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Boscobel

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

This unannounced inspection was conducted on 14 November 2016.

Boscobel provides accommodation and personal care for up to 20 people with learning disabilities. It is a large Victorian property with accommodation located over three floors. A ramp and steps provide access to the front of the building. The upper floors are accessed via staircases. There is a dining area to the ground floor and a lounge. A garden area is located at the rear of the building and parking at the front. At the time of the inspection 13 people were living at the service.

A registered manager was 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.

Measures to protect people from the risks associated with fire were not robust. We saw that a fire door did not close properly and the testing of emergency lighting and alarms had not been conducted by the provider.

Essential safety checks, for example, gas safety and electrical safety had not been completed and actioned as required.

We saw evidence in care records that risk was not fully assessed or regularly reviewed. This meant that the service could not be certain that information relating to individual risk was current or that risk was being safely managed.

The temperature of the hot water was excessive and had not been tested meaning that vulnerable people had access to hot water at potentially dangerous temperatures.

People's medication was not always stored and administered in accordance with good practice. The medicine's trolley where the majority of medicines were stored was not secured to a wall or in a locked room as required. This meant that the medicines were more vulnerable to theft. In addition, medicines requiring refrigeration were stored separately in a domestic fridge which was not operating correctly.

The service was not adhering to the principles of the Mental Capacity Act 2005 (MCA). At the inspection in March 2014 we found that the service was not obtaining people's consent for some important decisions. For example, to manage money on their behalf. We made a recommendation regarding this. During this inspection we found that records relating to consent remained inconsistent and did not clearly demonstrate that consent had been sought or given in relation to all aspects of care.

Following our inspection in March 2015 we made a series of recommendations to improve practice. The

service provided a 16 point action plan which sought to address issues arising out of the inspection. At this inspection we checked to see what progress had been made in these areas. We saw that the action plan had not been completed as required.

Safety and quality audit processes were not regular or robust. The provider was unable to demonstrate effective oversight of the service and had failed to identify a number of issues of significant concern over a prolonged period.

The home had an extensive set of policies and procedures. Policies included; adult safeguarding, MCA and person-centred care. Policies were detailed and offered staff guidance regarding expectations, standards and important information. However, the majority of policies that we saw were not in any recognisable order and showed no evidence of review since they were printed in 2009.

You can see what action we told the provider to take at the back of the full version of this report.

Staffing numbers were adequate to meet the needs of people living at the service. A minimum of three care staff were deployed on each daytime shift. This reduced to two waking staff overnight.

We saw evidence that the majority of staff were recruited following a robust procedure. Three of the four staff records that we viewed contained two references, photographic identification, an application form and evidence of on-going training. However, one record for a long-standing member of staff did not contain any evidence of references, an application form or identification. There were Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) numbers and proof of identification on each file. DBS checks are completed to ensure that new staff are suited to working with vulnerable adults. However, there was no system in place to establish if the DBS status of staff had changed since the original application. Some the checks were in excess of 10 years old. This meant that the service could not be certain that its staff were not barred from working with vulnerable adults.

Staff were able to explain how they helped keep people safe and made appropriate reference to training, monitoring and safeguarding procedures. The training records showed that all staff had received recent training in adult safeguarding.

People told us that they felt the staff were competent to deliver their care. The staff that we spoke with were very positive about the training that they received and told us that they felt well-equipped to meet people's needs.

Staff told us that they received supervision and an appraisal from senior staff or the registered manager. We saw evidence that some meetings had taken place and that important information had been shared. However, formal supervision had not taken place in accordance with the provider's policy.

As part of the inspection process we checked the kitchen, food storage areas and the dining room. We also spoke to people about the food drinks available. People told us that they enjoyed the food at Boscobel and that they were offered choice.

Records indicated that the majority of people saw healthcare professionals and attended appointments with the support of relatives and staff. However, one record contained a document titled 'annual health check' dated October 2013. There was no other record that health checks had been completed subsequently.

We have made a recommendation regarding this.

At the inspection in March 2014 we found that the building was not adapted to meet the needs of older people or those with mobility difficulties. During this inspection we checked to see what adaptations had been made and what positive impact this had on people living at Boscobel. We saw that no significant adaptations had been introduced since the last inspection. However, we saw that people were able to use the building independently and that there had been no negative impact on them.

Information relating to Boscobel was primarily provided in written form. Some documents had been produced using more accessible forms of written communication. For example, words supported by pictures, but these were not common and the images did not always match the written words. This meant that people living at the service may not be able to understand some important information.

Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used positive, encouraging language. Staff took time to listen to people and responded to comments and requests. We saw that staff had time to speak with people as well as completing their care tasks. Staff demonstrated that they knew the people living at Boscobel and accommodated their needs in the provision of care.

People living at Boscobel were encouraged and supported to be as independent as possible. The service included three semi-independent units which offered people greater independence and the opportunity to develop new skills.

We saw that some people had signed documents indicating their involvement in the production of care plans. However, the evidence that people or their relatives were involved in regular reviews of care was weak. Records did not contain care plans covering all aspects of care and in some cases were limited to medical needs.

We saw from care records that some people's personal histories and preferences were recorded. Staff were able to tell us about other people's personal histories, care needs and preferences, but this information was not readily accessible with care records. This meant that new staff would be reliant on more experienced staff to provide them with important information.

We saw no evidence of regular activities for people living at Boscobel. We asked the registered manager to provide us with an activities schedule, but this was not produced. We spoke with staff and people living at the service about activities and it was clear that some people did not have regular, structured activities.

People's rooms were personalised with personal items and family photographs. The rooms that we saw were decorated in different styles and colours and furnished to a basic standard. One room had a noticeable malodour which spread to the hallway and other shared areas during the inspection.

The registered manager, director and senior carers dealt with the questions and issues arising out of the inspection process openly and honestly. However they were unable to provide a significant amount of information and evidence on request. We saw that systems for managing important information were not effective.

People living at the service and staff were consulted about the service through resident and relative meetings and staff meetings. We saw evidence that information was provided at these meetings and people's views were sought. However, 'resident meetings' did not provide any clear feedback to people

about the results of issues raised at previous meetings.

People spoke positively about the registered manager and the quality of communication they provided. The registered manager was recently appointed and had a good understanding of their role and responsibilities in relation to their registration. However, the service was not displaying its current inspection rating as required.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action.

Where necessary, another inspection will be conducted within a further six months and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Essential safety checks including; gas, electrical and fire safety equipment had not been completed as required.

Medicines were not stored safely in accordance with best-practice guidelines.

We saw evidence in care records that risk was not fully assessed or regularly reviewed.

Hot water was accessible to vulnerable people at excessive temperatures and had not been regularly checked.

Staff records did not provide clear evidence of safe recruitment practices.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service was not adhering to the principles of the Mental Capacity Act 2005 because people's consent had not been consistently sought in relation to all aspects of care.

Staff were not formally supervised in accordance with the provider's policy.

Records relating to people's healthcare indicated that some important appointments had not been kept.

People were provided with a choice of food and drinks and told us that they enjoyed choices available to them.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People had not been protected from avoidable risk because essential checks and risk assessments had not been completed.

People told us that the staff were caring and we saw that they spoke and acted with kindness and compassion during the inspection.

People were supported to be as independent as possible and had the potential move to a semi-independent model of support within Boscobel.

Staff demonstrated that they understood people's right to privacy and the need to maintain dignity and choice in the provision of care.

Is the service responsive?

The service was not always responsive.

Care plans did not contain an adequate level of detail and had not been reviewed regularly.

Some people did not have access to regular structured activities or support to follow their interests.

Information regarding complaints was displayed and people told us that they knew who to speak with if they had any concerns.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Some recommendations from the previous inspection had not been completed in accordance with the provider's action plan.

Quality and safety audits were not regular and had failed to identify a number of issues and concerns.

Important information relating to the safety of the home could not be located.

Policies and procedures had not been adequately reviewed and contained inaccurate and out of date information.

Inadequate ●

Boscobel

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 14 November 2016 and was unannounced.

The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

We observed care and support and spoke with people living at the home and the staff. We also spent time looking at records, including four care records, four staff files, medication administration record (MAR) sheets and other records relating to the management of the service. We contacted social care professionals who had involvement with the service to ask for their views.

On the day of the inspection we spoke with three people living at the home and one visiting relative. We also spoke with two senior carers, the registered manager and one of the directors.

Is the service safe?

Our findings

As part of the inspection process we were escorted around the building by a senior carer. The building had extensive areas of wood panelling throughout which represented a fire risk. We saw that some fire doors did not fully close. For example, the fire door at the bottom of the upper stair case did not fully close and did not provide an effective seal in the event of fire. Fire doors are only effective in limiting the spread of fire when they provide a good seal with the door frame. This meant that people using the upper floor would be at heightened risk in the event of a fire. We spoke with the registered manager and a director about this and were assured that all fire doors would be checked and adjusted as a priority.

We also found that records relating to fire safety, for example, evacuation plans, emergency lighting checks, alarms tests and fire drills could not be produced. None of the care records that we saw contained a personal emergency evacuation plan (PEEP). A PEEP is used to evaluate risk and describe the specific support requirements of an individual in the event of an emergency evacuation. We spoke with the registered manager and a director about this and were told that checks had been completed and the records would be provided as soon as possible. The records were not subsequently provided. We spoke with a representative of Merseyside Fire and Rescue Service to report our concerns and they agreed to conduct an inspection as a priority.

Evidence that essential safety checks, for example, gas safety and electrical safety could not be provided by the service. The registered manager confirmed that a gas safety check would be completed at the earliest opportunity and the current status of the electrical safety would be checked. We were subsequently told that the gas safety check would be completed as a priority as it was assumed that the previous check was no longer valid. We contacted the agency responsible for the electrical safety checks. They confirmed that the last check was completed in March 2012. The agency reported that the electrical systems failed the check and remedial action was recommended. The agency had not been asked to complete the work and there was no evidence to suggest that it had been completed and checked by another company. This meant that the service could not be certain that its essential utilities were operating safely placing people at avoidable risk of harm. The agency confirmed that they had been asked to return to Boscobel to carry-out a further safety check and complete any remedial works required.

We spot checked the water at two separate hot water outlets by running the tap and testing the temperature on the skin. One was controlled by a push-button tap, the other was controlled by a standard tap. At both outlets the temperature of the hot water became difficult to tolerate within approximately 60 seconds. Hot water temperatures were not tested by the service on a regular basis. This meant that vulnerable people may have had access to water at excessive temperatures throughout the building. People with certain health conditions are at risk of harm from access to water at high temperatures. We spoke with the registered manager and director about this and were told that checks would be completed and the temperature regulated as a priority.

We saw evidence in care records that risk was not fully assessed or regularly reviewed. In one care record we saw evidence of risk assessments in relation to; vulnerability and health conditions, but not other aspects of

care. The risk assessments had not been reviewed since October 2015. In other records risk had not been formally reviewed since March 2014, February 2015 and August 2015. This meant that the service could not be certain that information relating to individual risk was current or that risk was being safely managed.

This is a breach of Regulation 12(2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medication was not always stored and administered in accordance with good practice. The majority of medicines were provided by a local pharmacy using a recognised blister-pack system. Other medicines were provided in boxed form. We spot-checked Medicine Administration Record (MAR) sheets and stock levels. Stock levels were accurate and the MAR sheets had been completed correctly. However, the medicines trolley where the majority of medicines were stored was not secured to a wall or in a locked room as required. This meant that the medicines were more vulnerable to theft. In addition, medicines requiring refrigeration were stored separately in a domestic fridge. The fridge was not operating correctly and had a large block of ice deposited inside. The temperature of the fridge was not regularly monitored meaning that it may have been operating outside of recommended temperatures without staff knowledge. Some medicines become less effective if they are not stored at the correct temperature. A full audit of medicines and records was completed monthly. Issues with the security of the medicines' trolley and the refrigerator had not been recorded.

This is a breach of Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told that nobody currently living at Boscobel was making use of PRN (as required) medicines and therefore no protocols for administration were required. We were also told that nobody currently living at the home required covert medicines. These are medicines which are hidden in food or drink and are administered in the person's best interest with the agreement of the prescriber.

Topical medicines (creams and lotions) were administered safely with reference to body charts indicating where they should be applied. Controlled drugs (medicines which require special storage and record keeping arrangements because of their potential for misuse) were stored securely as per legislation.

Staffing numbers were adequate to meet the needs of people living at the service. A minimum of three care staff were deployed on each daytime shift. This reduced to two waking staff overnight. Additional staff included a cook, a domestic and an administrator. The registered manager was based at Boscobel and available to provide additional support if required. The service was in the final stages of recruiting to become fully staffed and had been making use of regular agency staff to cover vacancies.

We saw evidence that the majority of staff were recruited following a robust procedure. Three of the four staff records that we viewed contained two references, photographic identification, an application form and evidence of on-going training. However, one record for a long-standing member of staff did not contain any evidence of references, an application form or identification. There were Criminal Records Bureaux (CRB) or Disclosure and Barring Service (DBS) numbers and proof of identification on each file. DBS checks are completed to ensure that new staff are suited to working with vulnerable adults. However, there was no system in place to establish if the DBS status of staff had changed since the original application. Some the checks were in excess of 10 years old. This meant that the service could not be certain that its staff were not barred from working with vulnerable adults.

People told us that they felt safe living at Boscobel. One person commented, "The staff help. They're always

here. There's always enough staff around." While another said, "I feel safe." The visitor that we spoke with was positive about the safety of the service. They said, "They've done quite a lot to safeguard people. [Relative] is quite safe." Staff provided practical examples of how they helped to keep people safe. One member of staff said, "Safety has improved since we moved the dining room [upstairs]. Regarding staffing levels, we're getting there now."

Staff were able to explain how they helped keep people safe and made appropriate reference to training, monitoring and safeguarding procedures. We asked people living at the home what they would do if they were being treated unfairly or unkindly. They each said that they would complain to the registered manager or another member of staff. The training records showed that all staff had received recent training in adult safeguarding.

Accidents and incidents were accurately recorded, sufficiently detailed and included reference to actions taken following accidents and incidents. However, there was no indication that records had been checked to see if there were any patterns or lessons to be learnt.

Is the service effective?

Our findings

At the inspection in March 2015 we found that the service was not obtaining people's consent for some important decisions. For example, to manage money on their behalf. We made a recommendation regarding this. During this inspection we found that records relating to consent remained inconsistent and did not clearly demonstrate that consent had been sought or given in relation to all aspects of care to ensure the principles of the MCA were adhered to. We saw evidence that some people's capacity to consent to care had been assessed as part of the care-planning process, but this was not present in other records we checked. For example, some records indicated that people had given consent for the service to manage their money while others did not. Some people had indicated their consent to care by signing care plans. In other cases family members had represented their interests.

This is a breach of Regulation 11(1) & (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt the staff were competent to deliver their care. One person living at the service told us, "Staff know what I need." While a family member said, "The staff are all good." The staff we spoke with were very positive about the training they received and told us they felt well-equipped to meet people's needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We asked the registered manager and senior staff about their understanding of the MCA and DoLS and its application in Boscobel. We were told that nobody living at the service was subject a DoLS. Staff had completed training in MCA and DoLS, but were confused regarding the criteria for making an application to deprive someone of their liberty. We described scenarios where vulnerable people might wish to leave the building without support. In some circumstances, staff said that they would try to prevent the person leaving in their best-interests.

We recommend that the service reviews each person with reference to the relevant legislation to ensure that any restrictive action is taken lawfully in the person's best-interests.

Staff were trained in a range of subjects which were relevant to the needs of people living at the service including; infection control, administration of medicines and safeguarding adults. Training was primarily

facilitated by external, specialist providers. We saw evidence of training in staff records which indicated that all training required by the service was up to date or had been arranged. However, the service did not maintain a training matrix to indicate when staff training was to be refreshed. Staff were also encouraged to complete additional training. For example National Vocational Qualifications (NVQ). A member of staff said, "I'm happy with the training. I've done NVQ level 3 and all the mandatory [training]." We asked the registered manager to describe the process for the induction of new staff. They described a process which meant that new staff were inducted according to the principles of the Care Certificate. The Care Certificate requires new staff to complete a programme of training, be observed in practice and then signed-off as competent by a senior colleague. However, the records of induction were not robust and did not clearly demonstrate that the principles had been adhered to. A recently appointed member of staff confirmed that they had completed an extended induction including shadowing of more experienced staff.

Staff told us that they received supervision and an appraisal from senior staff or the registered manager and felt supported. We saw evidence that some meetings had taken place and that important information had been shared. However, formal supervision had not taken place in accordance with the provider's policy. The policy stated that staff should receive supervision six times per year. In one staff personnel file the last supervision was recorded as February 2015. Another recorded an appraisal in May 2016, but the other two had no record of supervision or appraisal taking place. We spoke with the registered manager about this and they acknowledged that formal supervision had not been taking place as indicated by their policy. They told us that they would produce a schedule of supervisions as a priority.

We recommend that the service reviews its approach to supervision and appraisal to ensure that staff receive adequate, structured support in accordance with the relevant schedule.

As part of the inspection process we checked the kitchen, food storage areas and the dining room. We also spoke to people about the food drinks available. People told us that they enjoyed the food at Boscobel. One person said, "The food is dead nice. We get a choice for every meal." The menu was not displayed in the dining room. People were asked each day about their preference by a member of staff. Each of the people that we spoke with confirmed that they could ask for an alternative. People told us that they were offered plenty of drinks throughout the day. A relative told us how staff were supporting their family member to eat a healthy diet to support weight loss.

The people that we spoke with had a limited understanding of their healthcare needs and were unable to contribute to care planning in this area. Some people had identified a named relative to communicate on their behalf. Records indicated that the majority of people saw healthcare professionals and attended appointments with the support of relatives and staff. One relative said, "I go with staff to medical appointments whenever I can." However, one record contained a document titled 'annual health check' dated October 2013. There was no other record that health checks had been completed subsequently. We spoke with staff about this and were assured that people did have regular checks and access to healthcare professionals as required. They concluded that the care records had not been updated.

We recommend that the service reviews its arrangements for managing people's access to healthcare to ensure that robust arrangements are in place to meet people's needs.

At the inspection in March 2014 we found that the building was not adapted to meet the needs of older people or those with mobility difficulties. During this inspection we checked to see what adaptations had been made and what positive impact this had on people living at Boscobel. We saw that no significant adaptations had been introduced since the last inspection. However, we saw that people were able to use the building independently and that there had been no negative impact on them. We spoke with the

registered manager and other staff about this and were provided with an example of a person changing rooms to accommodate their increasing difficulty using stairs. They told us that none of the other people living at the service were compromised by the structure or layout of the building.

Is the service caring?

Our findings

People living at Boscobel were not adequately protected from risk because essential safety checks had not been completed. Individual risk assessments were either incomplete or had not been regularly reviewed. In addition, people had access to water at potentially dangerous temperatures.

Information relating to Boscobel was primarily provided in written form. Some documents had been produced using more accessible forms of written communication. For example, words supported by pictures, but these were not common and the images did not always match the written words. This meant that people living at the service may not be able to understand some important information.

People spoke positively about the staff and their approach to the provision of care. One person living at the home said, "If you're worried, they [staff] always listen. They give me a bit of peace when I need it." While another person told us, "Staff treat me well." A relative described the staff as, "Very caring people." Throughout the inspection we saw staff engaging with people in a positive and caring manner. Staff spoke to people in a respectful way and used positive, encouraging language. Staff took time to listen to people and responded to comments and requests. We saw that staff had time to speak with people as well as completing their care tasks. Staff demonstrated that they knew the people living at the home and accommodated their needs in the provision of care. For example, when we asked staff which people would be most comfortable speaking with us, they were able to explain who would enjoy speaking to us most and what their level of understanding was likely to be. In each case we saw that they explained the purpose of the discussion well and encouraged people to take part.

People living at Boscobel were encouraged and supported to be as independent as possible. The service included three semi-independent units which offered people greater independence and the opportunity to develop new skills. For example, preparing tea and coffee. Some people were encouraged to access the community independently to go shopping or access social activities. We saw that people declined care at some points during the inspection and that staff respected their views.

People's privacy and dignity were respected throughout the inspection. We saw that staff were attentive to people's needs regarding personal care. People living at the home had access to their own room with washing facilities for the provision of personal care if required. The home also had shared bathing and showering facilities. When we spoke with staff they demonstrated that they understood people's right to privacy and the need to maintain dignity and choice in the provision of care. One member of staff told us, "If somebody didn't want to shower for example, we'd try different staff or ask family [to encourage them]." Care records were stored securely and staff were sensitive to the need for discretion when discussing confidential information.

We spoke with a relative during the inspection. They told us that they were free to visit at any time. People living at the home confirmed that this was the case. Relatives made use of the communal areas, but could also access people's bedrooms for greater privacy.

The home had information about independent advocacy services. We were told that none of the people currently living at the service were using advocacy services. We saw from care records that people were able to advocate for themselves or had nominated a family member to act on their behalf.

Is the service responsive?

Our findings

Following our inspection in March 2015 we made a recommendation that the service considered best-practice in relation to person-centred planning and support and updated its practice accordingly. During this inspection we saw that some people had signed documents indicating their involvement in the production of care plans. However, the evidence that people or their relatives were involved in regular reviews of care was weak. In one of the four records that we saw the last date of review was recorded as December 2015. In another the review date was recorded as August 2015. We spoke with the registered manager and a senior carer about this. They told us that people's care plans were not reviewed according to any specific schedule, but that work was in progress to improve care plans. We saw that a new document had been produced for some people that provided basic information about the person and their likes and dislikes, but this did not provide the level of detail expected of a care plan. This meant the service could not be certain that care plans accurately reflected people's current needs and preferences. Records did not contain care plans covering all aspects of care and in some cases were limited to medical needs. This meant the service could not be certain that care plans accurately reflected people's current needs and preferences. Care plans should provide background information and clear instruction for staff covering all aspects of care and should be subject to regular review.

This is a breach of Regulation 9 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw no evidence of regular activities for people living at Boscobel. We asked the registered manager to provide us with an activities schedule, but this was not produced. We spoke with staff and people living at the service about activities and it was clear that some people did not have regular, structured activities. We were told about other people who accessed day centres and drop-in facilities. We observed a group of people throughout the inspection sat in the main lounge watching television. The majority of people did not engage in any other activity for the duration of the inspection. When asked about what they did one person said, "Watch television. I like Emmerdale. I go out with [staff member] on a Friday. We just have a ride around." A relative told us, "[Family member] doesn't do a lot now because of cut-backs." A lack of structured, meaningful activity can have a detrimental impact on people's health and wellbeing.

This is a breach of Regulation 9 (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and their relatives if they had been involved in their care planning and reviewing care needs. People were unsure what this meant and were not able to provide a clear response, but one person told us that they did not regularly discuss and review their care needs. They said, "I spoke with staff about moving [to another room], but I don't sit all the time and have a talk [about my care]."

People's rooms were personalised with personal items and family photographs. The rooms that we saw were decorated in different styles and colours and furnished to a basic standard. One room had a noticeable malodour which spread to the hallway and other shared areas during the inspection. We spoke with the

registered manager about this and were told of plans to address the issue.

We saw from care records that some people's personal histories and preferences were recorded. Staff were able to tell us about other people's personal histories, care needs and preferences, but this information was not readily accessible with care records. This meant that new staff would be reliant on more experienced staff to provide them with important information.

We observed that care was not provided routinely or according to a strict timetable. For example, people were able to get up and go to bed at different times or change their minds about mealtimes. Staff were able to respond to people's needs and provided care as it was required. We asked people living at the home if they had a choice about who provides their care. None of the people that we spoke with expressed concern about their choice of carers.

Information regarding compliments and complaints was displayed in the main hallway. The people that we spoke with said that they knew what to do if they wanted to make a complaint. One person living at the service told us, "I had to make a complaint, but they sorted it." A relative said, "I've never had to make a complaint, but I'd go to [registered manager] if I needed to." Recent complaints had been addressed in accordance with the relevant policy.

Is the service well-led?

Our findings

A registered manager was in post. The registered manager was appointed in October 2016 and was supported in the management of the service by senior carers and an administrator. The registered manager was available throughout the inspection and was given additional support by one of the directors of the organisation.

Following our inspection in March 2015 we made a series of recommendations to improve practice. The service provided a 16 point action plan which sought to address issues arising out of the inspection. At this inspection we checked to see what progress had been made in these areas. We saw that the action plan had not been completed as required. For example, there was no evidence that staff supervisions had been completed regularly or that care plans had been updated monthly. We spoke with the registered manager and a director regarding the issues from the previous inspection. We were told that responsibility for completion and maintenance of the action plan was given to a previous manager. There were no records of any provider visits to monitor performance or check on the service. It was clear that there had been no structured review of progress or oversight of the service at provider level. The lack of oversight placed people at unnecessary risk.

We looked at the audit processes for quality and safety within Boscobel. We were provided with a file marked 'weekly audits' which was last completed in September 2015. A monthly health and safety audit was last completed in October 2015. An audit of medicines completed in October 2016 did not have the section on controlled drugs completed even though controlled drugs were stored and administered at the service. The audit had also failed to identify concerns relating to the security of the medicines trolley and the operation of the medicines fridge. A fire risk assessment document contained a suggested review date of August 2015. The document had been reviewed in November 2016 and contained no evidence of review in between these dates. Checks in relation to fire safety had failed to identify a fire door that was not fully functional at the bottom of the stairwell to the upper floor. The gas and electrical safety certificates could not be found and there was no record of emergency lighting and fire alarm systems being checked on a regular basis. We spoke with the registered manager about these issues and were told that the service's approach to auditing would be reviewed.

The home had an extensive set of policies and procedures. Policies included; adult safeguarding, MCA and person-centred care. Policies were detailed and offered staff guidance regarding expectations, standards and important information. However, the majority of policies that we saw were not in any recognisable order and showed no evidence of review since they were printed in 2009. This meant that they were difficult to navigate and likely to contain inaccurate or out of date information. For example, there was a policy for a criminal records bureaux (CRB) check, but not the disclosure and barring service (DBS). DBS checks replaced CRB checks in 2012. Other important documents were incomplete or inaccurate. For example, the statement of purpose provided contained large sections which had not been completed. It also made reference to the provision of a call-bell system at Boscobel. The service did not have a call-bell system. Policies and procedures offer critical information and guidance to staff and managers regarding key processes and expected standards. The failure to review policies and procedures meant that employees did not have

access to information and guidance to support them in their roles.

The registered manager, director and senior carers dealt with the questions and issues arising out of the inspection process openly and honestly. However they were unable to provide a significant amount of information and evidence on request. We saw that systems for managing important information were not effective.

This is a breach of Regulation 17 (2) (a), (b), (c), (d)(i) & (ii), (e) & (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke positively about the registered manager and the quality of communication they provided. One relative said, "Management is good. I'm happy with the situation." While a member of staff commented, "I get more communication than I've had in the past. I feel more valued." The registered manager was recently appointed and had a good understanding of their role and responsibilities in relation to their registration. However, the service was not displaying its current inspection rating as required.

This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority. Each record was detailed and recorded outcomes where appropriate.

People living at the service and staff were consulted about the service through resident and relative meetings and staff meetings. We saw evidence that information was provided at these meetings and people's views were sought. For example, at the staff meeting on 27 June 2016 recorded discussions about use of fluid charts and activities. However, 'resident meetings' did not provide any clear feedback to people about the results of issues raised at previous meetings. For example, a request for a fish tank or suggestions about the menu. Although it was requested, we were not provided with any surveys distributed to people living at the service, relatives or staff.

Staff said that they understood what was expected of them. One member of staff commented, "We're here to try and promote independence and make a home." Staff told us that they enjoyed their jobs and were motivated to provide good quality care. They felt that their input and ideas were valued. One member of staff said, "[Registered manager] listens to your ideas and takes things on-board. [Registered manager] has got so many fresh ideas." While another member of staff told us, "I love my job. It's like a family home here."

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care plans did not cover all aspects of care, did not contain sufficient detail and had not been regularly reviewed. Some people were not supported to follow their interests or given access to regular structured activities. Regulation 9 (3) (a) & (b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent to deliver care was not consistently sought in accordance with the MCA. Regulation 11 (1) & (3).</p>

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 Essential safety checks had not been completed as required. Risks were identified in relation to fire, medicines, recruitment and individual risk assessment.

The enforcement action we took:

We served a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audit processes had not been effective in identifying areas of concern. There was no clear oversight of the service by the provider.

The enforcement action we took:

We served a warning notice.