

## Arcare Boscobel Holdings Limited

# Boscobel

### 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: Boscobel is residential care home that was providing personal care to 13 people with learning disabilities at the time of the inspection. The service is registered for up to 15 people.

People's experience of using this service:

The service met the characteristics of good in all of the five key questions. Therefore, our overall rating for this service is good.

People told us they felt safe and were happy living in the home and effective safeguarding procedures were in place. Staff had a good understanding of abuse and felt confident raising concerns.

We found risk assessments were comprehensive, both environmental and individual risk assessments.

People told us they felt the staffing levels were appropriate and staff were competent. We looked at the recruitment systems in place and saw that appropriate DBS checks and references were undertaken.

Medicines were managed safely and we saw evidence of competency assessments taking place for staff who administered them.

Staff received training in infection control and followed good practice. The communal areas of the home were clean and tidy. We spoke with the registered manager about the need for some additional designated time for cleaning now that the service no longer had a cleaner.

Assessments of people's needs were person-centred and comprehensive. Staff reviewed people's care regularly and appropriate referrals to external services were made.

Staff told us they had an induction and had received appropriate training to confidently carry out their role.

People told us they had a choice of meals and felt involved in the planning of the meals.

People's health and wellbeing was well documented and people experienced positive outcomes.

People told us the home was friendly and had a welcoming feel. We were aware that extensive renovations were required to the premises and these were being implemented.

Staff had appropriate knowledge of the Mental Capacity Act 2005 and made appropriate Deprivation of Liberty Safeguards applications. We observed staff gained consent from individuals before supporting them.

Staff were extremely caring and knew the people they supported well. We saw positive interactions between

staff and service users, demonstrating warmth, humour and compassion. People were treated with dignity and respect and were encouraged to develop relationships.

People were involved in their support plans which focussed on all aspects of their life and they had access to appropriate activities.

People knew who to speak to if they had a complaint and felt able to express concerns to staff.

The new owner and registered manager had shaped the culture of the service through their person centred value base. Staff were full of praise for the management team and felt well supported by the registered manager who was well liked and respected.

The registered manager carried out audits and accidents and incidents were managed appropriately. The service had an open culture and it was clear that the new owner and registered manager were passionate about raising standards at the service.

Rating at last inspection: The service was registered on 21 March 2018 and this was the service's first planned inspection.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# Boscobel

## 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:

The inspection was carried out by one inspector.

Service and service type:

The service was a care home. Boscobel 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 has been developed and designed in line with the principles and values of Registering the Right Support and other best practice guidance. This ensures that people who use the service can 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 using the service receive planned and coordinated person centred support that is appropriate and inclusive for them.

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:

The inspection was unannounced.

What we did:

Before our inspection we reviewed all the information we held about the service and completed our planning tool. This included notifications that the provider had sent us. A notification is information about significant events which the provider needs to send to us by law. We also contacted Sefton Council and Healthwatch to seek their views about the service. Healthwatch is the independent national champion for

people who use health and social care services.

During the inspection, we spoke with four people who lived at the service and three relatives. We spoke with two senior staff, the registered manager and two members of care staff. We looked at three people's care records and medicines administration records. We also looked at a range of records relating to the running of the service, including training records, quality monitoring records, complaints, records of incidents and accidents, staff recruitment and policies and procedure.

# 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. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse.
- People told us they felt safe. One person told us, "It's a good place to live, I feel safe here. The staff are very nice."
- The provider had effective safeguarding systems and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff had received appropriate safeguarding training and were clear about their responsibilities in terms of whistleblowing procedures.

Assessing risk, safety monitoring and management

- The service managed risk effectively.
- Risk assessments were robust. Staff carried out environmental risk assessments were in place in addition to detailed risk assessments which were specific to people's individual needs. We saw risk assessments covered specific areas, such as medical health, self-neglect and behaviours that may challenge. Staff supported people effectively by following clear strategies and guidance.
- The provider had emergency plans were in place to ensure people were supported in the event of a fire.
- The environment and equipment was safe and maintained.

Staffing and recruitment

- We looked at how the provider managed the recruitment of staff. The provider had maintained consistency of staffing since they had taken over the service and had only recruited one staff member since the service registered. We looked at this person's file and saw it contained photographic identification and appropriate checks and references had been undertaken.
- We reviewed staffing rotas and saw staffing levels were adequate to meet people's needs.
- People told us staffing levels were appropriate and staff responded in a timely way to people's needs.

Using medicines safely

- Medicines were managed safely.
- Staff had received appropriate training in medication and the registered manager had checked their competency.
- People received their medicines as prescribed.

Preventing and controlling infection

- Infection control was managed safely.
- All staff had received infection control training and were aware of their responsibilities in relation to this.

- We observed staff used personal protective equipment such as gloves and aprons.
- The home was clean and the provider told us that plans for a monthly deep clean were being organised.

#### Learning lessons when things go wrong

- We saw accidents and incidents had been documented and analysed and appropriate actions taken to prevent them happening again. These had been managed appropriately. The service had been proactive in identifying when people's needs had changed and supported them to move to more independent settings.



# 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

- Assessments of people's needs were carried out and care and support was reviewed regularly.
- Care plans were very person centred and detailed, with the emphasis firmly on the individual. One person told us how she had been supported to make a valentine's meal for herself and her new partner, "I made a fancy meal, staff helped me buy the food and prepare it. It was wonderful! So romantic!"
- Staff were aware of good practice guidelines and used them to support the delivery of care. One staff told us, "The care plans are so much better, so much easier to understand."
- We saw pre-placement assessments and discussions around sexuality, religion and advanced care needs had taken place.

Staff support: induction, training, skills and experience

- Staff felt very supported by the management.
- The registered manager met with staff regularly for supervision sessions. Staff received a comprehensive induction and told us they felt well supported.
- Staff received effective training which gave them appropriate information to carry out their duties safely. One staff told us, "Wow! The training is amazing."
- Staff consistently told us how they had never felt so supported in their role and they had appreciated the new management's investment in developing their skills. One staff member told us, "It's been a complete turnaround. We couldn't ask for better people!"

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

- People were supported to maintain a balanced diet.
- People told us they were happy with the choice of food. One person told us, "The food's good here," and another said, "I can get a drink and food independently if I wish, which is really good."
- There was a choice of menu and people's preferences were taken into account.
- People were supported to be independent. The service had installed a breakfast bar so people could make their own drinks and snacks.
- We saw people's dietary needs were met and staff made appropriate referrals to external agencies, such as speech and language therapists and dieticians.

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

- People had access to appropriate healthcare.
- People had health passports which meant important information could be shared with health

professionals. These were very detailed, containing medical information such as allergies and consistency of thickener's used for fluids, as well as crucial information about how to manage people's anxiety and people's individual communication needs.

- Staff ensured oral hygiene needs were met and people had recently had dental appointments.
- People told us they had access to outside professionals should they need it. We saw evidence in care files to show professionals had been involved in people's care and referrals had been made to a range of health care professionals when support was required.
- Staff responded appropriately to people's health care needs and a medical update file had been set up to enable staff to have an overview of all people's healthcare needs.

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

- The property was in the process of being upgraded and refurbished. The new management had carried out extensive building works to the roof and some windows were being replaced. Renovations were currently being undertaken to the plumbing and heating systems within the home and we were advised that following on from this, a bedroom by bedroom refurbishment would take place. We saw evidence of these renovations being managed sensitively; the provider had sent letters to people explaining the need to move rooms for a couple of days to allow major repairs to take place.
- People were excited about the changes taking place in the home. One person told us, "I'm having a lilac and silver bedroom , I can't wait." Staff told us how it was so much better, that people were getting new furniture and were being consulted.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.
- Where people did not have capacity to make decisions, they 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.
- Staff completed assessments when people lacked capacity and a best interest meeting was used to agree the decision. These included professionals and people of importance to support this process. Staff made DoLS applications when appropriate.
- Staff had received training in the MCA and consistently asked people for consent to ensure they were able to make daily choices.
- We observed staff asked people for consent and people we spoke with confirmed this.

# 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

- People were well treated and respected.
- People told us staff treated them very well. They said, "The girls are lovely, they do they best," and "I'm happy. The staff are very nice and friendly."
- Relatives felt their family members were well cared for. They told us, "It's a really nice home. I'm very happy with the care provided," and another relative told us, "I can't fault the staff, they are great. [My relative] is happy. She love's it."
- We observed positive interactions with staff during our inspection. We observed staff to be compassionate, kind and caring.
- Staff were genuinely happy in their work and morale was good. It was evident they saw their caring role as their vocation. One staff member told us, "I came for 4 weeks and didn't want to leave. It's an amazing place. It's just become part of my family." Another staff member, told us, "I love it. It's a brilliant place to work. I love the residents. Everyone gets on, it's like a big family."
- There were no restrictions for visitors to the service. People told us they could have their family members visit them whenever they wished.
- The provider had policies to guide staff around the importance of treating people equally and ensuring their rights were respected.

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

- People were consulted and played an active role in decisions about their care.
- People told us they felt fully involved. They felt staff had taken the time to get to know them and they felt valued. They told us they had opportunities to express their views about the care they received through reviews and resident's meetings.
- We observed staff supported people to make decisions about their day to day care.
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff were kind and caring and treated people with dignity and respect. They were committed to providing the best possible care for people.
- Staff spoke fondly of the people they supported and knew their needs and preferred routines well.
- People felt supported to be independent. One person told us, "The staff do all the cooking but we have started to make pizzas and cakes."
- All staff were aware of the need to maintain confidentiality.

# 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 meet people's needs, preferences, interests and give them choice and control.

- Care was personalised to individuals.
- People's care plans contained person-centred, detailed information about their likes and dislikes. Staff carried out comprehensive assessments of people's needs and care plans were reviewed regularly.
- People told us they received support that met their individual needs. Relatives told us they were consulted about their family members care, one person confirmed, "Yes I am always consulted and I attend review meetings."
- People had access to appropriate activities and told us that they were happy with the activities on offer. On the day of inspection, we observed people thoroughly enjoying entertainment from a visiting musician. People were laughing and engaging. One person told us, "I go to drama, Zumba and like it when we do relaxation, such as facials." We observed people taking part in arts and crafts activities during the inspection and one person told us, "I like crafts. I like to make cards for my mum and then put them on her grave." Staff told us they had access to a minibus and they had taken people on trips to Chester Zoo, the illuminations and for meals out. The provider had also bought an instant digital camera, so that everyone could take part in capturing activities on camera.
- The provider was aware of the accessible information standard and we saw user friendly, accessible information available, such as safeguarding policies and complaint policies.
- Staff we spoke with were aware of people's diverse needs and protected characteristics such as age, disability and gender.

Improving care quality in response to complaints or concerns

- The service was responsive to concerns raised.
- No one we spoke with had any complaints about the service. Families we spoke with told us that they were confident in raising any concerns with the provider and had done so in the past.
- The home had an accessible complaints policy and procedure in place and people knew how to access this. People told us they could speak to the registered manager if they had any concerns. One person told us, "She's good. I like her. I would go to her if I was worried about anything."

End of life care and support

- The home had a policy and procedure for end of life care.
- Staff had received appropriate training in end of life care and described how they sensitively cared for people with dignity and respect.
- People had advanced care plans and the wishes of service users throughout their last days were respected.

# 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.

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

- The service ensured high quality care was promoted.
- People were complimentary about the registered manager and felt that she was very approachable. One staff member told us, "She's a good manager, no question about it." Another told us, "She is truly amazing."
- Staff told us they felt well supported by the management. The registered manager had a good understanding of people's needs. It was clear that she was passionate about her role and the difference that had been made to the service.
- The director had a high level of oversight into the home and had a visible presence. Residents, staff and relatives gave positive feedback about him. One relative told us, "He's very nice, [director] impressed me, he seemed to really care." A staff member told us, "I've learned a lot. [Director] comes here a lot. He really helps me, I can't fault him at all. He's great."
- The service understood the duty of candour and were aware of their responsibilities. The duty of candour means that services have a general duty to be open and transparent in relation to care.
- The culture of the organisation was open. Staff told us there was an open-door policy and they felt able to raise concerns. Staff told us they felt listened to and that the management team were approachable.
- Staff told us morale was good. One staff member told us, "It's 100 times better! It's a great gang of staff and we have a laugh. We are all working as a team." All staff were extremely complimentary about the management of the service. One staff member told us, "It's well organised. We have a structure now. [The provider] has done an amazing job!"
- Staff talked about their uncertainties following inspection under previous leadership. They were full of praise for the new management team. One staff member told us, "I can't thank [registered manager] and [director] enough for believing in us and taking us on board." The registered manager was proud of the achievements that had been made and told us, "The staff have blossomed with the right support."

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

- We saw evidence of regular staff supervisions, handovers and appraisals taking place.
- The registered manager carried out regular auditing and these were overseen by the director.
- Policies and procedures covered all areas of the service and were available for staff to use as guidance in their day to day practice.
- Notifications about incidents that affected people's safety or welfare were sent through to CQC in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service fully engaged and involved people.
- Team meetings were taking place regularly. Staff were encouraged to make suggestions and felt the service worked in partnership with them.
- The provider gained feedback through service user and relative satisfaction surveys. We saw evidence of people's feedback, such as, "The staff are excellent," and "The place has a lovely family feel," which confirmed our findings on inspection.
- The registered manager held resident and relative meetings. The resident meetings were resident led and we saw topics such as the building work, menus and new ideas, such as having a vegetable plot were discussed.
- The service worked in partnership with other agencies and feedback from professionals who worked with the service was very positive. One professional told us, "They have always been great with the clients. They know them really well and manage them well." Another professional involved with the service, also confirmed this, saying, "I have a good relationship with the manager. She is proactive in offering support and has been spearheading the progression for one resident whose needs have changed. She's very good, spot on I would say." Another visiting healthcare professional told us, "As far as I can see the care is excellent. I enjoy going there. It's a lovely place."

Continuous learning and improving care

- The service was committed to improving standards of care.
- Staff documented accidents and incidents. The registered manager analysed these and took action to reduce the risk of them happening again.
- The registered manager took action to address any shortfalls following audits to improve the quality of the service delivered to people.
- The service ensured that any changes to care were documented in the update book and staff were directed to policies and documents that they needed to read and sign. The registered manager and director were meticulous about meeting targets and keeping up to date, to ensure they maintained a high standard of care.