

# New Boundaries Community Services Limited

## Pinetops

### Inspection report

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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

The inspection took place on the 10 August 2016 and was announced.

Pinetops provided care for up to six people. The home supported people who had a range of learning disabilities.

There is another home next door called Greenacres. This is owned by the same provider and has the same registered manager. As a result there are similarities with both homes in terms of the management and the administration of the services. We inspected these services during the same week.

There was a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Throughout this report the registered manager will be referred to as the manager.

People benefited from being supported by staff who were safely recruited, well trained and who felt supported in their work by their colleagues and by the manager. There was consistently enough staff to safely meet people's individual needs.

Staff understood how to protect people from the risk of abuse and knew the procedure for reporting any concerns. Medicines were administered safely and adherence to best practice was consistently applied. People received their medicines on time, safely and in the manner the prescriber intended. The service regularly audited the administration of medicines. Medicines were stored securely.

Staff knew and understood the needs of people living at Pinetops.

Staff received yearly appraisals. Staff also had regular supervisions. The manager and team leader observed practice and were involved in the daily running of the service.

Staff told us they were happy working at Pinetops. They assisted people with kindness and compassion. People's dignity and privacy was maintained and respected. People were treated as individuals.

The Care Quality Commission (CQC) is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was depriving some people of their liberty in order to provide necessary care and to keep them safe. The service had made applications for authorisation to the local authority DoLS team. The service was working within the principles of the MCA.

The manager's understanding about mental capacity and the staff's understanding about DoLS was

variable. When we raised this with the manager, they put a plan in place to address this.

People's care plans contained important, relevant and detailed information to assist staff in meeting people's individual needs. People had been involved in making decisions around the care they received. People's needs had been reviewed. People's care was person centred.

People were supported to maintain good health and wellbeing. The service reacted proactively to changes in people's health and social care needs.

The service had links with the local community and the manager planned to develop this further.

The service encouraged people to maintain relationships with people who were important to them. There were planned activities on a daily basis to support people to maintain their interests and fulfil their goals.

There was a positive, open culture and a welcoming and friendly atmosphere at Pinetops. There were systems in place to monitor the quality of the service. Although there appeared to be delays at the provider level (New Boundaries) for some of the improvements to the garden, the manager and staff wanted to make.

## 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 were safely recruited to meet people's individual needs.

People were supported by staff who knew how to prevent, identify and report abuse.

People were kept safe as risks had been identified, and managed appropriately. Staff had effective guidance to support people in relation to the identified risks.

Medicines were administered safely. People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People benefited from being supported by well trained staff who felt supported in their roles.

Staff assisted people in a way that protected their human rights. The service was meeting its responsibilities under the MCA.

The service ensured people received food and drink of their choice. People had enough to eat and drink.

People's health and wellbeing were supported and maintained by having access to appropriate professional healthcare services.

### Is the service caring?

Good ●

The service was caring.

Staff had a good knowledge of the people they supported and delivered care in a respectful and caring manner.

Care and support was provided by staff in a way that maintained people's dignity and independence.

People were involved in making decisions around the care and

support they needed.

### Is the service responsive?

Good ●

The service was responsive.

Care and support was provided in a personalised way that took people's wishes, needs and experiences into account.

The service encouraged people to maintain meaningful relationships with those close to them.

There were regular social activities, the service encouraged people's involvement.

The home had systems in place to gain people's views on the service provided.

### Is the service well-led?

Good ●

The service was well-led.

The staff and the people they supported benefitted from a manager that demonstrated dedication and knowledge in the service.

People were supported by staff that were happy in their work and felt valued.

There were auditing systems in place to ensure a good quality service was delivered.

# Pinetops

## 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 was 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.

This inspection took place on 10 August 2016 and was announced. We announced the inspection because Pinetops is a small service. Our visit was carried out by one inspector.

The manager had 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.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law.

We observed staff practice and interactions between people who lived at the service and staff throughout the inspection.

We spoke with the manager, team leader and two members of the care staff. We also contacted the local safeguarding team, the local authority quality assurance team, and the clinical commissioning team (health) for their views on the service.

We reviewed the care records of three people and their medicines records of four people. We also looked at records relating to the management of the service. These included training records, health and safety check records, audits, and the recruitment files for two members of staff.

# Is the service safe?

## Our findings

There was enough staff to keep people safe and meet their needs. The staff we spoke with told us they were happy with the staffing level. People living at the service were unable to communicate with us. However, we observed staff responding to people's needs in a timely way. We also saw staff chatting and engaging with people throughout the day.

Some people who lived at the service had been assessed to have periods of 'one to one' support from day staff. At night time there were two members of staff on duty. If there were staff absences which could not be covered by the existing staff, the provider had their own staffing agency which the service used. The manager told us they chose certain individuals from the agency because they had worked at the service before, and knew the people well. On the day of our visit there was a member of staff working from the agency. We found this member of staff had a good knowledge and understanding of the people who lived at the service.

The manager and staff understood how to protect people from the risk of potential abuse. The staff told us the different signs which may indicate if a person was experiencing harm in some way. Staff told us they would raise any concerns they had with the manager. Staff also knew of outside agencies they could contact, for example the local authority safeguarding team and senior colleagues within the provider (New Boundaries.)' We saw there were contact details for the local authority in the manager's office.

The manager told us about a concern raised by staff. The manager told us how they investigated this issue and what action they took to try and prevent it happening again. We could see action had been taken to protect the people who lived at the service and a referral had been made to the local authority social care team.

We saw that people had thorough risk assessments. These assessments considered people's vulnerability, what actions needed to be taken by staff to ensure people were safe in a variety of situations. These assessments considered factors which may result in people who lived at the service expressing behaviour, which may challenge other people. We could see from these assessments and people's daily records, the service had made contact with outside agencies, to support the staff and the person to manage these situations.

There were various safety checks carried out by staff to keep people safe. There was a fire evacuation plan for the service. The fire equipment was tested on a regular basis. People had individual assessments about their responsiveness to the need to evacuate the building. This included guidance for staff to manage this situation should it arise. The service also completed a safety check on the cars used by the service.

The service also carried out checks on the water temperatures in people's rooms and the service as a whole. However, the service did not test for Legionella, this is a bacteria which can grow in water supplies, and can cause people to become ill. We spoke to the manager about this. They told us they will speak with the provider. We later received confirmation that testing would be commencing soon.

The manager had a plan in place to respond to emergencies which may affect the running of the service. There were contact details of utility suppliers, an on call "Handy man," and an out of hours number for evening staff to call if there was an issue where support was needed.

Staff met twice a day to 'hand over' to the new shift of staff, a 'shift lead' updated staff if there were any issues, incidents, or changes in people's needs.

People were kept safe as recruitment processes were in place, which ensured only those people suitable to work in care, were employed. We looked at the personnel files of some members of staff. We could see the appropriate security checks had been completed. Staff identification had been verified and the Disclosure and Barring Service (DBS) checks had been carried out.

The service had a robust way of administering people's medicines. This involved two members of staff. Both would complete the administration of medicines together for each person. They would both check the correct medicine and amount had been given. They would also check the Medication Administration Record (MAR) had been completed appropriately. The MAR would then be checked four times a day by a further member of staff. We were shown the record confirming these checks were completed daily. We also reviewed four MAR records and it appeared the service had given people their medicine as the provider had intended.

The service also checked the stock count of medicines once a month and the returns of medicines. To ensure continuity this was completed generally by the team leader.

People's medicines were stored securely in the manager's room. The service monitored the temperatures of these cupboards on a daily basis to ensure the medicines were effective. We looked at these records and found the temperatures recorded were within the recommended temperatures.



# Is the service effective?

## Our findings

The staff had the skills and knowledge to perform well in their work.

The manager showed us the training programme for the year ahead. We could see staff training was up to date. Training included, first aid, medication administration, safeguarding, and responding to behaviour which may challenge others. Staff spoke positively and in detail about the training they had received.

The staff we spoke with said their induction was robust and prepared them for the job. We spoke with one member of staff about their induction, they said, "Brilliant can't fault it." They described how over a period of time their confidence and knowledge grew and how they were being supported to slowly work more independently. The induction included a week of training in the class room, which ran alongside a period of 'shadowing' staff. This also included time to get to know the people who lived at Pinetops. New staff would be assigned a "Buddy" and shifts would begin. Sometimes staff worked with their 'buddy' until people felt comfortable with the new member of staff.

We observed a new member of staff being supported by the team leader. We spoke with this member of staff who said they feel supported by the staff and the manager. They said, "I feel it is proper training. ...I couldn't wait to come back after my first day."

We were shown a record of supervisions and appraisals, and these were up to date and were completed on a regular basis. Staff confirmed they had regular supervision and team meetings were also regular events. We looked at the minutes of the staff meetings and could see this was the case.

We observed staff communicated clearly and respectfully with one another throughout our visit. The staff we spoke with talked about the importance of being professional. All the staff we spoke with including the manager talked about being, "A strong team." One member of staff said, "Everyone comes together." We observed staff co-operating and being professional with one another during our visit.

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 so that they can 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.

The manager did not demonstrate that they had understood the principles of the MCA or DoLS. The care

staff we spoke with did have a good understanding of the MCA, however staff knowledge about DoLS was variable. When we looked at people's care records the service had not completed mental capacity assessments for individuals and reviewed this. However, the manager had made referrals to health and social care professionals when they had been concerned about a person's mental capacity and their ability to make informed decisions.

We observed the service was also not restricting people's movements or their freedoms. We saw staff offered people choice throughout our inspection. From speaking with staff and looking at people's care records we could see the service made every effort to involve people with their care and offer daily choices and explore goals for the future.

We spoke with the manager about their shortfall in knowledge. The manager said they were booked on MCA training to take place later this year. The manager also said the MCA would occasionally be brought up at supervision to strengthen staff understanding of mental capacity.

The manager and staff told us how they had been on a cookery course, "The Joy of Cooking." We were shown a cook book which they used which aimed at producing healthy food. The manager and staff were in the process of producing a menu of the meals they cooked. These included a photo of each dish or meal they had made. Staff told us how people chose what they wanted to eat at their one to one meeting each week and staff would then plan to cook these meals.

On the day of our visit some people had gone out to lunch with their one to one key worker. People had chosen to go to different places. We heard staff discussing with some people where they wanted to. One member of staff said, "Come on [name] where do you want to go for lunch?" When these people came back they spoke positively about their experiences. One person spoke in an enthusiastic way about the experience and the desert they had chosen.

For the people who were staying at the home for lunch we observed one member of staff going round to each individual talking about the lunch options. The planned meal was now off the menu, this member of staff asked each person if they were happy with the replacement, everyone indicated that they were. We saw that people enjoyed their lunch, making positive sounds, and accepting more when it was offered towards the end of the meal.

From looking at people's care records and speaking with staff people had access to health professionals when there was a need to. We looked at people's care records and we could see examples of when specialist health involvement had been recently and historically requested. We heard two members of staff checking the 'communication book' and confirming these appointments had been made. A social care professional had been requested to visit an individual, and we saw they were visiting the next day to review a person's needs.

# Is the service caring?

## Our findings

People were unable to communicate with us. However we observed the interactions between staff and people who lived at the service. These were friendly, positive, and caring.

During our visit we observed staff engaging with people in a calm, friendly, and professional way. We saw staff having regular interactions with people either in the form of a conversation, or through touch, or completing an activity together. We looked at some people's care records and we found detailed information about how people wanted staff to engage with them. This information was gathered from past professional's involvement and the observations of staff. We saw staff putting this into practice. Staff and people who lived at the service appeared relaxed in each other's company. One member of staff had returned from leave, one person who lived at the service became very animated, clapping and smiling when they saw the person had returned; the member of staff came over and gave them a hug.

People were supported to maintain relationships with people they felt were important to them. The service facilitated contact with relatives on a regular basis. The manager told us a lot of people who lived at the service had formed friendships with people in other services in the provider group. Staff told us about a recent disco held at the local community centre and other events aimed at supporting these friendships.

People were involved in their care. Staff told us how they encouraged people to play an active part in their daily routines. We saw one person who was being supported to eat with specialist equipment. This member of staff talked to the person about what they were doing. They also asked this person which member of staff they wanted, to support them with their meal. We saw people and members of staff completed the laundry tasks together. People had weekly meetings to discuss the week past and plan for the week ahead.

Staff told us they discussed sensitive matters with people in private. Staff told us how they ensured people had privacy when they wanted it. We observed this happening on the day of our visit. Staff also told us how they managed situations in public and in private in a respectful and dignified way.

The service supported people to be as independent as possible. The team leader and staff told us about one person when they moved to the service they were unable to leave their bed. We were shown specialist equipment the service had purchased to support this person's mobility. The manager said, "We wanted to find ways which would support this person to feel part of the home and be as independent as possible." We looked at this person's care records; we could see the service had made a referral to a specialist health team to seek advice about how to do this. Staff told us about plans to support the person to go on day trips. During our visit this person spent time in their room and in the communal part of the home. We saw staff ask this person what they wanted to do, and they facilitated their response.

# Is the service responsive?

## Our findings

People's care was person centred and the service was responsive to people's needs. We looked at people's care records, assessments and reviews. We found these to be person centred, giving unique details, relevant to individuals. These records provided a picture of the people the service supported and their needs.

The service had created daily record books, which included a, "Pen picture" a brief description of people's needs to support new staff and agency staff to meet these needs. They also included a picture of people's key workers and a list of the key workers daily responsibilities.

We looked at people's records; we could see people had been involved in the planning of their care. People's backgrounds had been explored, their likes and dislikes. Most people were unable to easily communicate what was important to them; however their records were very detailed. The manager and staff had made significant efforts to engage with people and find out what was important to each person, what made them happy and what caused distress. Staff were able to tell us about how people who were unable to verbally communicate, expressed to staff, if they were in discomfort and when they were in pain. We also found this information in people's care records.

We saw in people's care records, information about their needs, and preferences were expressed in pictures and with words to support people to understand this information. There was a poster in the service in pictorial form, telling people how they could make a complaint. Some people had also signed to say they were in agreement with their care plans.

When we spoke with staff we asked them to tell us about the people who lived at the service. They gave us detailed information about each person. This information was found in people's care records. We observed staff using this knowledge to engage with people throughout the day of our visit.

People were supported to engage with a variety of activities which they had chosen they wanted to do. For example, some people regularly attended a day centre and others a specialist sensory centre. During our visit we saw staff discussing and planning activities for that day and evening. Some people had more complex needs than others; they still took part in a range of activities. We looked at some of these people's records and we could see robust planning, which ensured they were safe, and enabled to take part in activities they enjoyed. One member of staff told us, "It's about not seeing the disability first, but the person."

Staff told us people who lived at the service were treated as individuals. When we looked at the care records we could see people had identified areas of interest and activities they liked doing. We saw people were being supported to fulfil and develop these interests regularly. These were individual to each person. When we visited people in their rooms these were personalised spaces expressing their individual interests, and hobbies.

People had recently been asked where they wanted to go on holiday, not everyone wanted to go to the same place, and so some people had separate holidays to the other people at the service, going to different places. A member of staff told us how they explored where two people had wanted to go and what they wanted to do when they were there. The member of staff then arranged this.

## Is the service well-led?

### Our findings

The staff we spoke with were complimentary about the manager. One member of staff said, "He is a new manager and I want him to succeed." Another member of staff said, "[Manager] is always happy to stay late to answer questions."

Staff also spoke positively about an open culture and good leadership. One member of staff said, "We are a dedicated team." Another member of staff said, "We work together." We observed the manager, team leader, and staff communicated effectively with one another. These conversations were professional and appropriate. Staff said the manager was present and involved with the day to day running of the service.

There was a strong sense of 'team work' at the service. Staff also said they felt confident expressing any concerns to the manager. Staff also said they felt comfortable addressing any practice issues with their colleagues. One member of staff told us how they addressed an issue about the administration of a person's medicine, with a fellow member of staff, they told us the member of staff responded positively.

The manager told us it was important that all staff are accountable and feel responsible for the people they supported. All staff rather than just senior staff supported people with the administration of their medicines. There is a shift lead on each shift responsible for certain actions. The shift lead role is shared by all staff. The manager said, "Everyone should have responsibility, because everyone is capable."

We asked staff what the services' values were. One member of staff said, "To help these guys have the best opportunities in life." Another member of staff said, "To provide a tip top service, to enable people to be as independent as possible, to have integrity and passion." The manager spoke about creating an atmosphere, "Where we are one big family...and basing each day around that individual." We found these values were shared by all staff. We also observed the service was friendly and welcoming.

The manager told us they felt the links with the community could be improved upon, and they were working with the operational manager about how this could be achieved. The service had made use of the community centre and the village pub.

The manager fully understood their responsibilities and the information we hold about the service, told us they reported incidents to the CQC as required.

We were shown various audits completed by the manager and some staff in order to monitor the quality of the service and drive improvement. For example there were weekly and daily audits which checked the entries into people's daily logs and care plans, the condition of people's rooms, and people's safety.

The manager also created action plans which were shared with the provider. The manager showed us these plans, we could see some had been completed, but some had not. The manager showed us the garden; they had some issues with access to the garden. This was addressed with the provider following an incident where people needed to be evacuated from the home. Staff were able to do this but it was challenging due

to the width of the pathways. The manager also told us they had made suggestions to the provider to improve the space outside so people who lived at the service would use it more. They told us despite many requests; they had received no response from the provider.

The manager spoke positively of the operations manager and felt supported by them. The manager said they had regular supervision and told us about the training they are attending shortly. The manager said the provider was supportive of their learning and development. They had recently completed a level five Diploma in Care.