

# New Boundaries Community Services Limited

## New Boundaries Group - 2 Lloyd Road

### 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

This inspection took place on 14 July 2016 and was announced.

2 Lloyd Road provides accommodation, care and support for up to three people living with a learning disability and/or mental health needs. At the time of our inspection there were three people living in the home.

The registered manager had been in post since 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People living in the home were safe as individual and environmental risks had been identified and minimised. Risk assessments were regularly reviewed and updated. There was consistently sufficient numbers of staff on duty to meet people's needs. There were safe recruitment practices in place which ensured that appropriate staff were recruited.

There were safe practices around the storage and administration of medicines. Staff received regular training in the administration of medicines and regular audits ensured that staff were effective in their management of medicines.

People were supported by staff who were knowledgeable and skilled in their work. Staff were supported in their role through regular training and supervision from the manager.

The service was working within the principles of the Mental Capacity Act 2005, but people had not had a mental capacity assessment. People were supported in making their own decisions where they could and staff involved people's relatives and other relevant professionals where needed.

Care records and risk assessments were person centred and detailed people's individual needs. These records were reviewed and updated regularly. People were supported to have a healthy intake of food and drink and if there were concerns around people's healthcare needs then prompt referrals were made to the relevant healthcare professional.

Staff were caring and attentive. People were encouraged to be as independent as possible and staff communicated with people effectively at all times. People were supported to pursue their interests and could access a range of activities of their choice. Visitors were welcome at the home and visits to relative's were facilitated.

The service was well run and people's needs were being met. There was open and frequent communication between the management and the staff team and staff felt supported in their role. There were effective

systems in place to monitor the quality of the service. Regular audits were carried out by the manager and senior management. These highlighted areas for improvement and the manager took the appropriate remedial action in response to this.

## 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.

Risks to people were identified and plans were in place to minimise the risks.

Staff knew how to recognise the possible signs of abuse and the correct procedure for reporting any concerns.

There was consistently enough staff on duty to adequately meet people's needs. Safe recruitment practices were in place to ensure that suitable staff were employed.

Medicines were stored and administered safely.

### Is the service effective?

Good ●

The service was effective.

Staff received regular support from management and attended training relevant to their role.

People were encouraged to make decisions about their care and staff worked in line with the Mental Capacity Act 2005.

People were supported to maintain a healthy nutritional intake and timely referrals were made to other relevant health professionals when any concerns were identified.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and attentive. People were treated with respect and dignity.

Staff encouraged people to be as independent as possible and people were supported in maintain relationships with their relatives.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning their care as much as possible. Care records were regularly reviewed and updated.

People were encouraged to maintain links with the local community and partake in activities of their choice.

People were supported to make a complaint.

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

The service was well led.

The service was well run and people's needs were being met.

The manager promoted open and effective communication within the staff team.

There were systems in place to monitor the quality of the service and regular audits highlighted areas for improvement.

**Good** ●

# New Boundaries Group - 2 Lloyd Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 unannounced inspection took place on 14 July 2016 and was undertaken by one inspector.

Before our inspection we looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During the inspection we met all three people living in the home and spoke with two people's relatives on the telephone. We also spoke with the manager and three members of staff.

We looked at the care records of all three people and the medication records for all the people who lived in the home.

We also looked at a selection of records that related to the management of the service and the recruitment records for three members of staff.

# Is the service safe?

## Our findings

People were not able to tell us verbally whether they felt safe but we saw that they appeared to be comfortable and relaxed in the company of staff. All the relatives we spoke with thought that their relative was cared for safely by staff.

When we asked one person's relative if they thought that their relative was cared for in a safe way they said, "Yes, definitely." Another person's relative said, "[Name's] safe there."

Staff we spoke with were knowledgeable about issues around abuse and they were able to tell us what constituted abuse and what signs to look out for. All staff received training in safeguarding and they knew the correct reporting procedure if they had any concerns.

We saw from people's care records that individualised risk assessments were in place. The assessments gave clear guidance on what steps could be taken to minimise the identified risks. For example, we saw that one person was at risk of falls. We noted that the risk assessment stated to keep the person's room and living areas free from clutter to minimise the risk of falling. We saw that their room and the living area was arranged to minimise this risk. Risk assessments were continually reviewed to reflect any new concerns and were updated accordingly.

We looked at the staff rotas and saw there were consistently enough staff on duty to support people. One person living in the home required one to one support from staff and we noted that staffing levels were adjusted to meet their needs. They were also adjusted to meet other needs such as facilitating a visit to see relatives. Staff we spoke with felt as though there were enough staff on duty and one person's relative we spoke with told us, "There's always been enough staff on when I've visited."

We looked at the records for safety checks on utilities in the home. We saw that all the necessary inspections and checks were carried out for gas and electrical safety and regular water testing was in place. There was a dedicated fire safety folder which documented the fire safety checks. This ensured that the home was a safe place to live and work in.

We looked at three people's personnel files and saw that appropriate procedures were being followed in order to make sure that only suitable staff are recruited to work at the service. All staff had been police checked and appropriate references had been sought before staff commenced their employment at the home.

There was a staff disciplinary procedure in place and we saw that this was being used to manage poor performance where necessary. This meant that people who used the service were supported by staff who were fit to do so.

Medicines were stored and administered safely. We looked at the medicines administration record (MAR) charts and noted that people were getting their medicines as prescribed. We noted that there were no gaps

in the administration records. We saw that there were safe practices around the administration of medicines. We observed medicines being administered and saw that two staff carried this out. This was to minimise the risk of errors being made.

Staff told us that they had received training in the safe administration of medicines and the manager said that staff needed to be observed several times administering medicines before they could administer without supervision. In addition to this, a senior member of staff observed staff administering medicines to ensure that they were practicing within the provider's medicines policy. We spoke with a senior carer who told us that regular audits of the medicines were carried out. We looked at the audits and the current stock of medicines and saw that that the audit had been completed correctly as the stocks of medicines tallied with the amount of medicines stated on the MAR charts.



# Is the service effective?

## Our findings

Staff we spoke with told us that they received regular training. All new members of staff completed a comprehensive induction process, which included completing training courses relevant to their role. Staff told us that they attended yearly training updates and felt that the training enabled them to keep up to date with current guidance and legislation associated with their role.

People living in the home were not able to speak with us directly, but we saw that they were supported by staff who were attentive and skilled in their work. When we asked people's relatives whether they felt that staff had the skills they needed to carry out their roles, one person's relative said, "No problems there at all."

Additional training was provided to staff in specific areas such as epilepsy and mental health. This enabled staff to gain a more in depth knowledge of people's support needs and how they could effectively support people. Staff told us that they were further supported in their role through one to one supervisions with the manager. Records that we looked at showed that staff were receiving regular supervision as well as annual appraisals.

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. We saw that the manager ensured the service operated in accordance with the MCA and DoLS procedures and noted that staff received training on the subject. At the time of inspection no one living in the home was subject to a DoLS authorisation.

Everybody living in the home had limited or no capacity in certain areas. We noted that there were no mental capacity assessments in place so it was unclear what decisions people could make for themselves. We spoke with the manager who said that they would arrange for people to have their mental capacity to be assessed.

People were supported to make choices about their care wherever possible and staff we spoke with said that they asked people if they required support with anything. For example we saw a member of staff offering to help someone with making their bed. Another member of staff told us, "We like people to make their own decisions, it's their home and you've got to give them the choice. We're trying to promote independence, not take it away from them."

Where people were unable to make decisions for themselves we saw that people's families were involved as well as other relevant people such as people's social workers, health professionals or an independent advocate. The manager told us about how they had to recently arrange for an independent advocate to visit to speak to a particular person.

People's care records documented clearly people's chosen method of communication and staff we spoke with had a good understanding of people's preferred way of communicating. We saw in one person's care record that they used gestures and objects of reference to communicate the needs. We saw this being used effectively by staff. For example, one person's care plan stated that a spoon should be shown to indicate to the person when it was time to take their medicine. We observed staff showing the person they were supporting a spoon before administering their medicine.

People were supported to have enough to eat and drink and we saw that people were able to make a drink for themselves with support from staff when needed. During our inspection we saw staff offering people drinks. People's intake of food and drink was monitored and people were weighed at regular intervals.

People's general health and wellbeing was reviewed on a daily basis and any changes with regards to their care needs were recorded in people's care records. We saw that referrals were made in a timely manner to other relevant healthcare professionals. For example, GP, epilepsy nurse and the Speech and Language Therapy team (SALT) if there were any concerns about people's nutritional intake or if people had difficulties with swallowing.

We saw that advice given by professionals was reflected in people's care plans. For example, we saw that someone who had been assessed by SALT received support with their nutritional intake. We saw that staff followed the guidance given by SALT and the person had adapted crockery and cutlery to enable them to be as independent as possible at meal times.

# Is the service caring?

## Our findings

People living in the home were not able to tell us verbally whether the service was caring. We observed the care and support being given on the day of our inspection and we saw that staff were warm and friendly in the way they treated people. Staff interacted with people in ways that were individual and appropriate for each person's needs and wishes.

People's relatives we spoke with said that they were happy with the care that their relatives received. One person's relative told us, "[Name's] happy there, so they must be doing something right."

The manager told us that they wanted to create a homely environment and that there were no set meal times or an overly structured plan to the day. They told us, "I make sure that staff know that people can do what they want when they want." We saw that people were able to access the kitchen to make a drink or some food when they chose to and that they were supported to go out when they wanted. A member of staff told us, "Everything happens at their pace."

We observed that staff were perceptive to people's needs and wishes. We saw that staff were attentive and they knew how someone was feeling based on their body language or facial expressions. We saw that someone was starting to become slightly unsettled, a member of staff told us that the person wanted to go out. We saw staff offer the person an outing away from the home and we saw by the change in the person's mood that the opportunity to go out had settled them.

We saw that people were involved in planning their care as much as possible. Staff we spoke with had a good understanding of how to implement person centred care and this was reflected in the way that people's care records were written. One member of staff told us, "It's got to be based on what people want and what they need." Staff told us that they also spoke with people's relatives so they could get a more in depth understanding of how best to support people.

In each person's care record there was information on how people choose to communicate their needs and wishes and how staff could communicate effectively with them. Some people used direct verbal communication and other people responded to key words and pictures accompanied by gestures. We saw that some people chose their meals by looking at pictures of them from a book that staff had made around food.

People were supported to have regular contact with their relatives. One person's relative told us how they were unable to visit as often recently and that staff facilitated meetings with their relative at a more convenient place. Another person's relative told us how they visited and took their relative out. They told us, "[Name's] always ready for us when we go out."

People were supported to maintain strong links with the community and often went out. On the day of our inspection we saw that people were taken out to go food shopping and then out for lunch. Some people accessed regular day care services and staff supported people in accessing a range of activities away from

the home such as a walk to the local garden centre for a coffee.

Our observations throughout this inspection showed that people were encouraged and supported to be as independent as possible. For example, people were provided with equipment to assist with mobilising. We saw that people were treated with dignity and respect at all times. Staff we spoke with told us how they would promote people's privacy and dignity.

## Is the service responsive?

### Our findings

People living in the home were not able to tell us verbally whether the service was responsive. We saw from people's care records that people were involved in planning their care as much as possible. Staff we spoke with told us that they continually assessed people's moods and behaviours to ensure that people were settled and happy.

People's relatives told us that staff would contact them if there are any concerns. One person's relative said, "Staff are supportive, I'm kept updated."

We saw that every person had a hospital passport. A hospital passport is a document which people take to hospital with them so healthcare professionals in the hospital have a good understanding of people's often complex care needs. For example, the document contains detailed information on the conditions that people are living with and details on people's preferred way of communication. This showed that the service was responsive in ensuring that people's care needs were communicated to hospital staff so they could be supported and treated well. The manager told us that if ever a hospital stay was required staffing levels would be adjusted. This was so that people would be accompanied to hospital by a member of staff who was familiar to them. This was to minimise any anxiety that would be caused by being in an unfamiliar environment.

Each person's care record contained detailed care plans for every aspect of their care. The care plans were person centred and gave a full description of people's individual support needs. For example, each person's care record had a personal profile, details of how the person communicated and how they wanted their support to be provided. For example, people had been asked what areas of personal care they would like support with and what they could do by themselves. We saw that one person liked to be prompted to tend to their personal hygiene but they needed staff to help them clean their teeth.

People met with a member of staff on a weekly basis for a one to one review of how their past week had been. At this meeting, people could also express what they would like to do during the following week in terms of activities or how they would like to be supported if they had a healthcare appointment. We saw that a record of these meetings was kept.

People living in the home were supported to access activities of their choice. One person's relative told us that their relative was able to choose where they would like to go, "If [Name] wants to go to Yarmouth, [Name] will go to Yarmouth." Some people regularly attended day centres where they could socialise and take part in a range of activities. We noted that people were supported by staff to visit their relatives and relatives were welcome to visit the home. One person's relative said "We're welcome, always welcome."

People's relatives told us that they would be happy to raise a complaint directly with the manager. One person's relative said, "I would be happy to raise a complaint. [Manager] is so good. I can relate to [Manager] and feel as though I can speak to [Manager]." We saw that the home had an appropriate complaints procedure which detailed how to respond when a complaint was received.

Staff we spoke with told us how they would support people to make a complaint. Staff told us that people were asked during their weekly meetings if they had any concerns that they wished to raise. Staff told us that they would listen to people and make a written record of the concerns and take it to the manager. The manager would then address the concerns with the person. There had been no complaints to the service for us to look at. We saw that people were invited to complete a yearly survey about the care they receive. The manager told us that the provider sent out an annual satisfaction survey to people's family. The manager told us that if any concerns were raised then they would meet with the family if possible to discuss how they could best address their complaint.

# Is the service well-led?

## Our findings

Relatives we spoke with were positive about how the service was run. One person's relative told us, "Fantastic now. [Manager] is absolutely wonderful." Another person's relative said, "[Manager] is really good."

The manager told us that the service was based on people's wishes and needs, "We're all working towards the same thing, which is what's best for the people living here."

Staff told us that they enjoyed their work and they were committed to supporting the people who lived in the home. One member of staff told us, "I love my job, this has to be one of the best places I've worked, the work is rewarding." Staff told us that they felt supported by the manager and their colleagues. Staff told us that they received regular supervision with the manager. We saw from staff records that regular supervisions were taking place as well as annual appraisals.

There was a registered manager in post and the information we held about the service showed that notifiable events had been reported as required. We spoke with the manager and they demonstrated a good understanding of what events they were required to report and to whom. The manager told us that they felt supported by their manager and that they received regular supervision.

Staff we spoke with felt that there was open and effective communication from management. Staff meetings took place regularly and we saw from the minutes of the meetings that they covered all aspects of the service such as the people's care needs and staff training.

During our inspection we saw that the manager was a visible presence in the home and regularly supported people with their care needs. The manager told us, "You have to get on the floor and do what the staff do. You've got to be prepared to get up and do it yourself."

The manager told us that they encourage staff to access extra training. Staff were able to work towards National Vocational Qualifications in health and social care. Distance learning courses were accessible to staff who wish to develop their knowledge in a range of areas such as mental health and dementia. The manager told us that training led to a more skilled staff team which in turn improved the quality of care given.

We saw that the quality of the service was monitored through regular audits. We saw that the manager carried out a variety of monthly audits covering all areas of the service. This included medicines, people's care records, staff training and all aspects of health and safety. In addition to this a member of senior management visited to carry out more in depth audits in these areas. If there were improvements to be made, the manager was given an action plan with the required remedial action to be taken. We saw from the action plans that the manager implemented the improvements suggested. For example, the manager told us that it was highlighted in the audit that people's nutritional intake should be monitored to ensure a healthy dietary intake. We saw in people's care records that people's food and fluid intake is now being

recorded.