

Boscombe Care Homes Limited

# Boscombe Lodge Nursing Home

## Inspection report

65 Boscombe Road  
Southend On Sea  
Essex  
SS2 5JD

Tel: 01702603444

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06 June 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Boscombe Lodge Nursing Home is a care home providing personal and nursing care to up to 31 people. At the time of our inspection there were 25 people using the service. The home is split over 2 separate floors, people have their own rooms with some shared communal facilities.

### People's experience of using this service and what we found

People and their relatives gave us positive feedback on their experience of using the service. One person said, "Staff are as good as gold." Another person said, "It is a very good home."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager had systems in place to monitor the service, measure outcomes for people and make improvements where needed

### Rating at last inspection.

The last rating for this service was good (published 31 May 2019).

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

### Why we inspected

This inspection was carried following a safeguarding concern. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Boscombe Lodge Nursing Home

## **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. We checked 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Boscombe Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Boscombe Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. We visited the service on the 6 June 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 9 people who used the service and 1 relative about their experience of the care provided. We spoke with 5 members of staff including the regional director, registered manager, and care staff.

We viewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person said, "It is a safe place to live, you can get help if you need it."
- Staff had received training in safeguarding and knew how to raise concerns. One member of staff said, "I know how to safeguard and 'whistle blow'. The process is written down for us. I would inform my line manager and document a statement, if nothing was done I would escalate it."
- The registered manager had worked with the local authority to investigate safeguarding concerns and worked with them to keep people safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place to assess people's needs and mitigate any risks of harm to them.
- Risk assessments and care plans were person centred and provided guidance to staff on how best to support people.
- Where people had specific health care needs such as catheter care or diabetes support, there were clear care plans and risk assessments in place to provide safe care.
- Fire risk assessments were in place and staff completed fire evacuation training. One member of staff said, "We recently did a fire test and evacuation of the building."
- General checks on equipment and the environment were maintained and issues addressed.
- The provider employed a maintenance person to address day to day issues at the service and when needed sourced specialist contractors.
- The service had a refurbishment plan in place. A relative told us, "It has been repainted and there are new carpets." One person told us, "My room has been repainted and they have added a handrail for me in the bathroom."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The registered manager understood their responsibilities under MCA and had made appropriate referrals when needed. Capacity assessments were in place and where needed best interest decisions applied.
- Staff understood how it was important to support people to make choices for themselves and continued to support people to do this.

#### Staffing and recruitment

- The service had enough staff to meet people's needs. One person said, "There are enough staff, they are always coming around."
- Staff told us they felt they had enough staff. One member of staff said, "Yes we have enough staff if we need to use agency because someone is off sick, we can."
- Appropriate checks were in place before staff started worked including providing full work histories, references and a Disclosure and Barring Service (DBS) check. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were receiving their medicines safely. One person said, "The staff come and give me my injections." Another person said, "The staff give me my medicines 3 times a day, no problems."
- Medicine administration records provided staff with all the information they needed to support people safely with medicines.
- Where people were prescribed 'as and when' required medicines (PRN). We saw there were clear protocols and guidance in place for when people should receive these.
- We did a random sample of medicines held at the service and saw these matched correctly with stock levels and prescriptions.
- Regular audits were completed to ensure medicines were being managed safely. Any issues highlighted were acted on promptly.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The registered manager had followed guidance on visiting and people were able to receive visits from their relatives and friends safely.



### Learning lessons when things go wrong

- The registered manager did an analysis of accidents, incidents, falls and safeguarding to identify themes and lessons learned. Information was shared with staff during meetings and supervision.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- There was a person-centred culture at the service. Staff were positive about working at the service and providing the best outcomes for people.
- One member of staff said, "Our main aim is to offer person-centred care. Everyone is different with different needs." Another member of staff said, "We want to help people improve their ability to be independent, to offer physical and emotional support."
- Care plans were person centred, identifying how people wished to be supported. People were supported to maintain their contacts with family and friends and to take trips out into the community with them. One person said, "The priest and my friends from church come to visit me."

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

- The registered manager had a good oversight of the service working alongside staff. The provider was visible within the service and additional support was provided from a regional manager.
- Staff told us they felt well supported by the management team. One member of staff said, "The manager and provider are always here. The manager listens to you and is very supportive."
- Staff were supported in their role with regular meetings to discuss the running of the service and people's care needs. Regular supervisions sessions were held with staff either individually or as a group to discuss lessons learned following incidents or to discuss further training and support needs.
- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

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

- The registered manager had a number of ways of engaging with people, relatives and staff. They held meetings regularly and made themselves available should people, relatives or staff wished to talk with them individually.
- The registered manager also gathered feedback using surveys. Feedback from one survey said, "There is consistent nursing care and a homely atmosphere". Feedback from a relative said, "The manager always has time for me."
- Care plans were reviewed regularly, and relatives were asked for their input and feedback on care plans.

- Staff were involved in regular meetings to provide their opinion on the running of service.
- People's equality characteristics had been considered and people were supported with their cultural and religious beliefs.

Continuous learning and improving care; Working in partnership with others

- The registered manager identified training support for staff and sourced face to face training where appropriate. One member of staff said, "I have recently completed end of life training, mouth care and moving and handling."
- Some of the training was provided from support of NHS training staff who deliver training in care homes on such subjects as sepsis awareness and catheter care.
- The registered manager had robust quality monitoring systems in place that provided them with good oversight of the service.
- The registered manager had developed good working relationships with other healthcare professionals such as the palliative care team and GP services.