They've [seniors] all got a lot more experience than me so it's nice to have them help with any questions I have about the training."
- Staff had received supervision. Some annual appraisals were out of date or had not been completed, but the management team had already identified this as part of an internal action plan, developed from their audits.

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

- People were encouraged and supported to eat healthily. The provider had worked closely with people and their relatives to understand people's likes and dislikes. People's diets were monitored and recorded in daily records.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthy lives and had access to other healthcare services. The provider had worked closely with colleagues across health and social care, including social workers and health professionals. They communicated changes, issues and errors in a timely manner to ensure a holistic approach to people's care.
- People were supported to attend appointments and appropriate referrals were made when a new support need had been identified.

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

- The care home had been designed to meet the specific needs of people with complex brain injuries. Décor was clean and attractive and there was a homely feel to the service.
- There were good resources to stimulate people. We saw resources such as a game and entertainment room which was free for people to access with staff and an outside patio area..
- Communal areas of the home were nicely decorated and we observed people using these throughout our visit to the service.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider worked within the principles of the MCA. People had mental capacity assessments in place and where appropriate DoLS had been granted, with the related best interest decisions recorded.
- Staff had a good understanding of the MCA and when a DoLS would be needed. One staff member said, "It's for people who haven't got capacity to make their own decisions, so they have the right for people to make a decision in their best interests. It's a human right and in line with the mental capacity act. The deprivation of liberty is important, because it's about keeping them safe and their wellbeing, but this needs to be assessed so it's only in place as long as it needs to be."
- Staff had received MCA and DoLS training and the provider had implemented a DoLS tracker to ensure they were still valid and reviews were arranged in the appropriate time scales.

Is the service caring?

Our findings

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

At the last inspection this key question was not rated. At this inspection this key question has now been rated as good. This meant 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 were treated and supported well, with respect and warmth. We observed interactions between people and staff and found that people were asked what they needed or how they wanted to be supported.
- One person was being supported by staff to access the community and they were engaged through the process, with staff asking for their opinion on where they wanted to go. We observed the person coming back to the home and again staff were consistent in empowering the person; asking what they wanted to do next.
- Relatives told us they felt support was provided in a caring manner and had a positive impact on people's lives. One person said, "They've been brilliant, I couldn't ask for anymore really. The staff are so experienced and caring."
- Staff had a good understanding of how to support people with specific cultural or religious needs. One staff said, "We'd look at training or the manager might identify some support so we learnt the important issues (around the persons culture) and we could support them how they wanted to be supported."

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

- People were supported to express their views and make decision about their care. We observed staff empowering people to make choices and relatives reported the provider promotes people choosing how their support is provided.
- One relative said, "They respond to what [person] wants each day, [person] can decide to eat something in the afternoon, and they'll go with them to get it straight away."
- Care plans and records were developed with people, their relatives and where appropriate, relevant professionals. One relative said, "Yes, I'm included, they really encourage it. Nobody ever makes you feel like you can't be included, I feel like I'm taken noticed of."
- Where appropriate relatives told us they were asked to give consent to care plans developed to meet people's support needs. Consent forms were not always signed; however, visiting had been restricted which had impacted on this.

Respecting and promoting people's privacy, dignity and independence

- The provider promoted people's privacy, dignity and independence. This was evidence through the providers policies, the observations of care provided and through feedback from staff and relatives.
- Relatives felt that people's dignity was respected while they were receiving support. One relative said, "At the end of the day [person] will always need help now, the best they'll ever get is probably assisted living. [Person] is helped with everything they need and it's done how [person] would want it to be done."

- Staff understood the importance of people having control over their care and promoted this wherever possible. When this wasn't possible, staff worked closely with relatives, to ensure people's choices and independence was promoted.
- People's private information was stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was not rated. At this inspection this key question has now been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's views, choices and wishes were used to develop person centred care plans and records. When this wasn't possible, the provider worked closely with relatives to ensure they had the information needed to create person centred care records.
- Staff were knowledgeable about the support needs, choices and preferences of the people they supported. The registered manager highlighted the importance of this. They said, "We're starting a new key worker system so those staff can really understand that person and what their needs are. That information will also be shared with the rest of the team, so there's always someone who knows how that person wants to be supported."
- People's daily notes were detailed and evidenced what had taken place. People were being supported in line with their care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured people's communication needs were clearly identified and recorded in their assessments. Relatives told us staff supported people well with specific communication needs and to remain in contact with members of their family.
- One relative said, "[Persons family member] is able to call [person] when the want even though they live abroad, they facilitate that, no matter the time, so [person] can keep them up to date with how things are going."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had activity plans developed as part of their care plans which evidenced people had choice and control over what activities they did.
- Relatives praised the service for how people had been supported to stay in contact with them during the COVID-19 pandemic. Visits were facilitated safely and were carried out taking account of people's preferences.
- One relative said, "Even when it was ok to visit, I didn't feel comfortable. I couldn't always tell them a time in advance, but they didn't mind they just arranged the window visit for us. I can't fault them; they do anything they can to help."

Improving care quality in response to complaints or concerns

- The provider was proactive in responding to any concerns or complaints. These were logged and actions taken were clearly recorded.
- There was evidence that complaints had been analysed and the management team had then implemented systems to address the issues. For example, the provider had received complaints that staff didn't feel their feedback was taken on board. The management team introduced drop-in sessions called 'you say, we listen' where staff were able to formally raise any concerns or suggestions for improvement and then act on those suggestions to improve the service provided to people.

End of life care and support

- There was nobody receiving end of life care at the time of inspection.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had auditing systems in place which provided the management team clear guidance on improvements made and identified improvements needed. However, the medication audit, carried out by an independent auditor, hadn't identified the same issues we found at this inspection.

We recommend the provider reviews auditing and quality assurance systems to ensure internal oversight.

- The management team had completed a robust action plan before our inspection and had a clear plan of improvements that still needed to be made. These included, staff appraisals being brought up to date, review of personal evacuation plans and key worker systems.
- The registered manager said, "We've not had a lot of time to focus on our systems during our first 12 months here, but a lot of things that needed to be addressed have been now and we have started to improve our systems already and where we still need to improve we've got a clear plan."
- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals and bodies in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were well supported by the management team and were clear about their roles. They praised the management team for improving morale and confidence and enabling them being able to speak openly.
- One staff member said, "At first we were a bit wary of them, when they first came. Now there's a better bond, we didn't know if we could talk before, but we do now, and we feel like a team again. We can feedback anything now and it's sorted out."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour and acted openly and transparently.
- Relatives said they had been informed when things had gone wrong. One relative said, "I'm always involved, I'm always consulted about everything and when something happens, they always tell me."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider actively involved people, relatives, staff and partners across health and social care and worked in partnership with others.
- The provider had several policies in place which promoted equality and how staff should support people around any protected characteristics.
- Staff felt empowered and praised the management for welcoming their experience, values and ideas. One staff said, "The manager really takes on other people's ideas, values your experience and uses that to improve things. [The registered manager] has been brilliant."
- Relatives felt engaged with the service and praised the general management of the service. One relative said, "[The registered manager's] been brilliant, they've made a huge difference and listen to what we've said. When [person] was in another home, I felt absolutely shredded but I come away smiling now. [Person] refers to the staff as their friends, they get out to places where [person] wants to go, I have absolutely no complaints."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure that medicines were managed safely.

The enforcement action we took:

A warning notice has been issued to the provider.