

New Boundaries Community Services Limited

Shalimar

Inspection report

Beech Avenue
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Date of inspection visit:
19 December 2018

Date of publication:
31 January 2019

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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?	Good ●

Summary of findings

Overall summary

Shalimar is a residential care home for up to five people with a learning difficulty some of whom may also have autism. At the time of our inspection five people were using the service. Shalimar is a spacious bungalow, with large outdoor areas and gardens. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of our inspection there was 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 was safe and people were protected from harm. Staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. Risks to people using the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. Risk assessments were thorough and personalised.

The service ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. Records confirmed that robust recruitment procedures were followed. Medicines were stored, managed and administered safely. Staff were trained, and their competency checked, in respect of administering and managing medicines.

People using the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People enjoyed their meals and were involved in discussions and decisions regarding the menus and options available.

Staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the importance of helping people to make their own choices regarding their care and support. People using the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible

The service ensured people were treated with kindness, respect and compassion. People also received emotional support when needed. People told us they were involved in planning the care and support they received and were able to make choices and decisions and maintain their independence as much as

possible. Information was provided to people in formats they could understand.

Care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain and enhance their independence and what could help ensure they consistently had a good quality of life. People's comments and concerns were listened to and taken seriously. The service also used any comments or complaints to help drive improvement within the service.

People who used the service and staff spoke highly of the management team and told us they felt supported. CQC's registration requirements were met and complied with and effective quality assurance procedures were in place.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Shalimar

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 19 December 2018 and was unannounced. The inspection team consisted of one inspector.

We examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. The provider had completed a Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, including what the service does well and improvements they plan to make.

During our inspection we observed care, support and interactions between staff and people using the service. We spoke with three people who were using the service, the manager, the deputy manager and two further members of care staff. We reviewed all five care files, two staff recruitment files and a sample of management related records, such as audits and policies.

Is the service safe?

Our findings

People using the service told us they felt safe. One person said, "They [staff] look after us really well and make sure we're safe." We saw that systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff were trained and understood the responsibilities of safeguarding and were familiar with the provider's and local safeguarding authority's policies.

We saw that risks to people using the service were fully assessed and their safety was monitored and managed, with minimal restrictions on their freedom. This helped ensure people were supported to stay safe, whilst having their freedom respected. Where people's behaviours may be challenging, staff demonstrated a good understanding of how to support people safely and appropriately and within agreed and legal guidelines.

Records with information relating to people's safety were up to date, accurate, securely stored and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

There were effective systems in place to promote and encourage concerns, to be shared appropriately. Thorough investigations were also carried out in respect of any issues or concerns such as whistleblowing, staff concerns, safeguarding and accidents and incidents. Regular and appropriate checks were also carried out to ensure the premises and equipment used in it was properly maintained and remained safe and fit for purpose.

The service ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. Staff were also appropriately deployed so that people received consistent support from staff. Where people using the service required one-to-one staff support, this was provided accordingly. Robust recruitment procedures were followed. For example, all staff had references and DBS checks had been carried out. DBS is the Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process helps to ensure that only staff who are suitable to work in a care environment are employed.

The service ensured proper and safe use of medicines by following current professional guidance and engaging with professionals in people's medicine reviews. We saw that the service had appropriate facilities to ensure the safe storage of medicines. Staff also adhered to robust procedures for ordering, disposing, administering and recording medicines for people in the service.

We found the home to be clean and hygienic throughout. People using the service were helped to stay safe and well because the service followed effective procedures for the prevention and control of infection. Staff had been trained to understand how to identify potential risks and prevent and avoid the spread of infection.

The service had effective systems in place to ensure lessons were learned and improvements were made in

the event that things went wrong. For example, any safety incidents or 'near misses' were recorded and investigated thoroughly. Audits were also undertaken and reviewed regularly to identify any negative trends and risks to people's safety.

Is the service effective?

Our findings

The service ensured that care and treatment for people using the service was being delivered in line with current legislation and guidance. People's needs and choices were assessed in a way that ensured each person had their individual holistic needs met effectively and without discrimination.

The service ensured that all staff had the skills, knowledge and experience to deliver effective care and support. All staff completed essential training that was relevant to their roles, as well as training in subjects that were service or 'person specific'. Staff were supported to complete refresher courses to ensure their skills and knowledge remained up to date and relevant. The service maintained a training matrix, which helped to ensure staff training remained up to date, as well as highlighting any areas where there were shortfalls. One member of staff told us, "The training is excellent. [Manager] lets us know what's available and makes sure we're all up to date."

New staff completed a comprehensive induction and all staff received regular support, supervision and appraisals. Staff's competency in their work was checked and monitored by way of regular observations and mentoring by other appropriately experienced or qualified staff, such as the manager or deputy manager. One member of staff told us, "I've definitely been supported really well since I started, particularly with regard to how to support people who aren't independent or maybe have extreme behaviours."

People using the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People told us they enjoyed their meals and said that they were involved in discussions and decisions regarding the menus and options and could choose what they wanted. On the day of our inspection we saw that all the people using the service, plus members of staff on duty, as well as off duty, had a pre-Christmas dinner party, which everybody said they enjoyed a lot. Risks regarding people's intake of food and drink were identified, assessed, monitored and managed effectively. Appropriate input and guidance was also consistently sought from dietary and nutritional specialists to help ensure people remained healthy and well.

We saw that the service worked well with other professionals and organisations who were also involved in providing people with care and support, such as day services, medical and healthcare services. Relevant information was shared appropriately with these other professionals and organisations, to help ensure people using this service consistently received effective care, support and treatment. People were also supported to maintain good health and had access to healthcare services as needed such as, district nurses, mental health nurses, GPs, dieticians and speech and language therapists. Routine appointments were also scheduled with other professionals such as opticians, chiropodists, audiologists and dentists.

The premises were safe and accessible and people could choose whether they wished to spend their time in the communal areas or in a quiet area, alone or with visitors. People were involved in discussions regarding the layout and décor in the home. People's bedrooms were furnished and decorated in accordance with their individual choices.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service ensured that consent to care and treatment was always sought in line with current legislation and guidance and staff demonstrated a good understanding of the MCA and DoLS,

Where a person's mental capacity was in question, capacity assessments were recorded and reviewed regularly. For some people, who had capacity which fluctuated, information was clearly recorded to explain which decisions people could make by themselves and which they need assistance with. The service had protocols in place to support people who lacked capacity, without the use of physical restraint.

Staff understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, when people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Throughout this inspection we observed staff obtaining people's consent before providing support to them.

Is the service caring?

Our findings

People told us that staff were caring and consistently treated them with kindness, compassion, empathy and respect. People said they felt they mattered and that staff listened to them. People also told us that staff responded quickly to their needs. We also noted that staff recognised when people were in pain, discomfort or emotional distress and responded quickly and appropriately.

One person who used the service told us, "I do so much now, everything's so much better than it used to be. They [staff] are all amazing, particularly [manager] and [care staff]." We noted that another person had specified in their end of life wishes, that they wanted the manager to be part of their funeral service and read a speech for them.

The registered manager told us how one person who used the service really wanted to have a holiday abroad but only had very limited finances. Although staff helped the person to save for the cost of the holiday, the person could not afford for two members of staff to accompany them. After completing detailed risk assessments, a member of staff volunteered to support the person on their own, to enable the person to have their 'dream holiday'.

The person using the service said that they had had, "An amazing time!" And we noted that they had lots of photographs to remember it by. The manager told us that the dedication of the member of staff had been truly amazing and that they had gone above and beyond to ensure the person using the service had the holiday of a lifetime that they would never forget. We noted that the member of staff had also spent a considerable amount of time planning with the person, before the holiday, so they would have lots of things to do and places to go that they really enjoyed.

People using the service told us they were involved in planning the care and support they received and were able to make choices and decisions and maintain their independence as much as possible. When needed, information was also provided to people in formats they could understand.

People using the service were supported to maintain relationships that were important to them and relatives and friends were welcome to visit without restrictions. For example, we noted that to help one person continue visiting their relative, a member of staff had taken out appropriate business insurance for their car and volunteered to drive the person in their own vehicle and in their own time. The manager explained that the person's relative was unable to drive and could not arrange regular transport to the service. They went on to say that the member of staff had willingly volunteered their time because they knew how much it meant to the person using the service to be able to continue seeing their relative.

Staff demonstrated that they understood the importance of respecting people's privacy, dignity and human rights. People using the service also told us that their privacy, dignity, independence and confidentiality was consistently promoted and respected in the service.

The service had policies and procedures in place that gave guidance to staff in line with the Equality Act

2010. Staff had completed equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. This helped to ensure that staff demonstrated interactions that respected people's beliefs, values, culture and preferences. All our observations during this inspection confirmed that people were treated equally and their human rights were respected.

The manager told us how one person we met with had not been able to express their own identity before moving in to Shalimar. However, we saw that this person had since been supported to have a haircut of their choosing, as well as tattoos and piercings. This person told us they were very proud of everything they had achieved, which also included losing weight and swimming increasing lengths at the local pool.

The manager explained how staff who shared the same interests would go with this person, when they wanted to have a new piercing or tattoo. Staff would also sometimes have something done at the same time, which helped increase the person's confidence. This person told staff that 'it made them feel like they were living a normal life by going out with a friend, rather than being escorted by a member of staff and sticking out because they were different.'

Is the service responsive?

Our findings

People's health, care and support needs were regularly assessed and reviewed, with any updates and changes recorded clearly and accurately. Care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain their independence and what could help ensure they consistently had a good quality of life.

The manager told us that they used a system called 'SMART care planning'. They explained how this provided staff with steps to follow that could help people using the service to become more independent. In addition, staff were able to identify any declines that people may be experiencing in a certain area. The manager told us, "This has worked really well and helped some of my service users become independent in washing their own hair, doing their washing etc. General day to day things that they could not do for themselves before. This has given the service users a sense of achievement for themselves."

People's views were respected and people were encouraged and supported to follow their individual interests, hobbies and activities. We saw that the service had a 'Wishing Tree' upon which people using the service could place goals that they wanted to achieve. We noted that some of the goals people were working towards included, painting a picture for their bedroom wall, making a pottery mug to use, going to America, swimming 150 lengths and losing one stone in weight. People we spoke with said that they were proud of what they had achieved and enjoyed setting new goals to work towards.

People's individual communication needs were identified and met appropriately. For example, the manager explained how one person using the service had autism and was predominantly non-verbal. The manager and staff had been told by some healthcare professionals that the person would never develop beyond using objects of reference to help them communicate. However, we saw that the manager and staff had worked very closely with this person over the past two to three years and the person had developed their communication skills to a much higher level. During our inspection we observed some very positive, caring and engaging interactions between this person and a member of staff, which included a game of 'matching pairs' of picture cards. The manager told us, "As a staff team we have very gradually introduced pictures, which [Name] has taken to and has thrived in their understanding. Outings in the community have been more successful; tasks in the house have been communicated better and [Name] has also started talking to us using key words."

People told us they knew how to raise any concerns or complaints if they needed to. People also told us that they were listened to and taken seriously. One person said, "I just tell staff if anything's bothering me. They sort it out."

Is the service well-led?

Our findings

The service ensured CQC's registration requirements were met and complied with. There was a registered manager in post who told us they were fully supported by the provider and completely understood their responsibilities. The manager ensured they kept themselves up to date with any necessary changes and communicated relevant information to the staff team effectively and efficiently.

The service had a clear vision and credible strategy to help ensure they continually delivered high quality care and support and achieved positive outcomes for people. We also found that the service promoted a positive culture that was person-centred, open, inclusive and empowering.

The manager told us they were extremely proud of the service as a whole and spoke very highly of the people using the service as well as the staff. The manager said, "I just want to say as a service manager I could not wish for a better staff team. They all know each service user inside out. They fight for what is right for each service user, work when they are not getting paid and will ensure that each service user is happy every day. If there is something that a service user wants they will go out of their way to get it and help them achieve it."

We saw that staff took responsibility and understood their accountability at all levels. Staff knew what was expected of them and said they received constructive and motivating feedback about their work from the management team. Staff also demonstrated how they remained constantly aware of any potential risks to people's safety.

Staff told us that they were very happy working at Shalimar and would definitely recommend the service. One member of staff told us that one of the best things about working at Shalimar was seeing people achieve or exceed their potential and seeing huge improvements in people's mental and physical health as a result of a great and stable staff team working together. Two members of staff told us that the manager and deputy were, "Excellent." One member of staff said, "They are always so supportive, you can talk to them anytime about anything."

People using the service also told us they were very happy living there and this was further evident by all our observations.

We saw that the service had effective systems and procedures in place to monitor and assess the quality of the service. Regular checks and audits were completed in respect of areas such as medication, care plans, environment and staffing levels. We also saw that appropriate remedial action was taken when any shortfalls were identified, which helped ensure a good quality service was maintained.

Staff told us they could contribute to the way the service operated through staff meetings, supervisions and daily handovers. We also saw that regular meetings took place with the people who used the service, during which they also had opportunities to make suggestions for improvement.

We saw that the service worked openly with other services, such as the local authority's safeguarding team and Clinical Commissioning Groups (CCG). Appropriate information and assessments were shared with other relevant healthcare professionals and agencies. This helped ensure people using the service benefitted from 'joined up' and consistent care.