

Mr Canabady Mauree

Boundary House

Inspection report

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Date of inspection visit:
25 June 2019

Date of publication:
18 July 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Boundary House provides accommodation and support to a maximum of 23 people with a learning disability or autistic spectrum disorder. It does not provide nursing care.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy. Details regarding conformity are detailed in the body of the report.

People's experience of using this service:

Risks to people, including the environment and people's health conditions, were assessed and mitigated.

Staff were knowledgeable about safeguarding people from abuse.

Staff administered people's medicines safely and they were stored appropriately. Staff supported people to attend medicines reviews and access healthcare when they needed.

People received care according to their individual needs and preferences, and there was detailed guidance for staff in care plans. This included their health and social care needs and preferences.

There was enough suitably qualified and competent staff to meet people's needs.

Staff supported people to maintain a balanced diet with a choice of food, and enough to drink. Staff supported people with any special diets as needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff asked people for consent and supported them to make decisions, but further records were needed around people's mental capacity to make specific decisions.

Staff adapted communication to ensure people understood information and could communicate effectively, and people were involved in their care.

People and staff had built positive trusting relationships, and staff respected people's dignity and privacy.

People were supported to maintain and increase their independence as much as possible.

Staff supported people to engage in varied activities, and staff supported them to engage with the local community.

There was good leadership in place. Staff worked well as a team and were well-supported.

There were effective systems in place to monitor and improve the service.

Rating at last inspection: Good (Published December 2016)

Why we inspected: We inspected this service in line with our inspection schedule for services currently rated Good.

Follow up: We will continue to monitor the service according to our schedule for returning to locations rated Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Boundary House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Boundary House is a 'care home' for up to 23 people. The service supports people living with learning disabilities. The accommodation comprised of an adapted property. When we inspected, there were ten people living in the home. This was because one house in the service was being rebuilt so only one out of the two houses was being used.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced inspection.

What we did:

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also 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 used all this information to inform our inspection.

During the inspection, we spoke with staff including the registered manager, two team leaders and two support workers. Most of the people who lived at the service were unable to verbally tell us about their experiences of care. However, during the inspection we had short conversations and interacted with five people, using some communication support such as gestures, signs and prompts. We spoke with two relatives of people using the service. We looked at care plans and medication records for three people, and checked further records relating to the running of the service, such as a sample of audits and maintenance checks.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People indicated to us that they felt safe living in the home. Staff were aware of how to recognise and report safeguarding concerns and received training in this area.

Assessing risk, safety monitoring and management

- There were risk assessments in place for individuals, with regard to their health conditions. For example, we saw that risks associated with diabetes, such as blood sugars, feet and eyesight were covered in an individualised way in people's care plans. Risks associated with people's diets, with choking or weight gain, were also covered in these plans.
- Some people had risks associated with their conditions, which meant they could present with behaviour which could harm themselves or others. There were detailed plans in place with guidance for staff on how to work with individuals in the event of these behaviours.
- Risks associated with people's environment continued to be mitigated and monitored. For example, safety of water, lifting, electrical and fire equipment. There were regular fire alarm checks, drills, and a Personal Emergency Evacuation Plan (PEEP) for each person living in the service.
- There was building work underway on the site within reach of the service, and there had not been a risk assessment carried out with this in mind. This was completed and sent to us immediately following the inspection and any risks were appropriately mitigated.

Staffing and recruitment

- The provider continued to maintain safe recruitment procedures and ensured the expected checks were carried out on new staff.
- There were enough staff to meet people's needs. Two staff members said there had been some incidences of not having full staff at weekends, however this was resolved through the registered manager supporting and staff team working together. The registered manager also assured us they had recently recruited two further staff members who were available to work weekends.

Using medicines safely

- Medicines were stored safely in individual's bedrooms, secured and at an appropriate temperature.
- Staff administered medicines as prescribed and they received training in this and had their competencies tested yearly or as needed.
- There were detailed protocols in place for medicines used 'as required' (PRN) and we saw these were used only when needed.
- The service had a person-centred and flexible approach to administering medicines safely, considering people's differing circumstances, moods and behaviours. For example, knowing if people preferred to take

their medicines at a certain time of day. Advice was sought from GPs and pharmacists to ensure any changes in administration were safe.

- Medicines were reviewed effectively to ensure people were not taking any medicines unnecessarily. A relative told us, "[Family member's name] is a different [person] here and is now off the medication."

Preventing and controlling infection

- The home was visibly very clean, and staff had access to equipment they needed to maintain hygiene during personal care. There were regular checks in place to ensure the service was kept clean, and staff received appropriate training in infection control.

Learning lessons when things go wrong

- Where any incidents or accidents had occurred, these were reported, and action taken to further mitigate risk where needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were assessed to inform a detailed care plan, to ensure the service could meet their needs. No one had recently moved into the service. However, the registered manager told us about how they assessed people to ensure they were appropriate to live in the service.
- The registered manager worked closely with other care providers and health professionals where needed to ensure that any transitions in or out of the home were as smooth as possible.

Staff support: induction, training, skills and experience

- A relative said, "I think the staff have the right skills." Staff told us they felt they had enough training, which included aspects of care such as safeguarding, first aid and food hygiene. There were additional modules on offer for further training relevant to the role, such as personality disorder training.
- One member of staff told us about their induction, which consisted of shadowing more experienced staff, getting to know people well and completing their training. They felt they had enough support from the provider to commence in their role with confidence.

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

- Staff supported people to maintain healthy balanced diets. They had supported one person to lose weight in a healthy way, which positively impacted on their health.
- There were detailed plans in place for staff on how to support people with their eating based on their own needs.
- Where people required specialist diets, such as soft diets or diabetic diets, staff ensured they met their needs.
- People had enough to drink and were supported to make choices with regards to their meals.

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

- The service was adapted to meet people's needs, with a large communal lounge. Each bedroom had a full en-suite wet room with a shower and there were further communal bathrooms.
- Bedrooms were personalised with individual choice of décor. There was an accessible outdoor garden and a patio area where people participated in gardening.

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

- Staff supported people to have access to healthcare services such as the dentist and GP, and were supported to have their entitled check-ups.

- Where healthcare professionals or social workers had made recommendations, we saw that these were included in the care plans and staff followed them.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- There were not always appropriate mental capacity assessments in place for specific decisions which were made for people who lacked capacity, including decisions preceding a DoLS application being made. Records were not always in place with details of how best interests' decisions had been arrived at, for example with regards to medicines, restraint and care provided. We discussed this with the registered manager who assured us that these records would be put in place as soon as possible.
- Relatives, people and staff told us that staff sought consent before delivering care, and that they were involved in best interests' decisions. We requested that the registered manager review the mental capacity documentation within the care plans to ensure it reflected how decisions had been arrived at properly, which they agreed to put in place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw that staff and people had built positive and trusting relationships. A family member told us, "My relative does come home and we take them back to Boundary House. [Relative] is always happy to go back. At other (previous) care homes they were less happy to return." Another said, "They [staff] are kind and caring."
- Staff communicated with people respectfully and as they preferred. One staff member told us they, "Treat people like human not a 'service user'." This was reflected in what we observed.

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

- There was evidence in people's care plans that they were consulted and involved in making decisions about their care, and staff asked people about their preferences.
- Where people had problems communicating, staff adapted their communication as much as possible to ensure they were involved in decisions about their care.
- Relatives we spoke with felt they were informed of any changes in people's care and involved in people's care planning and reviews as appropriate.
- We saw that people had personalised bedrooms and made choices of decoration. A relative told us, "[Person's name] chose the colours for their new room and we looked on [on the internet] for things. [Relative] says they have a posh new room."

Respecting and promoting people's privacy, dignity and independence

- People were well presented and clean during our inspection visit, and the people we spoke with told us they felt staff supported their privacy and dignity. We saw staff knock on doors if they wished to go into someone's room.
- Staff supported people to maintain as much independence as possible, from supporting them with personal care to going out in the community, to encouraging them to be as mobile as possible.
- One staff member told us, "I worked with [person's name] years ago and [person] is still here and has come so far." They told us how over the years the service had helped them to become much more able to do things as independently as possible; their progress was also remarked upon by all staff we spoke with.
- Staff described how they supported independence within people's daily routines, for example with personal care. One staff member added, "We try and support impendence, for example supervising [people] to make a cup of tea, help make their own lunches, topping their own pizzas."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There were individualised plans in place to guide staff on supporting people in all areas of their daily lives, and staff knew people's needs and preferences very well.
- Where staff recorded people's care on a daily basis, we found that these documents did not always contain sufficient information to assess whether people's care plans were followed, for example with regards to their oral health. The registered manager said they would address this with the staff team in order to improve the daily recording of people's care.
- Staff supported people positively, including with any behaviours which others could find challenging, which led to good outcomes for people and supported a good quality of life.
- There were activities within the home, and people were supported to follow their hobbies and interests. A staff member told us, "If someone wants to do something we'll do the best thing to make that happen." They went on to give examples of this, such as two people attending the Norfolk Show on the day of our inspection visit.
- Staff supported people to access the provider's horticultural centre on the site, and engage in different activities. These included not only horticultural activities such as weeding, mowing and growing plants, but also learning opportunities such as maths, and hobbies such as puzzles.

Improving care quality in response to complaints or concerns

- The registered manager had investigated and resolved any issues or concerns brought to their attention. A relative said, "I haven't had any complaints or any concerns." However, they told us they felt comfortable to raise concerns with staff if they had any.

End of life care and support

- There were end of life care plans in place for people, however the service did not routinely support people nearing the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- A relative said, "I would recommend this care home." A staff member told us, "I would definitely have a relative in here, the staff team are lovely, we definitely work as a team and I think what the company provides is good."
- We saw that the staff worked together and shared an ethos of delivering person-centred, individualised care based on people's own needs and preferences.

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

- There was good leadership in place and staff were positive about working in the home. All staff we spoke with said they had regular supervisions and support when they required it. They also participated in regular staff meetings where any issues and developments within the service were discussed.
- There were a range of checks in place to monitor the service, including health and safety.
- The registered manager was aware of what statutory notifications they should send us.

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

- A relative told us, "I am always informed about any changes." Staff felt fully involved in the running of the service and told us that the registered manager and the provider's organisation listened to them and resolved any issues.
- People's right to equality was respected.

Continuous learning and improving care

- The service continued to strive for improvement, including making positive changes to the home environment.
- Where an audit had identified a shortfall, action had been taken to rectify it in a timely manner.

Working in partnership with others

- The service kept links with the community, such as some local day centres, and worked with the provider's other homes and managers to share ideas and advice.