

# New Boundaries Community Services Limited

# Hellesdon Bungalows

## Inspection report

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Date of inspection visit:  
18 May 2021  
06 June 2021

Date of publication:  
11 August 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Hellesdon Bungalows is a residential care home providing accommodation and personal care to up to eight people with a learning disability or autistic spectrum disorder. The service was located in two adjacent bungalows similar to those in the surrounding residential area. It was registered for the support of up to eight people. At the time of inspection four people were living in one bungalow and three people were living in the other bungalow. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of Safe, Responsive and Well led the service was not always able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People's choice was not always maximised due to misunderstanding of government COVID-19 guidance. This had meant that one person had not been allowed to go out unaccompanied when the guidance allowed them to. This had left them feeling frustrated and sad about not being able to be independent and feeling restricted. The staffing numbers on some days (usually weekends) also had meant that people were restricted to staying in the bungalows or all going out together to a place where it would be safe for just one member of staff to accompany them. This limited their choices of what activities or trips out they could experience. The nominated individual stated that they would be increasing the staffing levels to ensure people had more choice.

Some aspects of the service were not always safe. Staff had not always been assessed as competent before administering medication. Improvements were needed to the infection, prevention and control measures to ensure that all staff were following the latest government guidance in relation to COVID-19.

In the absence of a registered manager there had been lack of provider oversight. This had meant that areas for improvement had not always been identified or action taken in a timely manner. The local authority had placed a restriction on placing new people at the home until improvements were made.

Risk assessments were in place so that staff knew what action to take to minimise risks to people. The medication records were audited daily to identify any discrepancies or errors.

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

## Rating at last inspection

The last rating for this service was Good (report published 24 January 2020.)

## Why we inspected

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.

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about infection prevention and control and staffing levels. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with people receiving person centred care, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, responsive and well-led.

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the administration of medication, preventing and controlling infection, staffing levels and governance of the service.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hellesdon Bungalows

## 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 Care Act 2014.

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

Two inspectors carried out this inspection.

#### Service and service type

Hellesdon Bungalows is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. However, there was a manager in place who had applied to the Commission to be registered. The registered manager 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.

#### What we did before the 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual, manager, team leaders and support workers.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas, care plans, risk assessments and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Staff had not always been trained and assessed as competent before administering medication. This placed people at risk of not receiving their medication as prescribed.

### Preventing and controlling infection

- We were not assured that the provider's infection prevention and control policy was up to date. Although the provider's infection control policy had been reviewed in September 2020 it did not contain any information about the extra precautions staff should be taking regarding Covid-19. The general policy referred to wearing gloves and aprons for personal care but did not include information about the use of masks, nor how all personal protective equipment (PPE) should be put on, taken off or disposed of.
- We were not assured that the provider was using PPE effectively and safely. Staff told us that they had not completed training about the procedures they should follow when putting on and taking off PPE. We asked three members of staff in what order they would put on and take off their PPE and all three gave different answers – none of them being correct. Staff were also not following the correct procedures when disposing of PPE. There were no dedicated bins for the disposal of used PPE in the bungalows.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff were not separated to only enter and work in one of the bungalows. Some people who lived at Hellesdon Bungalows would also visit the other bungalow and spend time there. When there was an outbreak at the service this spread through both bungalows.

The provider had failed to ensure that staff were assessed as competent to administer medicines. The provider had failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were daily and weekly audits of the medication administration records. The Team Leader stated that they raised any gaps in the records with staff during supervision and if repeated would arrange for them to complete further medication training.

- Risk assessments were completed to identify risks to people's health and safety such as the risk of going out unaccompanied. Staff reviewed the risk assessments regularly and put actions in place to reduce these risks.
- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were not always being followed. Person on person abuse was not always reported to the local safeguarding team. This placed people at risk of harm.
- Not all staff had completed safeguarding training. Staff told us they would raise any safeguarding concerns with their line manager.
- Unlawful restrictions were sometimes placed on people. One person had not been allowed to go out for a walk on their own even though the government guidelines allowed for it and the person had capacity to make the decision.

The provider had failed to ensure that people were protected from harm and that unlawful restrictions were not placed on people. This is a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were not always enough trained and competent staff on shift to meet people's needs in a person centred way.
- On at least two days a week (usually the weekends) there was only one member of staff working from 7.45am to 10pm in each bungalow. Staff told us that this meant they only had time to ensure that people's basic needs were met and they didn't always have time to respond to people's changing needs or to be flexible.
- Not all staff were up to date with their training. This included health and safety, safeguarding, first aid, administration of medication, fire safety and infection control. Staff told us that due to the low staffing numbers they did not have time to complete training whilst working on shift. The nominated individual stated that in future staff would have time to ensure they could complete their training in their working hours.

The provider had failed to ensure that there were always sufficient numbers of suitably competent, skilled and experienced staff deployed. This is a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual stated during the inspection that they would be increasing the staffing numbers at weekends so that there was one extra member of staff between the two bungalows.

### Learning lessons when things go wrong

- The new manager had put systems in place to allow them to record and track safeguarding events, accidents and incidents and complaints. This meant that they could identify any trends or action needed to prevent a reoccurrence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The staffing levels on some days meant that people could not choose to do individual activities outside of the home. Group activities were also limited to going out for a drive or to the local park on these days. Staff told us that they did not always feel safe going out with people if they were the only member of staff available, this meant that if they were lone working all weekend people did not have the opportunity to go out during this time.
- Some people had one-to-one staff hours during the week where they could choose how they would like to spend their time and if they wanted to go out of the home.
- Due to COVID-19 restrictions the activities outside of the home had been limited during the last year. Staff commented that although people had expressed an interest in doing permitted activities such as going to the beach this had not taken place. The nominated individual stated that they thought staff were not motivated to organise and take part in activities outside of the home and that this would be monitored in the future.
- Relatives told us that care staff kept them informed of significant events in people's lives. One relative told us, "The staff called us when [name of family member] had a fall and bumped their eye. We don't know who the keyworker is though." Another family member told us, "When I ring and ask whatever he's been up to it sounds perfect for him."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed but could be improved by adding in more information about people's goals and plans for the future and how they could be achieved. The language in care plans was not always appropriate. For example, one care plan referred to a person's behaviour as being stubborn when they did not want to engage in an activity. Staff also referred to someone's behaviour as "going off in a huff".
- Care plans had been reviewed regularly to ensure they were up to date.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff confirmed that if needed documents were available in different formats. People confirmed that they had seen their care plans and were involved in their reviews.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was displayed on a board in the hall. People and relatives told us they would speak with a member of staff or manager if they had any concerns.
- One relative told us they had raised issues with the manager but these had not been fully resolved. We had to refer the issues to the local authority safeguarding team and provide extra guidance to the manager so that the situation was resolved.

#### End of life care and support

- Staff completed end of life care training. Care plans included information about people's end of life wishes.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found significant shortfalls in the quality of the service provided. The nominated individual confirmed that the inspection process had highlighted some areas for improvement.
- The provider lacked oversight of the service and had failed to recognise their responsibility to ensure that the service delivered to people gave them high quality, safe care. They had failed to recognise the importance of regularly monitoring all aspects of the quality of the service. The manager told us they and the senior staff carried out audits: there was no evidence that the provider checked their findings or reviewed whether actions to address shortfalls had been successful. Action plans did not always identify who was responsible for making improvements or by when. There was no evidence on the action plans that the necessary action had been completed.
- There was not a positive culture in the home. During the inspection staff raised their concerns regarding staffing levels, activities and training with the inspector. However, several staff were fearful that raising concerns would have consequences for them. The nominated individual was surprised at the staff's concerns and stated that there was a whistle blowing procedure in place so that staff could raise any concerns.
- When asked about provider oversight the nominated individual explained that they relied on the registered managers to carry out their role effectively. However, this had not ensured that areas for improvements were always identified and actioned quickly. There had been three changes of manager at Hellesdon Bungalows during the last year. Although the nominated individual had visited and made phone calls to the home there was no process in place for them to check that audits or the quality of care provided was appropriate. For example, not all staff training was up to date. The staff told us that they did not have time to carry out online training when they were working care shifts. However, they were not given time at work to complete the training, this barrier to staff completing their training had not been identified.
- Notifications received by CQC indicated that the provider was acting on their responsibility to inform people and relatives when things went wrong. However there had been one occasion when the provider had failed to notify both the safeguarding team and the Commission about an incident between two people living at Hellesdon Bungalows.

The provider continued to fail to monitor and improve the quality and safety of the services provided. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- Relatives of people told us that they were not asked their opinions on the service their family members were receiving. However, they did confirm that they could attend their relatives annual review meetings where they could give feedback.
- Staff told us that there were annual staff surveys although they had been delayed in the last year due to COVID-19. One member of staff told us that although they completed the surveys they had not ever seen the results of the survey or what action had been taken in response.

Working in partnership with others

- The local authority had recently undertaken a review of Hellesdon Bungalows and had taken the decision to place a restriction on new admissions to the home so that they could support the new manager to make the required improvements. Not all documents requested by the local authority had been sent to them in a timely manner.
- The staff team felt that they worked well with local healthcare professionals to ensure people got the healthcare support they required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that staff were assessed as competent to administer medicines. The provider had failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to ensure that people were protected from harm and that unlawful restrictions were not placed on people.</p>