

# Accomplish Group Limited

# Boston House

## Inspection report

Broadway Street  
Oldham  
Lancashire  
OL8 1XR

Tel: 01615092921

Date of inspection visit:  
22 November 2022  
23 November 2022  
13 December 2022

Date of publication:  
10 February 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

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. At the time of our inspection the service was supporting 14 people; 3 more independent people were living on Rose unit, 6 people on Lavender unit, each with their own studio apartment and ensuite facilities, and 5 people on Sunflower unit, with a higher level of dependency.

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

At the last inspection there were concerns in relation to the safe management of medication. At this inspection we found managers had addressed the issues from the last inspection, however, some medicines remained unsafely managed. The provider responded immediately during and after the inspection and put an action plan in place to immediately address the issues we found with the safe management of medicines.

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place helped minimise risks. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely. Staff followed an induction programme, and training was on-going throughout employment.

Care plans included information about support required in areas such as nutrition, mobility and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

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.

People told us they were well treated and their equality and diversity respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

The registered manager responded to complaints appropriately and used these to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The registered manager was available for people to contact and undertook regular quality checks, to help ensure continued good standards of care.

The provider and registered manager followed governance systems which provided oversight and monitoring of the service. Some improvements had been made to governance systems and were embedded into practice, but more improvements were necessary.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 02 September 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider reviews their quality assurance process to ensure internal oversight. At this inspection we found the provider had acted on this recommendation and had made some improvements to their governance arrangements, however further improvements were needed.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 16 June 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 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](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to safe care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report. The provider responded immediately during and after the inspection and put an action plan in place to immediately address the issues we found with the safe management of medicines.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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 Health and Social Care Act 2008.

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 one inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Boston House is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Boston House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with the regional manager, the registered manager, the office administrator, a speech and language therapist, a senior support worker and 2 support workers. We spoke with 4 relatives and 6 people about the quality of care being provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 3 peoples care records and multiple medication records. We looked at 4 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.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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 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 stored securely, and records showed medicines were given to people as prescribed. The service completed audits to improve the quality of care provided and completed action plans to address any identified areas.
- Staff were not always following the homes medicines and medicines related policies for providing 'leave' medicines. This placed people at risk of unnecessary harm.
- When medicines required a specific time interval between doses, the actual time the medicine was given was not recorded, therefore we were not assured the time interval was observed so there was a risk people were given their medicines too soon.
- Medicines were not always stored at a safe temperature. Records showed the temperature of the medicine fridges were outside of their range on numerous occasions. We were not assured medicines that required storage in a fridge were safe to use.

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 placed people at risk of harm. This was a continued breach of regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection and put an action plan in place to immediately address the issues we found with the safe management of medicines.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

- Systems and processes in place safeguarded people from the risk of abuse; any issues raised were logged and fully investigated.

- Staff had received training in safeguarding and were able to describe different signs of abuse and neglect and the action they would take if concerned.
- People and their relatives spoke positively about the care staff provided. One person said, "It's lovely here and you couldn't ask for better staff. It's spotless as well." A relative told us, "Absolutely, [my relative] is safe; it's the only place she's been really happy. Staff ring me up or I ring them if there are any issues."

#### Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing.
- People had risk assessments in place which included any factors that might affect the person, with actions for staff to take. Risks to people's safety were identified and managed well. A relative told us, "[My relative] has really come on since being here and is having intensive physiotherapy. Now, she can walk around her flat; physically she is progressing."
- Staff understood where people required support to reduce the risk of avoidable harm.
- The service had a system for recording and monitoring accidents and incidents, or any concerns about people. A relative said, "Staff are receptive; they phoned yesterday and tell me if something is going on."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- Staff were recruited safely and had the necessary safety checks in place before starting work, including a criminal record check to confirm they were suitable to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were required to complete a period induction, shadowing other staff and getting to know people before starting to work alone.
- There were enough staff employed with the right training and skills to meet people's assessed needs. A staff member said, "I feel there are enough staff unless someone is off sick and then we get agency staff in if need be, but these are the same agency staff and it's also about supporting other staff and working as a team."
- The deployment of staff was well organised by the registered manager, ensuring staff had enough time to meet people's needs safely and without rushing.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.



- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was following government guidance for safe visiting and at the time of the inspection visiting was not restricted.

#### Learning lessons when things go wrong

- The provider had a system in place to have an overview of any accidents, incidents or near misses. Staff knew how to report accidents and incidents.
- The provider and registered manager analysed data to help identify useful themes and trends to minimise risks and reoccurrences.

# 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-centered care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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-centered care.

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

At our last inspection we recommended the provider reviews auditing and quality assurance systems to ensure internal oversight. At this inspection we found some improvements had been made and were embedded into practice, however, more improvements were necessary.

- The majority of the issues we identified at our last inspection in relation to medicines management had been addressed, however other medicines issues were identified during this inspection which auditing and governance systems had not identified or resolved.
- The provider had auditing systems in place which provided the management team with guidance on improvements made and identified improvements needed. .
- Since the last inspection staff had been re-trained in the administration of medication and how to follow best practice guidelines; this continued to be monitored with daily checks completed by the registered manager and new check-lists implemented since the last inspection.
- The registered manager and staff understood the requirements of their roles and staff received regular supervision.
- The provider had a series of audits in place to monitor, support, and highlight areas for improvement. Learning helped to improve outcomes for people receiving support.

Promoting a positive culture that is person-centered, 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 and people felt comfortable raising concerns with the registered manager and were confident they would be listened to. One staff member said, "I definitely feel confident to raise issues and this is better than before. I feel supported and things get done if we speak up." A second staff told us, "[Registered manager name] is the best manager I have ever had; she is switched-on, knows what to do and how best to support people to get the best out of them. She does not take sides and she is pragmatic and she knows her stuff about brain injury."
- The registered manager demonstrated an open and transparent approach and promoted a person-centered, inclusive and empowering culture.
- The provider worked closely with people to ensure staff understood their support needs and could deliver

good outcomes for people. A relative told us, "The home is fantastic; they are so good at picking up cues from [person name]. I got a call to say can you come to the home, [person name] is just not himself and staff picked it up from how he was generally. This took a lot of pressure off me. If he has to go to hospital, they always send a carer to go with him who stays with him."

- The provider had processes in place for receiving feedback and suggestions on how to improve the quality of support.
- Relatives told us they felt the service was well managed, one relative said, "I feel I could quite comfortably say something if needed. It's a good service; staff are attentive, and they always ring me. There is open communication all the time; staff carry a mobile so you can get hold of them."

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 fully understood their responsibilities under duty of candour. This was underpinned by the open and honest culture and by appropriate policies and procedures.
- People felt comfortable raising concerns with managers and were confident they would be listened to.
- Notifications were sent to relevant authorities in a timely manner and managers responded promptly to any follow-up questions.

Working in partnership with others

- The provider had systems in place to ensure communication with other agencies was effective and led to positive outcomes for people. The registered manager gave examples of joint working which mitigated peoples' risk and promoted their independence. A healthcare professional told us, "I find care plans are really comprehensive and I always get a warm reception when I visit; staff know people well."
- People's support records showed involvement and guidance from other agencies. The provider worked well with other organisations to ensure people's needs were met; this included liaison with statutory health and social care bodies.
- There was a separate self contained apartment which visiting families who lived out of the local area could use free of charge.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>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 placed people at risk of harm. This was a continued breach of regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |