**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

**Boisdale House**

78 North Road, Saltash, PL12 6BE

Date of Inspection: 06 May 2014

Tel: 01752846822

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We inspected the following standards as part of a routine inspection. This is what we found:

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<thead>
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<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse</td>
<td>✓</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>✓</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✓</td>
</tr>
<tr>
<td>Records</td>
<td>✓</td>
</tr>
</tbody>
</table>

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### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Selbourne Care Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of the service</td>
<td>Boisdale House provides care and support for a maximum of 18 people over the age of 18 with learning difficulties.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We gathered evidence against the outcomes we inspected to help answer our five key questions: Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? We gathered information from people who used the service by talking with them and observing care practices.

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, the staff supporting them and from looking at records.

Is the service safe?
People told us they felt safe. Systems were in place to help the manager and staff team learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve. Staff showed a good understanding of the care needs of the people they supported.

Boisdale alerted the local authority and the Care Quality Commission when notifiable events occurred or they had any concerns regarding people who used the service. Boisdale had policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DOLS). This helped to ensure that people’s needs were met.

Is the service effective?
People’s health and care needs were assessed with them, although people were not involved in writing their plans of care. During our inspection it was clear from our observations and from speaking with staff, that staff had a good understanding of people’s needs.

Specialist dietary needs had been identified where required. Care plans were up-to-date.
We saw that there was good liaison and communication with other professionals and agencies to ensure people's care needs were met.

The quality of recording seen was seen to have improved enabling care staff to use the information correctly.

Is the service caring?
When speaking with staff it was clear that they genuinely cared for the people they supported.

People's preferences and interests had been recorded and some life histories were evident.

Boisdale had regular support from the GPs from the local GP practices and other visiting health professionals. This ensured people received appropriate care in a timely way.

Is the service responsive?
The care records showed evidence of the lifestyle of the people who lived at Boisdale and we observed that staff spent one-to-one time with people throughout the day.

The service worked well with other agencies and services to make sure people received care in a coherent way.

Is the service well-led?
We met with the new manager who is not yet registered with the Care Quality Commission. We were told that he was in the process of applying for registered status. We saw minutes of regular meetings held with the staff. This showed the management consulted with staff regularly to gain their views and experiences and improve support for people who lived at the service.

The service had a quality assurance system, and staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and quality assurance processes that were in place. This helped to ensure that people received a good quality service at all times.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Care and welfare of people who use services  ✔  Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The people we met had a diverse range of needs. Everybody who we met looked well cared for. We tried to speak with people who used the service and found they were not overly forthcoming due to their disabilities. One person told us "I get all the help I need".

The manager told us everyone using the service could access a general practitioner and other medical professionals such as a dentist, chiropodist and optician as necessary. Records were kept of appointments people had attended.

During our conversation with the manager and observation of care workers we saw they had a good understanding of the individual needs of the people they cared for. We were told that a keyworker system was in place. This meant that although all of the staff knew all of the people who used the service the keyworker had a more in depth knowledge of the individual and helped them more closely with choosing their clothing, keeping it laundered, keeping their rooms tidy and finding out about their personal goals. Personal goals were then discussed with other staff members to see if they could help people work towards their goals.

We looked at aspects of care and welfare when we visited. This was due to their being a close link between this and the keeping of records and we wanted to be assured that people's needs were being met. We found that the home was meeting people's care and welfare needs.

We reviewed people's care plans and found that people's care was good. We saw that their plan addressed a range of needs and risk assessments had been completed. We also saw that people's likes, dislikes and personal history had been collated.

We heard staff speaking to people in a kind and supportive manner. We found medicines given reflected the prescription and people were given pain relief as required. Documentation in the care plan was completed correctly.
We found that people were receiving visits from the district nurse as required and referrals onto other agencies such as occupational health, podiatry and opticians were taking place as required. We also saw the GP was called when needed.

We saw that people who used the service had varied activity opportunities according to their wishes and abilities. We saw there was an individual programme of activities drawn up for each person available in each care plan. This was also in picture form to support people to understand what was available.
Safeguarding people who use services from abuse  ✔ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The manager told us that staff were told about the local procedures for reporting any suspected abuse. The staff we spoke with confirmed this. There was always a manager on call 24 hours a day and that if staff had any concerns around safeguarding issues they would call the on call manager for advice.

The provider had policies on abuse and on whistle blowing that staff could refer to if they needed further information about how to deal with concerns they had or had been raised to them. We saw from the care records of people who used the service that they had contact details for their social workers and could arrange to speak to them at any time at the home or elsewhere if they preferred.

We were told that staff received training in the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS). The MCA and DOLS provide a legal framework that protects people who lack the mental ability to make decisions about their life and welfare. We saw from the training records and certificates held on file that staff had received training in safeguarding. This was also confirmed by the staff we spoke with.

We were told that there were no people in the home subject to DOLS authorisations at the time of the inspection. We saw from looking at records that people had access to independent advocates should they so request.
Requirements relating to workers

Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

During our inspection we checked if the manager was operating an effective recruitment procedure in order to ensure the people they employed were of good character, suitably qualified, skilled and experienced.

The provider had a recruitment policy in place, the policy made reference to the Health and Social Care Act 2008 and referred to its legal obligations. We inspected five recruitment files; two of these were for new employees. We found the manager had carried out recruitment checks prior to the person commencing work at Boisdale. We saw recruitment files contained references, an application form and/ or curriculum vitae (CV). We spoke with a member of staff who had been recently recruited, who confirmed that appropriate checks had been carried out prior to them commencing work.

A Disclosure and Barring Service check (DBS) is a mandatory process, which must be undertaken by any health and social care provider to ensure people are of good character and are suitable to work with vulnerable people. We found in all of the recruitment files evidence that DBS checks had been carried out. This demonstrated the manager was aware of the requirements and could see that he was following the recruitment policy.
Supporting workers

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People who used the service did not make any comments on the competency or training of staff.

Two members of staff confirmed they had been provided with thorough induction training and worked alongside another member of staff initially so they got to know the people who used the service well.

An induction is an essential process all staff should undertake when joining an organisation. An induction welcomes new staff to the ethos of an organisation. It ensures staff feel confident and are equipped with the necessary information about the organisation, and enables staff to have a clear understanding of policy and procedures. We saw evidence of the Common Induction Standards (CIS) training in use for all newly employed staff. The CIS is a national tool used to enable care workers to demonstrate high quality care in a health and social care setting. We saw that the manager had also put together an 'in house' induction training pack.

Additional records evidenced training had been provided to staff during their employment to ensure they were competent to meet the needs of the people who used the service.

Records showed supervision of staff had occurred, and staff confirmed this. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss ongoing training and development. The provider may wish to note supervision had lapsed prior to the managers appointment. We discussed this and were told ongoing supervision is now planned.

We were told staff meetings had occurred, and these were used to disseminate information that may affect working practices. We also saw comprehensive staff hand over meetings were held at the change of each shift ensuring up to date information on each person who used the service was passed to those coming on duty. Annual appraisals were held with each member of staff.
Assessing and monitoring the quality of service provision

Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

One person told us "that they had no problems, but staff would always listen."

A staff member told us that a survey form had been sent out to relatives and other professionals outside the home. Some responses had been received and these had been analysed and acted upon. We looked at a cross section of these surveys and found them to be overall satisfactory.

We were told that handovers took place at the start of each shift. One staff member told us that any changes in a person's needs would be discussed. This would enable staff to ensure they provided the correct care for each person.

Staff told us that they held six weekly staff meetings and discussion took place around the care and environment of the home. Any accidents or incidents were discussed at these meetings. We saw the meeting minutes to support this. These minutes were displayed on the staff notice board and a copy given to each staff member.

We observed that there were some audit systems in place such as medication and infection control audits. There was evidence of environmental risk assessments and monitoring forms and these were signed and up to date. A formal quality assurance programme had been devised to ensure risks were identified, assessed and managed correctly. This programme took the form of a provider compliance assessment to ensure that the required outcomes had been met. Work on these assessments was on-going but a positive start had been made.

The provider may like to note it is important to ensure all aspects of care home management is audited to demonstrate that regulations and outcomes are met thus ensuring a positive service is maintained.

The manager said that he had recently carried out an environmental audit of the whole house. He had picked up a number of issues for example some redecoration work was required and actioned and new carpets had been fitted.

The manager told us ongoing audits of the medicine administration records and staff files
took place. He added that cleaning schedules were in place for the kitchen and bathrooms and the fridge and freezer temperatures were monitored as required.

We were told that the people who used the service discussed the weekly menu each week as a group. The manager said that people who used the service were consulted about any changes that took place in the home for example the new annex. We saw that people were involved in their support plan reviews and often relatives were also involved if possible or relevant.
Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At the previous inspection we raised concerns regarding recording practices at Boisdale. The manager sent us an action plan and we can confirm that all items of concern had been addressed.

Care plans are essential to plan and review the specific care needs of a person. They are a tool used to inform and direct staff about a person and their individual care needs. We looked at four care files, all of which contained a care plan. At the last inspection we found that care plans did not provide sufficient accurate information to direct staff. The four care plans seen had been reviewed since the last inspection and people's records were personalised and provided reasonably clear information about the person's wishes and abilities. We saw there was a system in place to update and review the care being provided, and we saw that this was an on-going process.

The accuracy of the information in care plans is important to ensure that information contained within people's files is relevant and up to date and to ensure people are provided with care that reflects their care needs.

We looked at four care files that had been reviewed since the last inspection. Care plans contained good information such as likes and dislikes and the specific equipment to be used when providing care.

The daily entries in the care records indicated people's lifestyle at Boisdale. We noted improvement in the content of these records. The manager told us they were confident staff spent one to one time with people, especially those less able to determine their own lifestyle due to their health care needs. We observed staff spend time with people, talked to them and assisted with their care. The daily records showed entries describing the care provided and included information about how they spent their day (such as one to one time with staff or their participation in activities). Another person's records demonstrated their lifestyle, with entries such as "visited by relatives" and specific interaction with the care workers.

We saw people's drink and food intake was monitored, and these records were now being
consistently completed. We saw detailed recording of food and fluid intake. We saw peoples' weight was monitored. The use of the Malnutrition Universal Screening Tool (MUST) was used to determine an appropriate risk rating. We saw that where a high risk was identified professionals such as G.P's had been consulted for advice. We also saw these records were monitored by senior staff on a daily basis.

We saw care documentation containing people's personal and confidential information was collated and filed on their personal care document folder. This meant that all information pertaining to the individual was to be found in the one place. These folders were stored securely and were readily accessible to staff as required.
We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.</td>
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</tbody>
</table>
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

<table>
<thead>
<tr>
<th>Standard Description</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services - Outcome 1</td>
<td>Regulation 17</td>
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<tr>
<td>Consent to care and treatment - Outcome 2</td>
<td>Regulation 18</td>
</tr>
<tr>
<td>Care and welfare of people who use services - Outcome 4</td>
<td>Regulation 9</td>
</tr>
<tr>
<td>Meeting Nutritional Needs - Outcome 5</td>
<td>Regulation 14</td>
</tr>
<tr>
<td>Cooperating with other providers - Outcome 6</td>
<td>Regulation 24</td>
</tr>
<tr>
<td>Safeguarding people who use services from abuse - Outcome 7</td>
<td>Regulation 11</td>
</tr>
<tr>
<td>Cleanliness and infection control - Outcome 8</td>
<td>Regulation 12</td>
</tr>
<tr>
<td>Management of medicines - Outcome 9</td>
<td>Regulation 13</td>
</tr>
<tr>
<td>Safety and suitability of premises - Outcome 10</td>
<td>Regulation 15</td>
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<tr>
<td>Safety, availability and suitability of equipment - Outcome 11</td>
<td>Regulation 16</td>
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<tr>
<td>Requirements relating to workers - Outcome 12</td>
<td>Regulation 21</td>
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<td>Staffing - Outcome 13</td>
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<td>Supporting Staff - Outcome 14</td>
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<tr>
<td>Assessing and monitoring the quality of service provision - Outcome 16</td>
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<tr>
<td>Complaints - Outcome 17</td>
<td>Regulation 19</td>
</tr>
<tr>
<td>Records - Outcome 21</td>
<td>Regulation 20</td>
</tr>
</tbody>
</table>

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.