

# Boulevard Lodge Limited

# Boulevard Lodge

## Inspection report

163 Southchurch Boulevard  
Southend On Sea  
Essex  
SS2 4UT

Tel: 01702808814

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07 March 2019

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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:

Boulevard Lodge is a small residential care home that provides care for up to 9 people age 65 and over. On the day of inspection there were 7 people using the service.

People's experience of using this service:

People received care that was person-centred. One person told us, "I don't have any complaints, if I did I would tell someone. I would recommend this home to other people, so far so good. Staff are kind and speak nicely, they are always polite, they knock on the door before entering. I feel safe here and have no worries."

Systems and processes were in place to keep people safe. Equipment checks were made, and risk assessments were carried out. Medicines were administered safely. Safe staff recruitment processes were followed. Staff received induction, training and supervisions to provide safe care.

People were supported with their nutritional needs and with meal options. Staff respected people's privacy and encouraged people to be independent. People and staff told us they felt supported and listened to. Staff spoke to the people using the service in a respectful manner. People told us they were happy living at the service.

People were provided with information on how to make a complaint. We saw from the complaints log that past complaints were dealt with appropriately.

The registered manager was approachable. We were told the provider visits the service weekly and is supportive. Audits were in place to monitor the quality of the service.

Rating at last inspection: Good (report published 5 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained Good overall with Requires Improvement for Effective.

Follow-up: We will continue to monitor the service through the information we receive until we return as part of the inspection programme. If any concerning information is received we may inspect sooner.

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 remained Good  
Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained Good  
Details are in our Effective findings below.

### Is the service caring?

Good ●

This service remained Good  
Details are in our Caring findings below.

### Is the service responsive?

Good ●

This service remained Good  
Details are in our Responsive findings below.

### Is the service well-led?

Good ●

This service remained Good  
Details are in our Well-led findings below.

# Boulevard Lodge

## 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 team consisted of two inspectors.

Service and service type: Boulevard Lodge is a care home. People in care homes receive accommodation and nursing or personal care. 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. Inspection site visit activity started and finished on 07 March 2019.

What we did: Prior to inspection, we reviewed the information we held about the service, including notifications of events the service is required by law to send us.

On the day of the inspection we observed the way the management team and staff interacted with the people. During our inspection we spoke with the registered manager, three staff and a visiting professional. We also spoke to three people using the service and two relatives. We checked four people's care plans and a sample of medication and health and safety records. After our visit the registered manager sent us the further information we requested.

The 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 information provided by the provider was used to plan our inspection and considered when we made judgement in this report.

# 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 protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff could demonstrate an awareness of safeguarding procedures and how to report an allegation of abuse. Safeguarding and whistleblowing policies were in place. Staff had received training on safeguarding vulnerable adults.
- Safeguarding alert posters were on the notice board in the entrance hall, providing information to those visiting and people at the service, on how to report any concerns relating to allegation of abuse.

Assessing risk, safety monitoring and management

- Individual risk assessments were carried out and documented in people's care plans. This provided staff with guidance on how to support people safely. Care plans were updated monthly or more often if necessary, which ensured the information was current.
- Systems were in place to ensure the building and equipment used were safe. For example, checks on electrical equipment and moving and handling equipment. Fire assessments were carried out and evidenced with safety certificates. The local authority inspection in 2018 identified the need for window restrictors and these were seen to be in place.
- Weekly fire alarm testing was carried out. Personal Emergency Evacuation Plans (PEEP) were in place, which explained what individual support people needed in an emergency.
- Wardrobes had not been re-secured to the wall following recent decoration which was a safety risk. However, the service confirmed shortly after our visit that all wardrobes had been secured and made safe.

Staffing and recruitment

- We observed that there was enough staff on duty to meet people's care needs. Staff rotas were reviewed and these showed a consistent level of staff on duty. Since the last inspection an administrator with care home management experience had been employed part time, which provided support to the registered manager, allowing more time to be spent with the people.
- Safe staff recruitment practices were followed. We checked two staff files which contained relevant information about applicants and the necessary safety checks completed.

Using medicines safely

- People's medicines were managed safely. Stock count showed medicines added up correctly indicating that people were receiving medicines as prescribed. People's medication administration records were completed accurately and guidance for 'as needed' medicines was in place. Medicines were safely stored in an organised manner in a locked trolley.
- We observed the administration of lunchtime medicines. The staff member administering the medicines was attentive to the needs of the people in an unhurried way, providing them with drinks. The staff member had a good knowledge of the medicines being administered.

- Medicines audits were completed weekly and monthly and did not identify any issues.

#### Preventing and controlling infection

- The home was clean and odour free. Staff had been trained in infection control and were supplied with protective clothing such as disposable aprons and gloves to prevent transferring infection from one person to another. Cleaning schedules were in place.
- The kitchen was clean and tidy. Food in the fridge was labelled and dated. The home had a 5-star rating for food hygiene.
- We saw colour coded mops and buckets. This follows the national colour coding system to ensure the correct coloured cleaning items are used for specific areas to prevent cross contamination.

#### Learning lessons when things go wrong

- Identified areas for improvement were documented and the necessary action taken by the registered manager. For example, from staff meeting minutes we saw that it was proposed by the registered manager to implement a different checking system for Controlled Drugs (CDs). CDs are drugs classified under the Misuse of Drugs Act 1971 that require specific management. We checked, and this had been implemented.
- The registered manager used consultation and feedback to make improvements. For example, a change in meal times.

# 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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Systems were in place to assess people's capacity to make decisions about people's care.
- The registered manager kept a record of DoLS that had been applied for and when they were about to expire. We raised a concern regarding one of the DoLS applications which was discussed with the registered manager. There was conflicting information regarding identified risks and a lack of evidence that less restrictive options had been explored. Support and guidance of this issue was subsequently sought from external professionals to assess and manage the risks in the least restrictive way. Since the inspection, the registered manager told us that an external professional had contacted the service to review and advise on the identified risks.

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

- People's care needs and preferences were delivered in line with good practice guidance. Care plans identified that a comprehensive assessment was carried out before people moved into the service.

Staff support: induction, training, skills and experience

- Staff training was up to date and staff were skilled to meet people's needs. Staff received induction training in a variety of subjects including the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care.
- The registered manager confirmed that training had been arranged to meet the needs of individual people including dysphagia (swallowing difficulties), end of life, dementia and nutrition.
- Staff were supported to complete national vocational qualifications (NVQ). One staff member who had

completed NVQ level 2 and 3 said, "With the support of the registered manager I felt I could do it and I have."

- Staff received regular supervision. Supervision is a formal meeting where staff can discuss their performance with a more senior staff member. One staff member confirmed that they had personally received observational supervisions whilst administering medicines. Observational supervisions are carried out to monitor staff competency in practice and to identify if knowledge or skills need to be improved.

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

- We observed lunch being served. Prior to the meal, staff explained to each person the different choices available and they were asked what they would like.
- People's weights were monitored monthly. Any changes in weight were calculated and their nutritional assessment made. Referrals to health professionals were made when needed.
- Resident meeting minutes included discussion on food choices. Taster evenings had been arranged for various types of food such as Chinese and different cheeses.
- People had their drinks within reach and hot drinks were offered during the day. One person told us, "I would like a dry white with my dinner". We broached this with the registered manager who told us they could arrange that. Another person said, "Staff are lovely, food is alright, I can't complain although I sometimes think they could do with a cook".

Staff working with other agencies to provide consistent, effective, timely care

- The staff team knew the people well and understood their health needs.
- Care plans demonstrated staff referred people to the appropriate agencies in a timely manner.

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

- The service was recently decorated and looked clean and fresh, however people living in the service were not invited to express their opinion on the décor. People's rooms were pleasantly furnished and personalised with photographs and ornaments.
- There was a main lounge/dining room which had a TV and radio/CD player. The TV was on in the lounge and the subtitles had been switched on for one person who was hard of hearing.
- We did not observe people being asked what they wanted to watch or given a choice to turn to another channel.
- The bathroom was being used to store cleaning items and other objects. This provided a cluttered look which was inappropriate when people were using the bathroom for bathing.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health facilities. Where possible, people remained registered with their own GP. One GP visited the service every two weeks for a 'routine surgery', and saw people for health management and illness.
- People had access to other professionals such as social worker and district nurse.

# 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; respecting equality and diversity

- People enjoyed living at Boulevard Lodge and told us, "People are nice and friendly, staff are good, I'm comfortable here".
- A visiting professional told us, "I love this place, it is more like a family home, staff are lovely, very kind and treat people well".
- A relative said, "We come every week at different times and it is always the same, good. Staff are very thoughtful".
- We saw staff speaking to people in a respectful way. One person asked for assistance to the bathroom and the person was attended to immediately by a member of staff.
- Staff understood people's needs. One staff told us "I love it here because it's so small, we have lots of interaction with the residents. We are all really close, like a family."

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

- Resident and relative meetings were held approximately three monthly. The minutes recorded that meals and activities were discussed and people were asked if they felt listened to. There was evidence that people's views had been listened to as different activities and food choices had been introduced.
- Care was reviewed monthly. We were told by the registered manager that care plans were reviewed in discussion with people.
- A person told us, "I have a lovely room, its kept very warm because I feel the cold". Their care plan stated that the person liked to keep warm. This demonstrated meeting the person's needs.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "Staff are kind, polite and always knock on the door before entering".
- We observed people being attended to in a dignified way. All people were suitably dressed and well groomed.
- The registered manager addressed one person in the lounge to inform them that a visitor was waiting in the office. The registered manager assisted the person to the office without disclosing any other details therefore maintaining privacy.
- A care plan identified a social worker visit had taken place in the person's room which provided confidentiality and privacy for that person.
- People decided their own time to get up and go to bed. This was confirmed when talking with people and in the care plans. We observed people sitting in the lounge and returning to their room as they wished. This demonstrated promotion of independence and choice.
- Records were stored securely, being only accessible to those who required the information.

# 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

- Care plans were personalised and contained guidance to support people's individual needs. We read that one person awoke in the night and wanted something to eat. The documentation stated that the staff made a sandwich, tea and biscuits, showing that individual choice had been met.
- A comprehensive assessment was completed on admission which identified specific likes and dislikes. One care plan stated that the person liked a daily newspaper. The person was observed reading their newspaper demonstrating that staff were providing person-centred care.
- One person's care plan stated that the registered manager took the person shopping to buy an outfit for a special occasion. Another person said, "We went out recently to buy clothes and then we went to a café for lunch, it was really nice."
- On the day of inspection people were observed watching television and listening to music. One person was reading a magazine. There was some conversation between the people living in the service. In the afternoon music depicting old war-time songs was played and the people sang along.
- Local entertainers visited the service on occasions. A singer had been arranged to visit the service on the day after our inspection.
- People we spoke with were happy living in the service. One person told us, "It's a nice place to live, though a bit quiet, I like to be busy. Shopping is always fun, to get out and about". Another person said, "Staff don't have a lot of time to talk as they are busy, but I don't get bored, I like reading". We did not observe any sustained interaction between staff and people, other than short conversations that staff had with people when they attended to specific tasks.

Improving care quality in response to complaints or concerns

- Staff responded to a request from one person who asked for the curtains to be drawn due to the sunlight glare through the lounge window. A quality assurance questionnaire had mentioned the glare from the sun through the window. The manager informed us that this was being reviewed with the possibility of an awning being installed.
- Resident meetings discussed introducing activities and the quality assurance questionnaire completed by a relative commented that there was a lack of stimulation and activities. We were told by the registered manager that a staff member had been appointed to be the activities coordinator. This was a positive step.
- People were provided with information on how to make a complaint. There was a complaints log and we saw that past complaints had been dealt with appropriately.

End of life care and support

- Care plans seen had information about decisions taken for 'Do not attempt cardiopulmonary resuscitation', (DNACPR). This is a way of recording a decision a person or others on their behalf had made that they would not be resuscitated in the event of a sudden cardiac collapse.

- The manager told us that requests for support were made to the palliative team when a person was end of life.
- We were told by the registered manager that seven staff had been booked on end of life training to improve staff knowledge and practice.

# 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff we spoke with told us that they felt supported by the registered manager and provider. One staff told us, "Staff get on, work as a team".
- Staff meetings were held regularly, and staff signed to say they had read the minutes. This ensured staff were aware of what was discussed and any changes to practice.
- The registered manager told us the provider visited the service weekly. We did not see any written record of these visits but were informed that recorded visits would be introduced.

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

- Audits were in place to enable the registered manager to monitor aspects of the service including infection control, medication and health and safety. We were told that the provider did cleanliness checks and talked to the people using the service and staff.
- The registered manager worked alongside the staff and monitored staff performance regularly.

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

- Staff meetings and resident/relative meetings were held regularly where aspects of the service were discussed. We did not see that any minutes for residents' meetings were made available for people who use the service or relatives to read.
- Staff told us they felt they were listened to and that they had no concerns contacting the provider if necessary. They felt supported by management.
- We were told that the registered manager asked people every day for feedback on the service.

Continuous learning and improving care

- Satisfaction surveys were completed by staff and professionals, but none were completed by the people. Resident meeting minutes confirmed that more activities had been requested. The registered manager told us they were trying to introduce more activities, and someone had visited recently to provide arts and crafts and chair-based exercises. From the care plans it was seen that these activities had been offered.

Working in partnership with others

- The service worked closely with the local surgery, end of life team and other health professionals.
- We were told by the registered manager that the service had visits from the local school children's choir and that they had in the past linked with the local church.

