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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?

Inadequate 

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 15 May 2017.

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.

At the last inspection in November 2016 we identified a number of breaches of regulation in relation to safe care and treatment. We issued a warning notice to the provider which required the service to be compliant with regulations by 9 December 2016. We received assurances from the registered manager and one of the owners that the actions required by the warning notice had been completed. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

One requirement of the warning notice related to a failure to have the safety of the electrical installation checked as required by law. This failure had exposed people to unnecessary risk. We were provided with a copy of the electrical certification and saw that it was dated 17 February 2017. This check should have been completed by 9 December 2016.

A further requirement of the warning notice related to the monitoring and control of hot water accessible to vulnerable people. The water temperatures were checked again at two separate outlets and neither was found to be excessively hot. However, the registered manager was unable to provide any evidence that the temperatures had been regularly checked as required. They subsequently confirmed that the temperature control valves previously discussed had not been installed.

At the last inspection we saw evidence in care records that risk was not fully assessed or regularly reviewed. The review of risk was made a requirement of the warning notice. During this inspection we checked care records for evidence that risk had been reviewed as required. None of the records that we saw on this inspection showed any evidence of review after 30 August 2015.

Records relating to stock levels of a controlled drug were found to be inaccurate. An audit of medicines had failed to identify the error.

At the last inspection we found that some staff had not been safely recruited. On this inspection we saw that

sufficient improvement could not be evidenced and the service was in breach of regulation.

As part of the inspection we were shown around the building and made use of some of the facilities. We saw that the general level of cleanliness was poor.

We saw that the action plan produced following the inspection in November 2016 had not been completed as required. This was also the case with the action plan produced following the previous inspection in March 2015. In addition, the service had failed to meet the requirements of the warning notices issued in November 2016. Other measures to monitor safety and quality were inadequate.

The service was not displaying the ratings from the previous inspection and notifications to the Commission had not been submitted as required.

New staff had not completed a formal induction nor had their competency assessed in-line with the requirements of the Care Certificate.

Paperwork relating to the deprivation of liberty safeguards had been started in January 2017, but had not been completed or returned. This meant that people were at risk of being unlawfully detained.

In the four complete care records that we saw, one care plan had been reviewed since the last inspection. We spoke with the registered manager about this who confirmed that the care plans had not been reviewed as indicated in the action plan. This meant that the service could not be certain that plans were safe or effective in directing staff. The service remained in breach of regulation in this regard.

At the previous inspection we identified a concern because staff were not receiving regular supervision. We saw from records that the majority of staff had been given formal supervision bi-monthly in 2017 and that other dates (including annual appraisal) were booked.

People spoke positively about the provision of food and drink. 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.

At our inspection in November 2016 we identified a concern that records relating to healthcare appointments had not been kept up to date. We saw that information regarding healthcare remained disjointed and difficult to track, but we saw good evidence of people being encouraged and supported to access healthcare services. A visiting healthcare professional spoke very positively about the quality of communication and the positive impact that staff have had on people's treatment plans. The majority of the records were sufficiently detailed. However, two records contained confusing information. We made a recommendation regarding this.

We were told and saw that there were more activities available to people living at Boscobel. The service was able to demonstrate that sufficient improvement had been made to meet requirements and was no longer in breach of regulation in this regard.

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. The registered manager confirmed that there had been no formal complaints made since the last inspection.

At the last inspection we saw that policies and procedures were significantly out of date and ineffective in

the provision of guidance for staff and managers. Since the last inspection the provider had purchased a comprehensive set of policies and procedures which provided detailed and specific guidance. The staff that we spoke with were familiar with the new policies and procedures. The service was no longer in breach of regulation in this regard.

At the previous inspection the registered manager was unable to provide a significant amount of information and evidence on request. We saw that systems for managing important information were not effective. As part of this inspection we checked the storage and administration arrangements and requested important information. Improvements had been made to systems and the registered manager was able to provide the majority of information on request. The service was no longer in breach of regulation in this regard.

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 one meeting suggestions were made for changes to the menu. We saw that these changes had been implemented.

The overall rating for this provider is 'Inadequate'. This means that it remains in '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.

We are considering our regulatory response.

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; electrical certification and fire safety procedures had not been completed in a timely manner as required by our warning notice.

The records relating to the administration of a controlled drug were incorrect.

We saw evidence in care records that risk was not fully assessed or regularly reviewed as required by our warning notice.

Hot water was accessible to vulnerable people at excessive temperatures and had not been regularly checked. Corrective action had not been taken as required by our warning notice.

Staff records did not provide clear evidence of safe recruitment practices as required by our warning notice.

Is the service effective?

Inadequate ●

The service was not effective.

Applications to deprive people of their liberty had not been submitted as required.

Staff had not completed a formal induction and had their competency assessed in accordance with best-practice.

Records relating to people's healthcare showed improvement, but required further development and consolidation to make them robust.

Staff were being formally supervised in accordance with the provider's policy.

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's right to privacy and dignity were not always supported by the service.

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

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 in accordance with the provider's action plan.

Improvements had been made to the range of activities available to people.

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 requirements detailed in the warning notices issued following the last inspection had not been completed.

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

Quality and safety audits were neither sufficiently extensive nor robust.

The ratings from the previous inspection were not displayed and notifications had not been submitted to the Commission as required.

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 15 May 2017 and was unannounced.

The inspection was conducted by an adult social care 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.

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 contacted professionals connected with the service and asked for their views. 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 eight care records, four staff files, medication administration record (MAR) sheets and other records relating to the management of the service.

On the day of the inspection we spoke with nine people living at the home, one visiting relative and a visiting healthcare professional. We also spoke with a carer, a senior carer and the registered manager.

Is the service safe?

Our findings

At the last inspection in November 2016 we identified a number of breaches of regulation in relation to safe care and treatment. We issued a warning notice to the provider which required the service to be compliant with regulation by 9 December 2016. We received assurances from the registered manager and one of the owners that the actions required by the warning notice had been completed. As part of this inspection we checked to see if the necessary improvements had been made and sustained.

One requirement of the warning notice related to a failure to have the safety of the electrical installation checked as required by law. This failure had exposed people to unnecessary risk. We were provided with a copy of the electrical certification and saw that it was dated 17 February 2017. This check should have been completed by 9 December 2016. We spoke with the registered manager about this and were informed that the check was organised by one of the owners and that the date was correct. They did not offer any explanation for the delay. This additional delay exposed people living at Boscobel and staff to avoidable risk.

A further requirement of the warning notice related to the monitoring and control of hot water accessible to vulnerable people. The water temperatures were checked again at two separate outlets and neither was found to be excessively hot. However, the registered manager was unable to provide any evidence that the temperatures had been regularly checked as required. They subsequently confirmed that the temperature control valves previously discussed had not been installed. This meant that they could not be certain that the temperature had remained within a safe range. We also asked for evidence that the risk of legionella was being effectively managed. Legionella is a particularly high risk in buildings with older water systems. The registered manager was unable to provide any evidence that appropriate checks were in place to monitor the risks associated with legionella.

Following the last inspection we contacted Merseyside Fire and Rescue Service because we were concerned about fire doors that did not function safely. They completed an inspection and made recommendations to improve safety. The provider acted on their recommendations and made repairs to fire doors and completed personal emergency evacuation plans (PEEP) for each person living at Boscobel. They also engaged an external specialist to complete a fire risk assessment. The specialist made further recommendations to improve safety which included the completion of a full evacuation of the building to ensure that plans would be effective in the event of an emergency. The registered manager confirmed that this recommendation had not been actioned. They subsequently confirmed that a full evacuation had been completed on 17 May 2017. The failure to follow the recommendation of a competent specialist without good reason placed people at risk in the event of a fire.

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

At the last inspection we saw evidence in care records that risk was not fully assessed or regularly reviewed. The review of risk was made a requirement of the warning notice. During this inspection we checked care

records for evidence that risk had been reviewed as required. None of the records that we saw on this inspection showed any evidence of review after 30 August 2015. Other evidence in care records and information provided by staff clearly indicated that the majority of people living at Boscobel were vulnerable. This was especially true in community settings and for at least two people, risk was heightened following the consumption of alcohol. The failure to review risk meant that the service could not be certain that people were protected from avoidable harm.

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

At the last inspection we saw that people's medication was not always stored and administered in accordance with good practice. During this inspection we saw that some improvements had been made regarding storage. People had PRN (as required) protocols in place, although some were lacking in sufficient detail to allow consistent, safe administration. Creams and other topical medicines were stored and administered safely. The majority of medicines continued to be 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 for these medicines. Stock levels were accurate and the MAR sheets had been completed correctly. However, the service also stored and administered controlled drugs. Controlled drugs are medicines with additional controls in place because of their potential for misuse. We saw that the controlled drugs were stored safely, but we identified discrepancies between records and stock levels. The records relating to one controlled drug were confusing. It was difficult to determine what was in stock, what had been administered and what had been returned to the pharmacy. In one case the records indicated that 13 tablets were in stock prior to being returned to the pharmacy. However the record of returns stated that 11 tablets were returned. We discussed this anomaly with the registered manager who was unable to offer an explanation for the discrepancy. A full audit of medicines and records was completed monthly, but had failed to identify this issue.

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

At the last inspection we found that some staff had not been safely recruited. We also saw that the provider had not checked for any changes in people's Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) status since they were first employed. CRB and DBS checks are used to help employers assess if staff are suited to working with vulnerable adults. We made improvements in safe recruitment practice a requirement of the warning notice issued following the last inspection. As part of this inspection we checked four staff records. Two of which related to recently employed staff. We saw that none of the checks for long-standing staff had been reviewed as required. This meant that the service could not be certain if their staff remained suitable to work with vulnerable adults. We also saw that the references obtained for the two recent employees did not contain any details regarding their source. They were signed, but did not provide a name of the organisation or the referee. This meant that these references could not be easily verified in line with safe recruitment practice.

This is a breach of Regulation 19(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we were shown around the building and made use of some of the facilities. We saw that the general level of cleanliness was poor. For example, hallways and staircases showed evidence of dust build-up, carpets were dirty and at various points through the inspection there was a strong odour in the reception area. We were particularly concerned about the bathroom on the lower ground floor. We

found evidence of mould around the sink and bath and across the ceiling. We also saw what appeared to be vomit around the bowl of the toilet. The bathroom cabinet was extremely dirty and there was evidence of flaking paint. In addition, there were no hand-towels or toilet tissue. We reported our concerns to the registered manager. Later in the day the toilet tissue was replenished, but we had to ask again for the hand-towels to be replaced. We were told that care staff were completing cleaning because the service did not have a domestic, but it was clear that cleaning was not being completed to a high enough standard to reduce the risk of infection.

This is a breach of Regulation 15(1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. However, the registered manager informed us that three staff, including a domestic had recently left without notice. The shortfall in hours was being covered by existing staff. The registered manager was based at Boscobel and available to provide additional support if required.

The majority of people told us that they felt safe living at Boscobel. However, two people expressed concern about the behaviour of some other people living at the service and how vulnerable it made them feel. They acknowledged that staff acted quickly to reduce any risk when these behaviours occurred. One relative commented, "They know [family member's] needs, never neglected, clean, happy, got a drink." They also said, "Normally always someone (staff) in the lounge."

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 training in adult safeguarding and that further training was booked.

Accidents and incidents were accurately recorded, sufficiently detailed and included reference to actions taken following accidents and incidents. Only one accident had been recorded since the last inspection. No recent incidents were recorded and staff confirmed that they were not aware of any.

Is the service effective?

Our findings

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).

At the last inspection 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 made a recommendation to improve practice in this regard. During this inspection we were told that six applications had been made to deprive people of their liberty. The paperwork to submit applications had been started in January 2017, but had not been completed or returned to the local authority for processing. This meant that people were at risk of being unlawfully detained.

This is a breach of Regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection in November 2016 we had concerns about the quality and structure of induction training for new staff. In particular we were concerned that the records of induction were not sufficiently robust to demonstrate compliance with 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 within 12 weeks of their employment. Adherence to the principles of the Care Certificate has been an expectation since October 2015. The registered manager confirmed that the induction process was aligned to the Care Certificate. However, at least two new staff had not completed the process within 12 weeks as required. There was no record to indicate that their competency had been assessed. This meant that the service could not be certain that they met the required minimum standards and were able to deliver safe, effective care.

This is a breach of Regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people that we spoke with had a limited understanding of their healthcare needs, but were encouraged to contribute to care planning in this area. We were provided with examples of 'Hospital Passports' which detailed essential information for healthcare professionals. The majority of the records were sufficiently detailed, but we saw that information regarding healthcare remained disjointed and difficult to track. Two

records contained confusing information about visiting the dentist. In one example the record stated, 'I don't mind going to the dentist' but also stated 'I don't like the dentist looking in my mouth. I will become distressed.' This could lead to confusion and increased risk for the person, staff and the dentist.

This is a breach of Regulation 17(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in November 2016 we identified a concern that records relating to healthcare appointments had not been kept up to date. We made a recommendation to help improve practice in this area. As part of this inspection we checked care records to confirm if improvements had been made and sustained. We saw good evidence of people being encouraged and supported to access healthcare services. A visiting healthcare professional spoke very positively about the quality of communication and the positive impact that staff have had on people's treatment plans. They commented, "I haven't got any concerns. They [staff] take everything on-board and work well with us. I can only say really positive things."

At the inspections in March 2015 and November 2016 we found that the service was not obtaining people's consent for some important decisions. For example, to manage money on their behalf. The service was in breach of regulation in this regard and produced an action plan detailing how it intended to achieve compliance with regulations. The deadline for completion of this action was 31 January 2017.

As part of this inspection, we checked care records and looked specifically at how consent had been sought and recorded. We saw evidence that improvements had been made in this regard. For example, we saw 10 signed records indicating consent to share information. We also saw that people had indicated their consent for staff to administer medicines and manage finances. The service was no longer in breach of regulation regarding consent.

People told us they felt the staff were competent to deliver their care. We saw from training records that staff had recently completed training which was relevant to their roles and that additional training was booked. Staff also told us that they had been given access to training to develop their skills and competencies. For example, in supervisory management. One member of staff commented, "Training is good. I'm doing team leadership." While another said, "We do the training in-house in batches." We saw that training was facilitated by an external provider.

At the previous inspection we identified a concern because staff were not receiving regular supervision. We checked records and spoke with staff to see if improvements had been made and sustained. Staff told us that they received regular supervision and felt well supported by the registered manager and senior staff. We saw from records that the majority of staff had been given formal supervision bi-monthly in 2017 and that other dates (including annual appraisal) were booked.

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 and drinks available. In general, people told us that they enjoyed the food at Boscobel. One person said, "Food is not too bad, not keen on homemade soup." While another commented, "Food is okay." The menu was not displayed in the dining room, but a copy was provided by the registered manager. We saw that it represented a balanced diet with reasonable choice. We also saw that requests from a recent meeting had been included in a revised menu. 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.

Is the service caring?

Our findings

Care plans had not been reviewed to ensure that people were involved in decisions about their care. In addition to these matters of concern, the refurbishment of people's bedrooms had not taken place as planned and the standards of cleanliness and hygiene were unacceptable. One toilet which was in regular use did not have a handle or lock to provide privacy.

At one point during the inspection we saw that a large number of envelopes addressed to people living at Boscobel had been placed on a desk unopened. It was clear from the envelopes that they contained important information about voting in the recent elections. We spoke with the registered manager about this. They were unable to explain why the information had not been shared with people. Failing to share the information effectively denied people the right to vote.

We spoke with one person who had dined in their bedroom. Although the dishes used for their lunch had been cleared away it was evident that the person had not been provided with any personal care as there was soup around the person's mouth and on their clothing. This was only addressed by a member of staff when the person used their call-bell. In another example, a person entered the dining room in their nightwear which consisted of a short T-shirt. Staff did not raise the matter or encourage the person to wear more suitable clothes. These concerns clearly indicate that the service did not effectively prioritise people's dignity and did not treat them with respect.

This is a breach of Regulation 10 (1) & (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People generally spoke positively about the staff and their approach to the provision of care. One person living at the home said, "[Caring] Definitely, all of them." Other comments included, "Staff not too bad at all", "Staff are caring but could be a bit more friendly." However, two people did say that they sometimes felt unwelcome, but had not raised the issue with staff. A visiting relative told us, "Day to day care is excellent, no concerns. Staff get to know residents, know their quirks and needs. Staff spend time with residents."

It was clear from our observations and from comments made that staff knew people well and were able to respond to their needs in a timely manner. We saw that care staff were engaged in domestic duties at various points during the inspection, but made themselves available and prioritised people's needs appropriately. We saw and heard that interactions were warm and friendly and it was clear that people living at Boscobel were relaxed in the company of staff.

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 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. When discussing the needs of a person with continence issues one member of staff told us, "We ask [name] if they want to get changed [rather than refer directly to their continence] to save embarrassment."

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

We made a recommendation regarding the service's approach to person-centred planning following our inspection in March 2015. In November 2016 we found that sufficient improvement had not been made and that the service was in breach of regulation in this regard. The provider produced an action plan which indicated that the necessary improvements in practice would be made by 31 January 2017. During this inspection we checked care records to ensure that the improvements had been made and sustained.

At the previous inspection we saw that some people's personal histories and preferences were recorded, but there was a reliance on experienced staff to provide information. This was because information on personal histories was difficult to access in care records. The records that we saw during this inspection showed signs that they had been re-ordered to make access to the information easier. Each record contained a recently completed document which contained an improved level of personal information. However, records still contained information which was out of date or had not been reviewed.

In the four complete care records that we saw, one care plan had been reviewed since the last inspection. We spoke with the registered manager about this who confirmed that the care plans had not been reviewed as indicated in the action plan. This meant that the service could not be certain that plans were safe or effective in directing staff. The service remained in breach of regulation in this regard.

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

At the last inspection we saw no evidence of regular activities for people living at Boscobel. 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 found the service to be in breach of regulation in this regard. The action plan provided by the service following the inspection indicated that it would be compliant with regulation by 31 January 2017. We checked to see if current arrangements met regulatory requirements.

We were told and saw that there were more activities available to people living at Boscobel. They included; Zumba classes in the community, crafts and board games. The service also organised one-off events for birthdays and special occasions. People told us how much they enjoyed these events. Other people living at Boscobel were more independent and accessed the community for activities. The service was able to demonstrate that sufficient improvement had been made to meet requirements and was no longer in breach of regulation in this regard.

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. At the last inspection we saw that 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 at the time and were told of plans to address the issue. We noticed the same malodour in the same area during this inspection. The registered manager was unable to confirm when the changes to the person's room would be made to address the

issue.

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. The registered manager confirmed that there had been no formal complaints made since the last inspection.

Is the service well-led?

Our findings

A registered manager was in post. The registered manager was appointed shortly before the last inspection in November 2016 and was supported in the day to day management of the service by senior carers and an administrator.

Following our inspection in November 2016 the service was found to be in breach of regulation with regard to its governance. We made recommendations, gave the service requirement actions and issued warning notices to improve practice. The service provided action plans which sought to address issues arising out of the inspection and achieve compliance with regulation. At this inspection we checked to see what progress had been made.

We saw that the action plan produced following the inspection in November 2016 had not been completed as required. This was also the case with the action plan produced following the previous inspection in March 2015. In addition, the service had failed to meet the requirements of the warning notices issued in November 2016. For example, there was no evidence that care plans had been updated or reviewed monthly, recruitment processes were still not robust and individual risk had not been assessed.

At the last inspection we looked at the audit processes for quality and safety within Boscobel. We saw that they had not been effective in identifying a series of risks relating to medicines' management, the environment and people living at the service. As part of this inspection we checked records and processes to see what improvements had been made. The registered manager provided records of medicines' audits completed since the last inspection. The audit tool was basic and had failed to identify a stock error relating to controlled drugs. The registered manager confirmed that no other regular audits had been completed. This meant that people's safety and the quality of care were not being effectively monitored.

At the last inspection we expressed concern that there was no effective oversight of the service by the provider. This is important to provide an additional level of safety and quality checking and to support the registered manager. As part of this inspection we looked at records of provider visits and spoke with the registered manager and other staff. We saw that the provider had been making regular visits to the service. However, the records of these visits indicated that they did not have sufficient scope or depth to accurately assess the safety and quality of the service. For example, there was no indication that the actions required to become compliant with regulations were checked.

In addition to the issues identified above, we saw evidence that the service had not responded in a timely manner to recommendations made by external bodies. For example, the recommendation to complete a full evacuation of the building was not completed until it was raised during the inspection.

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

In November 2016 we saw that the service was not displaying its current inspection rating as required. We

noted that the current ratings were not displayed during this inspection.

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

The registered manager told us that they understood the requirement to notify the Commission of important events and to refer incidents to the local authority. However, they had not notified the Commission that a DoLS authorisation had been received as required. When we asked about this they told us that they were unaware of the need to notify the Commission in this particular regard.

This is a breach of Regulation 18 (4A) (a) of the Care Quality Commission (Registration) Regulations 2009.

At the last inspection we saw that policies and procedures were significantly out of date and ineffective in the provision of guidance for staff and managers. Since the last inspection the provider had purchased a comprehensive set of policies and procedures which provided detailed and specific guidance. The staff that we spoke with were familiar with the new policies and procedures. The service was no longer in breach of regulation in this regard.

At the previous inspection the registered manager was unable to provide a significant amount of information and evidence on request. We saw that systems for managing important information were not effective. As part of this inspection we checked the storage and administration arrangements and requested important information. Improvements had been made to systems and the registered manager was able to provide the majority of information on request. The service was no longer in breach of regulation in this regard.

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 one meeting suggestions were made for changes to the menu. We saw that these changes had been implemented.

Staff said that they understood what was expected of them and were motivated to provide good quality care. One member of staff commented, "I know what I have to do day to day. We're a dead-good team. We've got to be professional, but we're a big family."