

Boulevard Care Limited

The Rowans

Inspection report

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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

About the service:

The Rowans provides personal care and support for up to 12 people who experience learning disabilities or autistic spectrum disorder. The accommodation is provided in two separate buildings on the same site; the main house can accommodate up to nine people. The smaller house, referred to as The Lodge, can accommodate up to three people. On the day of the inspection eight people were living in main house and three people were living in The Lodge.

The service worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service:

- People received safe and effective services.
- People were protected against abuse and discrimination and their rights were upheld.
- People were supported to have choice and control of their lives and were encouraged to develop their independence.
- People were treated with kindness and respect. They were encouraged to express their views and opinions and staff respected their choices and decisions.
- There were enough staff who had the right knowledge and skills to meet people's needs in a person centred way.
- There was an open and inclusive culture within the home. People who lived there and staff had a say in how the home was run.
- Governance systems ensured any shortfalls in the services provided were addressed in a timely manner.

Rating at last inspection:

The Rowans was last inspected on 7 April 2016 (report published 24 June 2016) and was rated as good overall.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The Rowans remained rated good overall.

Follow up:

We will continue to monitor intelligence we receive about The Rowans until we return to visit as per our reinspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

The Rowans

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

The Rowans is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered provider employed a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced. We gave the registered manager a short period of notice because people who live there were often out at work or engaging in leisure activities. We wanted to be sure they were offered the opportunity to participate in the inspection.

What we did:

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form

that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made our judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies. We also had contact with commissioners who had a contract with the registered provider.

We spoke with eight people who lived in the home and observed how staff interacted with them. We also spoke with four staff members, the registered manager and an area manager who was visiting The Rowans.

We looked at the care records for four people and we undertook a tour of the premises with two people who lived there and a member of staff. We also looked at records in relation to the management of the home such as quality assurance checks, staff training and recruitment records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- People we spoke with told us they felt safe and protected from harm living at The Rowans. One person said, "I've lived in a few places and this is the first one where I feel I'm safe and I trust the staff." Another person told us, "I sometimes want to do things that might not be safe but the staff talk to me and then I understand."
- Staff demonstrated a clear understanding of how to identify if a person was at risk of abuse or harm and how to report their concerns. They told us they had received training about supporting people to stay safe and records confirmed this.
- The registered manager worked with local authority safeguarding teams and other external agencies to ensure people were protected from abusive situations.

Assessing risk, safety monitoring and management:

- Risks to people's health, safety and welfare were assessed and plans were in place to minimise the risks. Staff followed risk management plans when they supported people. We saw examples such as the use of appropriate equipment to help people move around in a safe way, and the use of fluid thickeners to reduce the risk of someone choking when they had a drink.
- Staff understood how to support people to manage behaviours that may present a risk to themselves or others. We saw staff were aware of situations which may trigger those behaviours and supported people to avoid experiencing them.

Staffing and recruitment:

- The registered provider had policies and procedures in place for safer recruitment of staff. They included obtaining references from previous employers and making checks on the person's identity.
- There were enough staff on duty to ensure people were supported in the ways they wanted to be. We saw that people received the one to one support hours that they had been assessed as needing. One person said, "They're always around; if one goes sick someone else comes in." Another person told us, "I never have to wait for help if I need it."

Using medicines safely:

- People told us they received their medicines at the right times and staff knew how they liked to take them.
- Senior care staff were responsible for administering people's medicines. They told us, and records confirmed, they were trained to do this in line with good practice and national guidance.

- Regular audits were carried out to check that medicines were being managed in the right way, including storage and disposal arrangements.

Preventing and controlling infection:

- The home was clean and tidy on the day of our inspection. Two people spoke with us about being involved with things like household cleaning and laundry tasks; they also told us how they had learned about how to wash their hands properly.
- There was information available for people about infection prevention and control. The information was available in pictures and words so that everyone could access it.
- Staff had received training about preventing and controlling the spread of infection. Throughout the inspection we saw that staff made use of protective equipment such as gloves and aprons when appropriate.

Learning lessons when things go wrong:

- The registered manager described how they analysed any incidents or events that occurred in the home or that people had experienced in community settings. Records of meetings with people who lived there and the staff showed that learning from any incidents or events was shared with them.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home to ensure they received the right care and support. People told us they had been involved in the assessment process and has been able to say how they wanted to be cared for.
- Staff had received training about equality and diversity issues and took account of people's social and cultural needs. This was to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Staff support: induction, training, skills and experience:

- People told us they thought staff were well trained. One person said, "I think they are [well trained] because they know how to help us all properly and we're all different."
- Staff told us, and records confirmed, they received a range of training which was relevant to people's needs and the roles they undertook. This included training in line with the Care Certificate. The Care Certificate sets out national common induction standards for social care staff. Staff were also supported to achieve other nationally recognised qualifications in social care.
- Staff told us they were well supported in their work and had regular opportunities to review their learning and development needs. One member of staff said, "Supervisions are all about my development and listening to me."

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

- Staff understood people's nutritional needs. We saw that they worked with specialist healthcare professionals when people needed extra help to eat, drink and maintain a balanced diet.
- One person showed us there were meal menus in place and commented, "We all get to say what we want on the menu but sometimes we don't want to stick to it so we have something else. Sometimes I have a meal out or we can have a take away."
- We saw drinks and snacks were freely available for people throughout the inspection.

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

- People had their own rooms which they had personalised to meet their tastes and preferences. People told us they felt the home was comfortably furnished and decorated.
- Both buildings and outside spaces were accessible to the people who lived there and any adaptations

required had been made.

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

- People told us that they had access to healthcare services whenever they needed them. Care records showed that people attended healthcare appointments with consultants, chiropodists, dentists and opticians.
- Where healthcare needs were identified the registered manager made referrals to the appropriate healthcare service in a timely manner.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- Throughout the inspection we saw that staff took care to gain people's consent before they provided care and support. People told us that staff always did this and respected their decisions about receiving care.
- Staff had received training about the MCA and demonstrated their understanding of how to support people who were not able to make particular decisions, using best interests processes.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Three people had authorised restrictions in place and staff were aware of, and followed, the conditions set out in the authorisations.
- The registered manager told us that a further three applications had been made due to changes in people's circumstances and they were awaiting the outcomes of the applications.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People we spoke with consistently expressed positive views about living in the home. When talking about how staff treated them a person said, "They're so good and kind; it's like a big family here." Another person commented, "This is the best place I've lived in; they treat you like an adult and you know they care about you." Another person said, "If it wasn't for the lovely team here I'd be in a mess."
- Throughout the inspection we observed that people were relaxed and comfortable in the company of staff. There was lots of laughter and good natured banter. We could clearly see that people who lived there and staff were aware of and respected people's individual preferences and differences.

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

- Throughout the inspection we observed that most people were able to clearly express their views about what care and support they wanted, and how they wanted it to be provided. One person said, "I get to say what I think; they listen to me."
- Some people required more support to express their views and make decisions about their care than others. Staff used a variety of ways to help and encourage them to do this. One example we saw was where staff used sign language the person understood to help them with their decision. Another example was where staff recognised a person needed time to think about a particular decision; they demonstrated patience, repeated information when necessary and used an object of reference to aid the person's understanding.
- Information about lay advocacy services was available for people and we saw some people had used these services. Lay advocacy services are independent of the home and the local authority and can support people in their decision making and help to communicate their decisions and wishes

Respecting and promoting people's privacy, dignity and independence:

- People were supported to maintain their privacy and dignity. We saw staff made sure people's personal care was attended to in a private area. They knocked on doors to private areas such as bedrooms and bathrooms to gain permission before entering.
- When people wished to speak about personal matters staff encouraged them to do so in private areas. An example of this was when a person wanted to speak to the registered manager about their care. This was done in the registered manager's office with the door closed.
- When we spoke with people about issues such as dignity and respect one person said, "I respect them [staff] and they respect me; I didn't have that where I lived before. It makes you feel more important."

- People were supported to maintain and develop their independence. They told us how they were encouraged to join in with household tasks such as cooking, cleaning and food shopping. They also told us about things like learning to cross roads safely on their own and how staff helped them to get work placements in the local community. One person told us, "I'm not ready to do independent living yet but I'm building up slowly. They are helping me to get more confident. It's my goal but not yet."
- During the inspection some people were supported to go shopping for weekly food. A person commented, "We all take turns to do the house shopping." Other people were supported to go shopping for more personal items.
- People's personal information was stored securely and computers were password protected. Staff understood the principles of confidentiality and only shared information on a need to know basis.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- The registered manager was aware of the Accessible Information Standard, which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. There was a wide range of information was available for people in words, pictures and symbols to ensure everyone had access to them. This included information about fire evacuation procedures, raising complaints or concerns and activities available for people. Although people were involved in developing care plans and menus, we noted that these key documents were not routinely made available in alternative formats. The registered manager said they would address this issue.
- People had a suite of care and support plans which reflected their individual needs, wishes and life goals. The information was kept under regular review and updated to reflect any changes needed.
- People were supported to engage in hobbies, interests and social activities of their choice. People spoke enthusiastically, and showed us lots of photographs, about trips out to pubs and theatres, holidays they had taken and parties they had attended. One person told us about their love of football and showed us medals they had won. Another person took us to see their allotment. They told us their goal was to grow vegetables they could take home and share with everyone.

Improving care quality in response to complaints or concerns:

- The registered provider had a policy in place to ensure any complaints or concerns were managed in a timely and responsive way. Records showed that there had been no complaints made about the services provided for people in the past 12 months.
- People told us they knew how to raise concerns or complaints and were confident they would be addressed and resolved.

End of life care and support:

- The registered manager told us that some people had set out their wishes for how they would like to be cared for at the end of their life. They said that others would be supported to do so when they were ready to discuss the topic.
- No-one who currently lived in the home was in receipt of end of life care.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager demonstrated a commitment to providing high quality person-centred care for people. Staff told us that the registered manager actively promoted person centred care and support and acted as a role model for them. One staff member told us, "Everything is adapted to the person to help them develop."
- People and staff told us they thought the home was well run. They said the registered manager was available whenever they needed her support or advice. One staff member commented about how the registered manager was, "Very supportive and recognised people's strengths." Another staff member said, "[The registered manager] always encourages and praises us; that rubs off on [the people who live here], we want them to feel the like we do."
- The registered manager was aware of and had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who lived at The Rowans.
- Systems were in place to monitor and improve the quality of services provided for people. The registered manager carried out regular audits of topics such as the environment, nutrition, care records and staff training. Where any shortfalls were identified an action plan was developed to address the issues.
- Staff were clear about their roles and what was expected from them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care:

- People told us the registered manager and staff regularly sought their views about how the home was run and the services provided for them. They said they knew about any plans or developments and could give their opinions about them. One person told us, "We get included in everything. I can say what I think. We always have meetings to discuss things."
- Staff told us they had regular meetings in which they could discuss issues and express their views and

opinions. A member of staff said, "We all work well together and we learn from each other. The meetings are an open forum where we feel comfortable to speak out."

- One staff member told us, "[The registered manager] is always encouraging us to do training and read up to date guidance." Another member of staff said, "[The registered manager] promotes learning."

Working in partnership with others:

- The registered manager had developed partnership working with external agencies such as local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed to and provided staff with up to date professional guidance.