

Boulevard Care Limited

Willoughby House

Inspection report

Willoughby Road
Sutton-on-Sea
Lincolnshire
LN12 2NF

Tel: 01507442555

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28 May 2019

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service.

Willoughby House is a residential care home that was providing personal care to seven people at the time of the inspection. The service can support up to eight people with a learning disability or autistic spectrum disorder.

The care home accommodates people in one adapted building and all bedrooms are single occupancy with their own bathroom facility. People share the lounge, dining room, kitchen and garden. The size of service meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

People's experience of using the service and what we found.

People were safely supported and protected from harm. This was because safeguarding systems and ways of managing risk were carried out well. There were sufficient numbers of suitable staff employed who managed medicines safely and followed good infection control and prevention practices to protect people from harm. Staff learnt lessons when problems arose.

People's needs were effectively met. This was because their needs were assessed and staff were suitably trained to support people with mobility, nutrition and health care, as well as any diagnosed conditions. People lived a comfortable life because the premises were suitably designed to meet their needs.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied. The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: promotion of choice and control, independence, inclusion and engagement in the community. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff worked consistently well with other healthcare professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's equality, diversity, privacy, dignity and independence were respected. Their views on their care and support were listened to. They were supported by caring and compassionate staff and so their lives were pleasant.

Staff provided personalised care, which meant people experienced good support. This was achieved by producing and following person-centred support plans. People's communication needs were well met using systems and good practice. Their concerns were satisfactorily addressed because complaints were

responded to and well managed. People were assured a good end of life experience when the time came.

The registered manager promoted a positive culture among the workforce. They and the staff team understood and acted on their duty of care responsibilities to be open and honest. Staff were clear about their roles, monitored people's changing needs and sought to improve the care people received. They engaged and involved people in deciding what care they were given and how. Partnership working was well established with other organisations or agencies for the benefit of people that used the service. All of this meant people experienced a well-run service where their needs were met.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection.

At the last inspection the service was rated good (published 26 November 2016.)

Why we inspected.

This was a planned inspection based on the previous rating.

Follow up.

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection 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.

Willoughby House

Detailed findings

Background to this inspection

The inspection.

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

Inspection team.

The inspection was carried out by one inspector.

Service and service type.

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

The service had a manager 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 unannounced.

What we did before the inspection.

We contacted the local authority contracting and safeguarding teams to ask for their views of the service. We reviewed information we had received from the provider about people at the service since the last inspection, such as, restrictions placed on people, injuries, deaths and allegations of abuse. We asked the provider to complete a provider information return (PIR) prior to the inspection. We used the information the provider sent us in the PIR. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at information we already held about the service and what people had told us.

During the inspection.

We spoke with five people that used the service about some of their experience of care. We spoke with the registered manager, locality support officer and two staff. We viewed a range of records. These included two people's care files, medication sheets, quality assurance, premises safety and staffing documents. We looked around the premises. We observed people interacting with staff and staff assisted people to tell us what they liked, preferred and wished.

After the inspection.

We spoke with one relative. We looked at the training data and philosophy statement we were given copies of. We received responses from officers of the local authority who contracted placements with the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- People were protected from harm by the systems, staff knowledge and practice followed within the service. Lessons were learnt from any errors made and the analysis of accidents and incidents.
- People and staff were relaxed and happy in one another's company. They interacted as if they were very good friends or companions to each other and two people told us they were in a relationship. People said, "I'm happy living here", "I'm safe and treated well" and "I have lots of friends here."
- People shared their experiences of care with staff when they responded to the support they received from them. This informed staff on how to provide the safest and best possible support to meet people's needs. People and staff were interested in each other and learnt from any mistakes made to improve the care people received.
- Staff were trained and knowledgeable about safeguarding requirements and understood their responsibilities to refer incidents and accidents to the appropriate body. One staff was an appointed safeguarding 'champion', responsible for monitoring and guiding staff practice.

Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Risks to people's safety and wellbeing were identified and managed well. People were protected from risk and there was good management of infection control and prevention. The provider used risk management plans for people to stay safe in the service, which had been advised on by the local authority.
- Meeting people's needs sometimes had risks attached, which staff assessed, recorded and reduced using risk assessments. These were reviewed as risk levels changed or new risk were encountered. Some people were enabled to go out alone where this was appropriate.
- People assisted in the management of good infection control and safe food hygiene, under the supervision of staff. We observed people cooking, cleaning and helping with laundry. Good risk management meant people could take risks responsibly.
- The provider safely maintained the premises and equipment and certification supported this.

Staffing and recruitment.

- Staffing was set at safe levels and recruitment procedures were safely followed. People were supported by suitably vetted care staff in sufficient numbers to meet their needs. Levels changed as people engaged in activities or outings.
- Staff said levels were appropriate to meet people's needs and they covered each other's absence as necessary.

Using medicines safely.

- Medicines were safely managed by trained staff and people received them as prescribed, which assisted

them to maintain good health. Robust systems were followed to ensure people received medicines correctly. All medicines were accurately recorded.

- Systems for receiving, storing, giving and returning medicines, controlled drugs and those to be given 'as required', were in place and safely followed.
- Staff were aware of the national campaign called STOMP, to reduce the use of certain medicines given to people with a learning disability, and spoke with people's doctors about it whenever possible.

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.

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 physical, mental and social needs were effectively assessed. Their preferences and choices were considered when arranging their care and documentation supported this.
- Guidance and advice from expert professional bodies such as NICE and The National Autistic Society, was used to achieve good standards of support in the care people received. Professional guidance informed people's support plans and behaviour management plans so staff could support them in the most appropriate way.

Staff support: induction, training, skills and experience

- Staff were effectively trained and had their competence checked by the organisation to become skilled at their roles. This meant people received the care they needed.
- Staff achieved and maintained skills through the provision of induction, regular training, supervision and personal development. Staff said, "I get every opportunity to keep my training up-to-date" and "Supervision is regular and the manager is very supportive." These were regularly monitored to maintain good staff support systems.

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

- People were appropriately supported with their choice of menu and fluid intake. They were supported to plan, shop and prepare meals of their choosing, whenever possible. They said, "I help with shopping and cooking" and "We all say what we want to eat." Everyone assisted with household tasks around the home, especially at meal times.
- Documentation supported people's needs, choices and decisions on maintaining a balanced diet. Staff assisted in this by helping people to choose wisely.

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

- People's needs for maintaining a healthy lifestyle were met in a timely way. Staff demonstrated an understanding of people's needs and told us they assisted them to access healthcare support when required. People had annual health checks and visited their GP surgery, the dentist, learning disability and mental health clinics whenever necessary.
- Health care professionals gave advice on providing the best possible support to people, which staff followed. Staff shared information with professionals and completed monitoring charts to assist with this.

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

- Willoughby House was appropriately designed, adapted and decorated for the people that lived there. It

was an ordinary house in the community, had no signage or visible features to identify it as a care home and so offered people the opportunity to live as normal a life as possible.

- No one required any specialist mobility support, but some people used wheelchairs to go out to aid their confidence or help with long distances. The house had appropriate ramp access and all of the ground floor was on one level. Hard floor surfaces were fitted in all communal areas.
- Private space was personalised and very comfortable. It was uncluttered where people had a diagnosis of autism. Communal furniture and decoration were suitable to meet people's needs and they had sufficient space to spend time alone if they wished.

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.

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 the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights were protected. We found the registered manager had submitted applications under the MCA and DoLS to the supervisory body for authorisation. When authorised these were monitored, reviewed and kept up-to-date.
- Staff were trained in MCA principles, ensured people were involved in decisions about their care and knew what they needed to do when decisions were made in people's best interests.

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.

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

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

- Staff were caring. People trusted staff, as we observed them seeking staff company and responding well to staff interactions. People demonstrated good relationships with staff by their actions and behaviour.
- Staff had a caring approach and were passionate about supporting people well with their needs. They spent time to get to know people's preferences, so they could support them in a way they liked. Staff said, "I have been here some years now and see people as extended family" and "I haven't known people long but have already developed good relationships."
- People were relaxed, interacted well with staff and continued to do what they liked or wanted to do.
- People's diverse needs around disability were understood and staff supported them to achieve their aims and goals. One person with some mild physical disability was supported with their daily routines and their choices were fully respected. One person said, "Staff are helpful and caring." Another said, "The staff are nice to me."

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

- People were well supported to express themselves and staff took the time to listen. They made decisions about their care needs each day. Staff understood people well and directed them to sources of advice or advocacy when needed.
- Staff worked with people and their families to find out how they liked and preferred to be supported in all aspects of their care. This was recorded and regularly reviewed in people's care files.
- People were supported to develop and maintain relationships, social networks and links within the local community. They accessed local services and transport, met with peers and engaged in occupations of their choosing.

Respecting and promoting people's privacy, dignity and independence

- People were well respected as individuals with diverse needs. Their privacy and dignity were protected when staff supported them with personal care needs, as staff sought their consent before doing so. Staff handled people's private and confidential information discreetly.
- Independence was encouraged to visit doctors and dentist, for example. People were encouraged to access the local community, so that people lived lives of their choosing and making.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People received person-centred care and support with their personal, social and psychological needs. Staff involved people and their families in devising their care plans, which were satisfactorily recorded, monitored and reviewed with changes in needs.
- Care and support plans were reflective of people's needs. They told us about preferences, routines and how best to support people.

Meeting people's communication needs.

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs appropriately assessed and met. Strategies were used to enable people to receive information in a format they understood. Staff used some sign languages in people's own style, explained information in ways people could process and also provided details in written and picture format.
- Communication passports informed staff and healthcare professionals about people's needs should they attend health appointments.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were well supported to be included in the community, establish relationships and avoid isolation. Staff assisted people to visit or keep in touch with family and friends, helping them to remember birthdays and join in family events.
- Staff encouraged people to find and take part in activities, pastimes and occupation of their choice and preference. These changed as people's circumstances and preferences changed.
- Activities were tailored to people's individual interest. These included social events, completing housework and laundry, going shopping or enjoying community based entertainments and pastimes.

Improving care quality in response to complaints or concerns.

- The provider listened and responded well to complaints and addressed them appropriately so that improvements could be made to people's quality of life.
- People had a pictorial complaint procedure to follow and form to complete and were assisted by staff to

make formal complaints if they needed to. Family members and others involved in people's support needs had written instructions on how to complain.

- The complaint policy and procedure were understood by staff, who resolved issues where possible, or passed them on to the registered manager or locality support officer, to be addressed at a higher level, when necessary.

End of life care and support

- Support to people with end of life care was responsive and compassionate. People made choices with the help of family members about the care they wanted before and after death, if they were happy to do so. Their decisions were recorded in support plans.
- Staff were understanding of people's needs and wanted to make the end of their life as comfortable and peaceful as possible, when it came. Appropriate professional support was sourced when necessary.

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.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The registered manager and staff promoted a friendly, homely, caring and positive culture where people experienced good outcomes and were supported in a person-centred way. A social care professional said, "I believe the culture of the service is appropriate and continues to be supportive towards the needs of the people. The staff team support people to have a voice on their care provision, activities and routines."
- People were assisted with their needs according to their age and any disability they had. Staff demonstrated a positive outlook in the roles they performed and the support they gave to people. They were practical in their approach and recognised people's changing needs, for example, because of age, illness or desire. Staff supported people accordingly, knowing when to reduce the pace or change the approach.
- Staff told us they enjoyed working at Willoughby House and looked for ways to improve people's quality of life, while supporting them as individuals. Each person had their own routines and preferences, which were always taken into consideration.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The provider fully understood their responsibility to be honest about the service provided to people. The registered manager and staff understood about accountability, being open to scrutiny and making apologies when things go wrong.

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

- The service was well-led. A well-defined staffing structure was in place and staff were clear about their roles, providing a quality service, managing risk, learning from shortfalls and improving the service.
- The registered manager had quality checks and audits to complete as per the requirements of the organisation. These were regular throughout the year and led to monthly action plans being put in place to address any shortfalls identified. Records showed when action was completed. Staff and management meetings were held, and all information gathered on the quality of the service was analysed and used to plan future improvements.
- The registered manager met the regulatory requirements of their registration for informing us of significant events that happened in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others.

- The provider fostered good engagement techniques and partnership working. Links with the local community were established for the benefit of people that used the service. People used local services and had acquaintances among residents in the seaside resort and at a sister-home in the next town, so they felt part of the community.
- Satisfaction surveys were issued to people, relatives and staff. Information in those returned this year was all positive.
- Effective staff working relationships with other organisations and professionals ensured people received the right support.