

Boulevard Care Limited

# The Rowans

## Inspection report

266 Eastgate  
Louth  
Lincolnshire  
LN11 8DJ

Tel: 01507608081  
Website: [www.boulevardcare.co.uk](http://www.boulevardcare.co.uk)

Date of inspection visit:  
07 April 2016

Date of publication:  
22 June 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected The Rowans on 7 April 2016. This was an unannounced inspection. The service provides care and support for up to 12 people. When we undertook our inspection there were 10 people living at the home.

People living at the home were of mixed ages. Some people required more assistance because of physical illnesses.

There was a registered manager 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others.

We found that there were sufficient staff to meet the needs of people using the service. The provider had taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People had a choice of meals, snacks and drinks. Meals could be taken in dining rooms, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it. People lived in two separate houses at the location. Each house having its own toilets, bathrooms, kitchens, dining rooms and sitting rooms. People had individual bedrooms.

The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse.

They knew the action to take if they were concerned about the welfare of an individual.

People had been consulted about the development of the home and quality checks had been completed to ensure services met people's requirements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Checks were made to ensure the home was a safe place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Medicines were stored safely. Record keeping and stock control of medicines was good.

### Is the service effective?

Good ●

The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

### Is the service caring?

Good ●

The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

### Is the service responsive?

Good ●

The service was responsive.

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

them.

Activities were planned into each day and people told us how staff helped them spend their time.

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

### Is the service well-led?

Good ●

The service was well-led.

People were relaxed in the company of staff and told us staff were approachable.

Audits were undertaken to measure the delivery of care, treatment and support given to people against current guidance.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

# The Rowans

## **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 7 April 2016 and was unannounced.

The inspection was undertaken by one inspector.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service.

During our inspection, we spoke with five people who lived at the service, three members of the care staff, an area manager employed by the Provider and the registered manager. We also observed how care and support was provided to people.

We looked at four people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, audit reports and questionnaires which had been sent to people who used the service, relatives and visiting professionals.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person said, "I am well looked after here." Another person said, "I feel safe living here."

Staff had received training in how to maintain the safety of people and were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the senior staff would take the right action to safeguard people.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health care professionals was recorded. There was a process in place for reviewing accidents, incidents and safeguarding concerns on a monthly basis. This ensured any changes to practice by staff or changes which had to be made to people's care plans was passed on to staff. Staff told us they were informed through meetings and notices when actions needed to be revised. We saw this was so in the meetings of the staff meeting for March 2016.

To ensure people's safety was maintained a number of risk assessments were completed and people had been supported to take risks. For example, where people were unsure about using public transport. Staff ensured each person was escorted when they wished to use public transport and initially short journeys were arranged in case the person felt too unsure on the outward journey. Also where a person was unsteady when walking, staff had assessed the person's ability to walk unaided and recognised this was at certain times of the day. Support was provided at different times of the day according to people's needs. More supervision was given to that person by staff, which they recorded in the person's care plan.

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm and how they required to be moved. For example being very anxious when loud noises sounded. A plan identified to staff what they should do if utilities and other equipment failed. Staff knew how to access this document in the event of an emergency.

People told us their needs were being met. One person said, "I was in another home, but moved here because I wanted to. I came to see it first and now these staff look after me very well." Another person said, "I can do what I like, but I ask my house mates and staff first to ensure it is a safe thing to do. Staff are lovely they ensure I do what I want."

Staff told us there were adequate staff on duty to meet people's needs. One member of staff said, "There is enough staff to meet people's needs. We know the clients come first, so we ensure there are enough of us about." Another person said, "We can always say what shifts we would like and extra staff are about to ensure people get to go shopping for example."

The registered manager showed us how they had calculated the numbers of staff required, which depended on people's needs and daily requirements. The last calculations were completed at the beginning of April

2016. The records showed this was completed at least monthly but more often if numbers of people using the service or people's needs changed.

We looked at two personal files of staff that had been recently recruited. Checks had been made to ensure they were safe to work with people at this location. The files contained details of their initial interview and the job offered to them.

People told us they received their medicines at the same time each day and understood why they had been prescribed them. This had been explained by GPs', hospital staff, community nursing staff and staff within the home. One person said, "I have medication when I need it. I get it when I get anxious." Staff knew which medicines people had been prescribed and when they were due to be taken.

Medicines were kept in a locked area. There was good stock control. Temperatures were recorded to ensure the medicines were stored in suitable conditions. This would ensure the stored medicines were safe to use and were stored appropriately and safely. Records about people's medicines were accurately completed. Staff told us no-one currently could take their medicines without supervision, but knew the process to follow if anyone was capable and requested this option. The last medicines audit had been completed in March 2016. Any actions had been signed as completed.

We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. Staff stayed with each person until they had taken their medicines. Staff who administered medicines had received training. Reference material was available in the storage area. This was to ensure staff could refer to information about medicines if required.



# Is the service effective?

## Our findings

A staff member told us about the introductory training process they had undertaken. This included assessments to test their skills in such tasks as manual handling and escorting people in the community. They told us the programme had suited their particular needs. This provided the skills they needed to meet people's needs safely. Details of the induction process were in the staff training files, which was in line with the Care Certificate.

Staff said they had completed training in topics such as basic food hygiene, first aid and manual handling. They told us training was always on offer and it helped them understand people's needs better. Staff told us training was completed in work books, which updated their skills, but they also had the opportunity to visit other homes and take part in training sessions. Staff valued this opportunity to meet with other staff who looked after people with similar needs. The training records supported their comments. This ensured the staff had the relevant training to meet people's specific needs at this time.

Staff told us they could express their views during supervision and felt their opinions were valued. Formal supervision sessions, staff told us, occurred at least every three months. This ensured they had a voice in their workplace and could comment on the running of the home. We saw the supervision planner for 2016. This gave the dates of when supervision and appraisal sessions had taken place and were due. Staff confirmed these had occurred.

The registered manager and staff were following the Mental Capacity Act 2005 (MCA). This 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 Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission is required by law to monitor how registered persons apply DoLS and report on what we find. To help ensure people's rights are protected the registered manager ensures that information is available to them at all times about DoLS and staff have received training in the subject. One person was subject to such an authorisation.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted.

People told us that the food was good. One person said, "I like mushrooms, which I get and lots of drinks." Another person said, "The menus are spot on. Saturday is takeaway night. Last week I had chips and a burger." Some people told us how they liked to assist preparing meals and doing some of the shopping for the home. One person said, "I like the cooking, but not the washing up." We observed some people helping

to hand out drinks and preparing lunch. There was a lot of discussion throughout the day about menus, eating out and shopping for food between people at the home and staff. The home has an allotment, attached to the edge of the grounds and people told us how they had started to grow vegetables for the home.

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as a problem a person was having controlling their weight and when a person required a special diet. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs. Staff told us each person's dietary needs were assessed on admission and reviewed as each person settled into the home environment. This was confirmed in the care plans.

We observed staff assisting people to have breakfast and lunch. They kept eye contact with each person and explained what was on the plate and gave gentle encouragement through the course of the meal. Menus were on display and we saw people referring to them throughout the day.

People told us staff obtained the advice of other health and social care professionals when required. In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example, when people required help with making hospital appointments for health checks or work placements. We also heard staff discussing people's care needs when they telephoned other health professionals during our visit. The Records included visits made from and too other health and social care professionals such as dentists, well-women clinics and specialist out patient departments in hospitals.

# Is the service caring?

## Our findings

People told us they liked the staff and they were confident staff would give them good care and liked living there. Staff were described as kind. One person said, "It's good here. Different things are happening, lots to do." Another person said, "Staff are great."

The people we spoke with told us they were supported to make choices and their preferences were listened to. One person said, "Staff understand me." Another person said, "Staff are lively and they help me clean my room and go out a lot."

People told us staff treated them with dignity and respect at all times. One person said, "I can go to my room at any time and staff always knock before coming in." Another person said, "I can shower on my own, but I like staff to be there in case I fall. They always ask me if I want them to stay in the room."

We observed staff responding to people's needs and respecting where they wished to sit during the day and if they wanted their bedroom doors left open or closed.

All the staff approached people in a kind manner. They were patient with people when they were attending to their needs. For example, one person was distressed about a forthcoming medical check. Staff took them to one side and spoke quietly with them discussing their needs. Another person could not settle in one of the houses so staff ensured they could move between the two houses safely. Staff were observed knocking on doors before entering people's bedrooms and waited for an answer before opening the door.

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example, which sitting room they would like to be in and advising about suitable clothes to wear after a swimming session to keep warm.

We observed staff ensuring people understood what care and treatment was going to be delivered before commencing a task. This included helping with a bath and helping someone unfamiliar with the layout of the home. When someone was distressed about something they were thinking about staff spoke quietly to them, gave reassurances and offered to telephone family members or other health professionals. The person was more animated after speaking to a family member.

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local advocacy service on display. One person was using the services of an independent advocate. The visits had been recorded in the care plan and any suggestions added to the person's care plan.

## Is the service responsive?

### Our findings

The people we spoke with told us staff responded to their needs as quickly as they could. One person said, "Most Wednesdays I go to the day centre. Staff arrange the transport for me." Another person said, "Sometimes I do things without thinking and staff talk to me about it. They help me understand my behaviour can hurt others. I've been on a course and it helped me."

We heard staff speaking with relatives, after obtaining permission, about hospital visits and GP appointments. This was to ensure those who looked after the interests of their family members' knew what arrangements had been made.

People told us staff had talked with them about their specific needs. This was in reviews about their care, meetings and questionnaires. They told us they were aware staff kept notes about them. One person said, "I've got a care plan and [named staff member], my key worker do it together." The other people we spoke with told us that they were involved in the care plan process, but if they could not read their notes staff would do this for them. This was confirmed in the care notes we reviewed. Staff knew the people they were caring for and supporting. They told us about people's likes and dislikes. For example, when they liked to get up in the morning and people's specific medical needs. This was confirmed in the care plans.

Staff also received a verbal handover of each person's needs at each shift change so they could continue to monitor people's care. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. Each staff member had a written handover sheet which gave details of each person and treatment which had to occur daily. We observed part of a handover between a staff group. This was unhurried and gave staff time to ask questions and confirm events to take place.

Social care professionals we spoke with before the inspection told us staff informed them quickly of any issues. They were confident staff had the knowledge to follow instructions. They told us staff were friendly and ensured they were escorted when seeing people, if required.

People told us there was an opportunity to join in group events but staff would respect their wishes if they wanted to stay in their bedrooms. One person said, "There is such a lot to do. That's why there is a calendar." Another person told us, "I go to town. Sometimes it's me and a member of staff. Sometimes on market day loads of us go." Another person told us they used to live somewhere else, but said, "I can join in with other people, but I like the quietness here. It's in town but living in the country as well."

People went from being in sitting rooms, the dining rooms, the kitchen, the grounds or their own rooms throughout the day. They were watching the television and some were reading magazines, books or newspapers. Staff interacted with people in their bedrooms and were observed sitting, holding hands and talking to people. People were also helping with housekeeping tasks such as setting the tables in the dining room and another person was observed dusting in their bedroom. They told us this made them feel useful. One person said, "My mum does all these jobs at home, so I should do them here as this is my home." Staff told us that they had begun to explore other types of ways of occupying people. This had included joining

the local leisure club, going swimming and planning holidays.

People told us of events which had taken place which they had enjoyed. One person told us of their love of football and how they watched this on the television with staff. They told us staff had been with them to see a local football team play and were looking forward to visiting a major league football club. Another person told us they liked anything to do with aircraft and showed us pictures on display in their bedroom. They told us staff had helped them plan a visit to a local aircraft museum, which they had enjoyed. Another person told us of their love of gardening and how they enjoyed the allotment. Staff told us the person, with staff support, was now a member of the allotment society and attended meetings, which was helping with their independence. To assist another person's inclusion in the local community and prepare them for work, the staff had arranged a volunteer placement at a local school. The person was able to describe their job role there and how much they felt of value visiting the school.

Photographs were on display showing events which had taken place. For example, people's birthday parties and events to celebrate Christmas and Valentine's Day. Staff explained the activities programme which was on display. They said they had liaised with people about events such as the games afternoons. This was confirmed in the minutes of meetings with people who lived in both houses.

People and staff told us of the holidays they had been on and how much they had enjoyed them. This included trips abroad and to holiday centres in England. One person said, "I really liked my trip to Butlins. Loads of us went. The staff were brilliant." Some people had been on holiday with their family and described trips abroad and visiting other family members, which they told us they enjoyed.

People told us they were happy to make a complaint if necessary and felt their views would be respected. Each person knew how to make a complaint. No-one we spoke with had made a formal complaint since their admission. People told us they felt any complaint would be thoroughly investigated and the records confirmed this. We saw the complaints procedure on display. This was in words and pictures so people could understand the process. This had been reviewed in 2015.

The complaints log detailed the formal complaints the manager had dealt with since our last visit. It recorded the details of the investigations and the outcomes for the complainant. Lessons learnt from the case had been passed to staff at their meetings in 2016. The registered manager completed a monthly audit of complaints to send to the head office for information purposes.

## Is the service well-led?

### Our findings

There was a registered manager in post. People told us they were well looked after, could express their views to the registered manager and felt their opinions were valued in the running of the home. One person said, "I can go to [named registered manager] any time of the day or night. She listens." Another person said, "The manager's door is always open. I like to see her each day."

People who lived at the home and relatives completed questionnaires about the quality of service being received. Some people told us they had recently completed questionnaires. One person said, "I like answering the questions." The last questionnaire had been in March 2016 and had covered a number of topics; such as meals, infection control and fire procedures. Any actions had been passed to the relevant department, through staff meetings. Staff confirmed these had occurred.

Staff told us they worked well as a team. One staff member said, "I just love it here. Clients really appreciate what we do for them and we appreciate the clients. It's rewarding." Another staff member said, "I'm happy to come to work. I love my job. And I get support here." Staff told us they supported each other, but were supported by the registered manager and other senior staff. One staff member said, "I can't wait to get to work."

Staff told us staff meetings were held. They said the meetings were used to keep them informed of the plans for the home and new ways of working. We saw the minutes of the two staff meetings for March 2016. The meetings had a variety of topics which staff had discussed, such as; staffing, standards of care and care plans. This ensured staff were kept up to date with events. Staff told us they felt included in the running of the home, as the registered manager and the area manager passed on messages. This was reflected in records seen.

The provider ran various incentive schemes for staff, including a carer of the year award. A member of staff at this home had won that award last year for their outstanding contribution to people's needs being met.

The registered manager was seen walking around the home during our inspection. They talked with people who used the service and visitors. They could immediately recall items of information about each person. They gave support to staff when asked and checked on people's needs that were very ill during our visit and asked staff for continual updates.

There was evidence to show the registered manager had completed audits to test the quality of the service. These included medicines, care plans, equipment and environmental checks. Where actions were required these had been clearly identified and signed when completed. Representatives of the company also completed audits monthly to check the home was abiding by the policies and principles set out by the provider and people were being looked after safely.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The manager understood their responsibilities and

knew of other resources they could use for advice, such as the internet.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.