

New Boundaries Community Services Limited

New Boundaries Group - 329 Fakenham Road

Inspection report

Taverham
Norwich
Norfolk
NR8 6LG

Tel: 01603867046
Website: www.newboundariesgroup.com

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 12 November 2015 and was announced.

New Boundaries Group - 329 Fakenham Road provides accommodation and support for up to three people with a learning disability. When we inspected there were three people living there.

There should be a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had been without a registered manager since January 2015. However, a permanent manager had been appointed just before our inspection and was intending to register with us.

People received care and support that was focused on their individual needs. Their medicines were managed in a safe way. There were enough skilled staff who were able to ensure that support was delivered to meet people's needs and minimise risks. Recruitment practices were robust and contributed to promoting people's safety.

People were encouraged to make decisions. Staff had been trained in the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards and were aware of how people's rights should be promoted. Any restrictions necessary to promote the safety of individuals were considered carefully and the management team liaised with other professionals to establish what was in their best interests.

People were supported by staff who treated them warmly and with respect and their privacy and dignity was promoted. People were consulted about their care and involved in planning how their needs were to be met. They were supported to pursue activities that reflected their hobbies and interests within and outside the home. Staff were able to communicate well with people using the service.

Staff were knowledgeable about the support people required and care plans were kept up to date when their needs changed. People had opportunities to raise concerns or complaints.

There were systems in place for monitoring and reviewing the quality and safety of the service. The views of people using the service and their families were taken into account. The new manager had a clear view of where further improvements could be made and had already succeeded in improving the support available to staff.

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.

Staff understood the importance of reporting any suspicions or concerns that people might be at risk of harm or abuse. Risks to people's safety were properly assessed and actions were taken to reduce these.

People were supported by enough suitable staff who were robustly recruited, so contributing to promoting people's safety.

Medicines were managed safely and given to people when they were required.

Is the service effective?

Good ●

The service was effective.

People were supported to promote their health and to access health services. Where the capacity of people to make informed decisions about their health or welfare was in doubt, the management team sought appropriate advice to help promote their rights.

Staff had access to training opportunities, including further qualifications, to ensure they were competent to meet people's needs.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and compassionate staff who took prompt action to offer reassurance when this was needed.

People were involved in making decisions and choices about their care.

People's privacy was respected and staff encouraged them to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in a range of hobbies and interests that were personal to them.

Staff knew people's needs and supported people well in meeting them.

People had opportunities to raise any concerns or complaints so that these could be addressed.

Is the service well-led?

The service was not consistently well-led.

The service had been without consistent and stable management. However, a new manager had been appointed and had a clear sense of where improvements needed to be made.

Staff morale had improved.

There were systems for checking and monitoring the quality and safety of the service, taking into account people's views.

Requires Improvement 

New Boundaries Group - 329 Fakenham Road

Detailed findings

Background to this inspection

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

The inspection took place on 12 November 2015 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day. We needed to be sure that someone would be in. It was carried out by one inspector.

Before the inspection, 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. We reviewed the information this contained. We also reviewed the information we held about events taking place in the home, including those which the provider must tell us about by law.

During the inspection we spoke with three people using the service and observed how people were being supported. We reviewed records associated with their care and management of medicines. We also reviewed other records relating to the management of the service, including safety checks and survey results. We spoke with the manager, team leader and a support worker.

Is the service safe?

Our findings

People spoken with and who were able to tell us said that they liked being at the home. We saw that they approached staff freely during the course of our inspection and were comfortable in their presence. Two relatives said that they felt their family members were well treated by staff.

Staff spoken with said that they had completed training to help them recognise and respond to concerns that someone may be being abused or at risk of harm. This was confirmed in the training records we reviewed. Staff were able to outline situations to us where they would contact others for advice and to report any concerns.

Our discussions with staff and the management team showed that they were aware of situations that might be considered as abusive and of their obligations to report it promptly. We noted that there was information displayed on the office wall in this service about the nature of concerns that should be reported and telephone numbers for relevant contacts. The newly appointed manager was responsible for overseeing another of the provider's services. We knew from a recent inspection within that service that the manager had ensured any concerns about possible harm were reported promptly to the local safeguarding team.

We concluded that appropriate action would be taken if there were concerns someone may be at risk of abuse.

People's records contained assessments of risk to which they may be exposed and guidance about minimising these. We noted that, where circumstances gave rise to concerns that someone was at risk of harm, or placed others at risk of harm, action was taken to address the risk and to update the person's records as a result. Assessments of risk were kept under review to ensure they remained appropriate.

Staff were able to tell us about the risks associated with people living in the home and how they tried to minimise these. The information they gave us was consistent with what we found in people's care records. We noted from discussions with the management team that they were aware of the need to balance people's rights and freedoms with risks to their safety. They told us how they were seeking further input from professionals to help ensure the right balance to promote the person's wish for independence and their safety.

Risks associated with the operation of the premises had been assessed. Equipment was tested regularly to make sure that it was safe to use. We confirmed from records that there were regular checks on equipment associated with fire safety and that both staff and people living in the home participated in fire drills. We concluded that people's safety was promoted.

Staff told us that there were enough of them to support people. They said that absences were covered and they were able to undertake planned activities with people. One staff member had transferred to this home from another of the provider's services. They confirmed that they were not included in staffing numbers and working as an extra staff member while they got to know people and how to support them safely. We

observed that one person who needed support from two staff when they were out of the home was given this.

There were no staff recently employed who could tell us about the process of application. However, we know from the history of this service and two other services recently inspected, that the provider operated systems for ensuring that staff were not employed without appropriate checks to ensure they were suitable to work in care services. This included taking up references, checking employment histories and completing enhanced checks for criminal records. We were satisfied that people were supported safely by sufficient, suitable staff.

We reviewed the arrangements for administering medicines. We noted that the provider's medicines policy referred to an outdated regulation and standard that was no longer in use, following a change in regulations and fundamental standards. However, it provided clear guidance about their expectations for managing medicines.

We observed that staff retained keys on their person to ensure that medicines were stored safely. The temperature at which medicines were stored was checked regularly so that staff could be sure medicines remained effective to use. There was information for staff about medicines for occasional use to provide them with guidance on when these were appropriate to give to people. This included information about creams and lotions and what they were to be used for.

Staff confirmed that they had formal training about the use of medicines. We noted from training records that this was monitored and that the staff were notified when it was due for renewal. For one staff member for whom it was due to expire just after our inspection, we were able to confirm that training had been booked. Staff also confirmed that they observed staff administering medicines and were then observed themselves to be sure they were competent and confident to do this safely.

We found separate records of medicines that were taken from the home when people were on outings or visits elsewhere. They were checked back in and signed for when the person returned. We observed this happening. We noted that the balances of such medicines were accurate and corresponded with stock checks. There were regular audits of medicines management to ensure this reflected good practice.

Staff respected one person's wish to have a patch containing medicine only applied to their arm. They recorded where it had been applied on a daily basis so that the site could be varied to avoid the risk of skin irritation. Each person's record contained information showing that they had consented to staff managing medicines on their behalf. We concluded that people received their medicine safely, at the time they needed it and in the right way.

Is the service effective?

Our findings

People had 'keyworkers' and a 'co-keyworker' to help support them. This information was displayed so that people knew which members of staff would take a particular interest in their care and welfare. People's needs were assessed and there was guidance for staff outlining what they needed to do to meet those needs. We found that records of care and support that staff delivered matched what was included in people's care plans.

Staff reported that they had good access to training and support. One said that they felt this had improved significantly since the new manager had been appointed to the permanent position just before our inspection. They said that they had received supervision two days before our visit, having previously not had one since May 2015. Supervision is needed to ensure staff have the opportunity to discuss their performance and any development needs with a line manager. Another staff member who had been transferred to the service less than two weeks before our inspection, said they had also received, "...a 'welcome' supervision." They described the management team as supportive.

Training records showed that staff had access to regular opportunities to improve and update their knowledge. This included the opportunity to attain further qualifications in care. One staff member told us how they had obtained a National Vocational Qualification (NVQ) level 3. Another staff member told us how their training needs had been discussed in supervision and that this included the opportunity to work towards a qualification. The manager told us that they were enrolled to complete a level 5 qualification to support them to develop their management skills.

We were satisfied that staff had the appropriate knowledge and skills to support people effectively.

Staff records confirmed that they had training in the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

From our discussions with the management team we concluded that they had a good understanding of the need to ensure proper assessment of a person's capacity to make informed decisions. They had respected one person's decisions. They were seeking further advice from professionals to determine whether the person understood the implications of their decisions and had made a referral for advocacy support. We

concluded that they were working to ensure the person's rights were protected and that any decisions taken were in their best interests if it was determined they were not able to do this for themselves.

The manager understood when an application for authorisation under DoLS and had made such an application for a person who was not able to access the community safely without support from two staff. They were awaiting the outcome. We were satisfied that people's rights were promoted and respected.

Staff encouraged people with a healthy diet. One person told us how they were watching a documentary about burgers that the staff had recommended so they could learn about a healthy diet. They had chosen to eat burgers several days in a row and that it probably wasn't healthy for them. We noted that another person had suggested what they would like to cook and eat in their weekly meeting with staff and we saw that this was incorporated into the week's menu.

We noted that a person had been given advice about their diet and staff were trying to encourage the person with this and with healthy eating. Each person had a daily record of what they had eaten. The manager explained how they were encouraging staff to review these and working with the staff team to try and ensure a greater range of choice was offered. Where appropriate, and in response to risk, the amount a person was eating and drinking was recorded. A staff member was able to tell us in detail what a healthy target weight for the person was and what advice they had sought regarding this. We concluded that people were supported to eat and drink enough to meet their needs.

We found that advice given by a speech and language therapist about how to support someone with their communication was incorporated into the person's care plan. We saw that one staff member had implemented this with the person concerned on the day of our inspection and others confirmed it happened each day.

Another person was supported to attend an appointment to help them to stop smoking and were proud of their achievements. They received appropriate explanation, support and encouragement from staff on their return. Records and discussion with staff and the management team, showed that people accessed support from health professionals such as their GP, psychiatric and psychology services where this was necessary. We concluded that people were supported to maintain their health.

Is the service caring?

Our findings

We observed that staff spoke with people in a respectful, kind and caring manner and involved them in discussions about their care and welfare. We heard lots of chatting between staff and people using the service and people laughing and smiling with staff. One relative commented in a survey they had completed in October 2015, that staff were, "...lovely, lovely people." They were very satisfied with the support the person received and the information they were given about what was happening for them.

For one person who experienced high levels of anxiety, we noted that staff responded promptly and quietly to offer reassurance. Guidance and information was provided in simple sentences. Staff also communicated using pictures and 'worry cards' as recommended by a speech and language therapist. This supported the person to help manage their anxiety. Staff used a 'story book' to help the person plan their day. There was a picture board to show what activities they could be doing and which staff were available to support them. We concluded that there was a consistent approach in encouraging the person to express their views and that reassurance was offered promptly if it was needed.

We saw that people were asked about their care and any changes they would like to see at a weekly meeting with a staff member. These took place on a one to one basis. Where people were able to do so they signed their plans of care showing how they had been involved in discussions. The manager and team leader explained how they had referred one person to an organisation offering support and advocacy services so they were better able to express their views about their care.

The manager was in the process of reviewing information in people's care records to ensure it focused on positive behaviour rather than describing people's difficulties in terms of them being 'non-compliant'. This represented better respect for people's dignity.

People had suitable locks fitted to their bedroom doors so that, if they wished and were able to do so, they could have their own keys. We saw that staff respected people's privacy and sought permission to enter people's rooms. We also noted that people's personal records were held securely so that confidential information was properly protected.

We observed that people were encouraged to do what they could for themselves to maintain and develop daily living skills and promote their independence. This included participating in household tasks such as cleaning, cooking, making drinks, shopping and doing their laundry. We concluded that people were supported to maintain and develop skills that contributed towards their independence.

Is the service responsive?

Our findings

Staff were able to give us detailed information about people's needs and the support they required from the staff team. This included support needed to promote their physical and emotional wellbeing. They knew about people's preferences, interests and what was important to them. We concluded that staff knew people well. A new staff member told us that they felt care plans contained enough information to give a picture of how they should support people. They went on to say that they had learnt a lot from their colleagues about the support people needed.

We found that one document, described as a care plan, outlined a particular syndrome and how it affected people. However, the information was not specific to the way each person was affected and the support each individual needed. The management team acknowledged that this was really background information about the condition itself rather than a plan to support each person to manage it. The manager told us how the provider's management team across their services were working to improve plans of care.

Other aspects of care records were focused on individual needs and how people needed to be supported. For example, one person needed to receive support with managing their money. We saw that staff guided them with this as their care records described and involved them in counting out what they needed for their afternoon's activities. Information in place showed that plans of care and assessments were reviewed regularly. From our discussions with staff and observations, we concluded that people did receive care that was responsive to their needs.

We saw that staff supported people with activities which they enjoyed. For example, one person went on a cycle ride and to play badminton with staff. Another person was assisted by two staff to go to a 'sensory room'. When they returned home they told us they were, "...nice and relaxed." Another person was supported to go to college and showed us some of the work they had done while they were there.

There was information displayed on a noticeboard in the home about how people could make complaints about their care. This was in an 'easy read' format to try and make it more accessible and understandable. People were also asked individually in 'key worker' discussions whether they had any concerns they wanted to raise so that they could be supported by staff to do so if necessary. We discussed with the management team how one person had raised concerns about their care. The management team was reviewing how they could support the person in a way that was consistent with their specific wishes but did not place them at risks which they may not be aware of. The provider's survey for relatives had recently been completed. The questionnaire asked if there were any additional comments that they wished to make about the care that people received so that they were given the opportunity to raise concerns. We concluded that people's complaints or concerns would be taken seriously and addressed.

Is the service well-led?

Our findings

The service did not have a registered manager in place but the provider had appointed someone to fill this role who had been confirmed in post just before this inspection. This was the third change since January 2015, since which time there has been no registered manager.

We noted that the current management arrangements meant that the incoming manager was only going to be responsible for this and one other home. This meant that there would be better management oversight of the service than had previously been the case. They told us how they had contacted the Care Quality Commission (CQC) so that they could begin the process of registration and would be working towards an appropriate management qualification.

Our discussions with the incoming manager showed they were aware of the effects of a lack of stable management input. They had clear ideas about where improvements could be made in care planning and liaison with other professionals and people's family members. They were aware of the specific events that they needed to notify CQC about. They told us they had started to review the guidance and handbooks that CQC issued as information about standards and how to comply with regulations.

We noted that a new 'on call' rota for support from the manager and team leaders had been implemented with the management team providing advice for just two of the provider's services. The management team told us how they felt that this would improve the support and advice they were able to give staff. They said that this was because, if there were problems, those involved in the on call rota had better knowledge of the staff and people using these two services.

A long standing staff member said that they felt that there had been issues with continuity of leadership and support for the staff team which had been lacking. However, they told us that this had improved quickly since the new manager had been appointed. They felt that morale had improved and that the manager was accessible for support or to raise any concerns.

We noted that the provider had completed a survey for the views of people's relatives and of staff, during September and October 2015. People using the service were individually asked for their views on a weekly basis. We concluded that people and their representatives were encouraged to express their views about the service.

The provider had appointed a 'compliance officer' so that more regular and consistent checks on the quality and safety of the service had been completed. This was in addition to checks that were made 'in house'. The compliance audits provided for checking aspects of the quality and safety of the service including care plans, safety of the premises, finances and medicines. There were no outstanding actions from the last audit available within the service which was completed in August 2015. The manager told us that another check had recently been completed and that they were awaiting the report to see if any remedial action was required.

The provider had appointed a number of new managers across their services. We were aware that an experienced manager was taking on a more 'operational' role across the provider's services. The arrangements would contribute to supporting new and less experienced managers and ensuring better leadership. The manager of this home told us how these managers were meeting together regularly to develop more consistent systems across the services.

We concluded that the management arrangements, if sustained, would further improve the quality and consistency of the service.