

Mr Canabady Mauree

Boundary House

Inspection report

Haveringland Road
Felthorpe
Norwich
Norfolk
NR10 4BZ

Tel: 01603754715

Website: www.newboundariesgroup.com

Date of inspection visit:

11 January 2023

18 January 2023

Date of publication:

23 October 2023

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Boundary House is a residential care home providing accommodation, personal care and support for up to 16 people with a learning disability or autistic people. At the time of the inspection there were 10 people living in the home. There were 10 single bedrooms and shared facilities in one area known as Horizon House and six self-contained flats in the area of the home known as Boundary House. The home is in a rural location with a day centre and offices on the same site.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were not supported to manage risks to themselves and from the environment. This placed people at risk of harm. We were not assured that people received the correct level of 1-1 staff support. People were not always supported by the correct staff and this caused them distress.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The systems in place limited the ability of staff to provide support that enhanced people's choices and control. Information about people's changing care needs and the support they required was not always shared with staff.

People's health needs were not always met, and staff did not always support people to access health care services. We have made a recommendation that the provider review how they support people with healthy eating and improve their mealtime experience.

Right Care:

People were not supported to stay safe and their human rights were not always protected. Safeguarding incidents were not always identified and reported.

Incidents were not used to support staff learning and ensure people were receiving the right care. Staff were not well supported because they had not received the training they needed to carry out their roles. This meant people did not always get the support they needed.

People did not always receive person centred care because their needs were not always met.

Right Culture:

Best practice guidance in a range of areas such as communication, distressed behaviours, and bowel management were not followed. The provider had not effectively engaged in external support. This meant people did not receive a high-quality service that supported them to achieve good outcomes.

Staff morale was low. There had been multiple changes of managers and staff lacked direction and support. This impacted on their ability to provide a person-centred culture. Governance systems were inadequate and did not contribute to the delivery of a safe high quality service.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 21 December 2021). The service remains inadequate. This service has been rated inadequate for the last two consecutive inspections. This means the service has remained in special measures.

We imposed positive conditions on the providers registration after the last inspection. They must not admit any new people to Boundary House without the permission of the CQC. The provider must submit governance documents and assurances on the first Monday of each month to the CQC.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 8 and 14 September 2021. Breaches of legal requirements were found. We undertook this focused inspection to check the provider had made improvements and to confirm they now met legal requirements. This report only covers our findings in relation to the Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Boundary House on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, staffing, safeguarding, person-centred care, consent, and governance. We have made a recommendation regarding healthy eating and mealtimes.

Following this inspection we took action to cancel the provider's registration.

Follow up

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not safe.</p> <p>Details are in our safe findings below.</p>	<p>Inadequate ●</p>
<p>Is the service effective?</p> <p>The service was not effective.</p> <p>Details are in our effective findings below.</p>	<p>Inadequate ●</p>
<p>Is the service well-led?</p> <p>The service was not well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Inadequate ●</p>

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a medicines 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'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Boundary House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included recent submissions in relation to the imposed conditions following the previous inspection. We sought feedback from the local authority and professionals who work with the service. Due to technical problems we were not able to review the provider Information Return (PIR) prior to this inspection. A PIR is information providers send us 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 plan our inspection.

During the inspection

We visited the service twice. We spoke with 2 people who used the service and 4 relatives. We spoke with 10 staff, these included 7 care staff, the manager, the area manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed the care and support provided to people. We reviewed care records relating to the care of 5 people. We reviewed medicine administration and associated records for 9 people and spoke with 2 members of staff about medicines. We reviewed a range of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to safeguard people from abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

- We identified a number of incidents, including unexplained bruising and incidents between people living in the service, which had not been properly investigated and reported as safeguarding concerns.
- There was no system in place to ensure effective oversight of potential safeguarding concerns. For example, we found a safeguarding concern mentioned in a person's risk assessment, however staff were unable to provide details of the concerns and what action had been taken in response.

Systems and processes were not operated effectively to prevent and investigate allegations of abuse. This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management, Learning lessons when things go wrong, Using medicines safely

At our last inspection the provider had failed to ensure that risks to people's health safety and well-being were reduced. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Actions to ensure the safety of the building had not been taken. Control measures to mitigate risks from legionella were not in place. We found gaps in regular fire safety checks.
- On both visits to the service we identified concerns with the security of the building. We found doors were not secured and people, including visitors could walk freely around the site and in and out of both buildings. We observed 1 person, who required 1-1 support throughout the day, leave the service in the dark unaccompanied and walk around the car park area.
- Actions to mitigate individual risks to people had not been taken. People were not supported to manage

risks around their nutritional needs. Some people required regular weight monitoring due to associated risks, however we found weights were not being monitored regularly and consistently. People using the service required assistance with bowel management. Despite this no risk assessments, care plans, or monitoring was in place. It had been recorded for 1 person that they had experienced bowel movements with blood, but staff were not able to evidence action had been taken in response to this.

- No system was in place to ensure incidents were reported, reviewed, and lessons learned identified. There was inconsistent use of incident forms and none evidenced management oversight and review.
- No analysis of incidents, including medicine errors was taking place to help identify trends and patterns so preventative actions could be taken to keep people safe.
- Medicines were stored securely. However, the temperature of the medicine refrigerator in which medicines requiring refrigeration (including injectable medicines) were stored was not being monitored and recorded on a daily basis to ensure the medicines remained safe for use. Some medicines that had limited shelf-lives on opening were not handled in a way that would ensure they were only used for the duration of their shelf-life.
- We identified medicines risks around the use of paraffin-based topical medicines and fire and asked the service to put in place appropriate risk assessments.

Actions to mitigate risks of harm to people were not effective. Not all risks to people had been assessed and considered. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

At our last inspection the provider had failed to ensure that there were sufficient numbers of staff deployed to meet people's assessed needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- We were not confident that people were receiving their contracted 1-1 support as they should. In Horizon House we observed people on their own and not engaged in the 1-1 support they should have been receiving during both days of our visit.
- We were not assured that agency staff were deployed effectively, taking into account people's individual needs. For example, we saw 1 person had a risk assessment in place that showed they needed familiar staff. Despite this we found the person had been supported on a 1-1 basis with agency staff which had caused them significant distressed behaviours. A staff member told us, "It's making [name] feel unsafe."

Sufficient and suitable staff were not deployed. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they were concerned that staff were leaving due to low morale. One said, "Got a lot of [staff] leaving, they feel undervalued completely." Relatives also commented on staff changes which impacted effective communication.
- We found improvements were required in recruitment practices. For example, photographs of staff had not been taken in accordance with regulations and agency staff profiles had not been effectively checked to ensure any areas of concern were followed up.

Preventing and controlling infection

At our last inspection the provider had failed to ensure that infection prevention and control guidelines were followed by all staff. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to infection control.

- The manager was aware of people's health vulnerabilities and had considered this in relation to continuing the use of face masks in the service. We observed staff using correct PPE.
- We identified some improvements were required in providing accessible donning and doffing areas, particularly in relation to entering and leaving the home. The manager confirmed they would review this.
- The environment was visibly clean and hygienic.

Visiting in care homes

- There were no restrictions on visits in or outside of the home. A number of people visited their family members at their homes.

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.

At our last inspection we rated this key question inadequate. At this inspection the rating has remained inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to give staff appropriate support, training, supervision and appraisal to enable them to carry out their duties. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Some staff had taken on responsibilities in legionella management and recruitment however the provider had not ensured these staff had training and support in these areas. This had resulted in shortfalls and non-compliance.
- The service was unable to provide confirming evidence that staff authorised to handle people's medicines on their behalf had been assessed as competent to give people their medicines. This included administering insulin by injection.
- Some people using the service had previously used specific communication strategies. Staff had not had training in these strategies which meant people were not effectively supported with their communication.
- Whilst staff had received training in safeguarding, we were not assured this was effective as we identified concerns around the identifying and reporting of safeguarding concerns.
- Staff were not effectively supported to meet people's changing needs because they were not made aware when people's care plans changed as a result of external professional advice.

Staff were not provided with effective support and training to carry out their role and tasks delegated to them. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to ensure that restrictions were legally authorised. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

- At this inspection we identified some restrictive practices that had been implemented which were not in accordance with the MCA. This meant we could not be assured people's rights were considered and protected.
- Some people using the service had authorised DoLS conditions in place. Staff were unable to demonstrate that they were meeting these conditions.

People were not supported in accordance with the MCA and DoLS conditions were not being met. This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had failed to implement recommendations and care plans from external health professionals. This had resulted in people's needs not being met in a range of areas. This included communication, distressed behaviour, and nutritional risks.
- People's health needs were not adequately assessed and monitored. For example, people did not have care plans in place for bowel management and their oral health was not sufficiently assessed.
- People had not always been supported to see external health care professionals. For 1 person we identified a significant concern that staff had not acted responsively and in a timely manner to a potentially serious health concern.

People's needs were not met. Staff had failed to implement recommendations and care plans from health professionals and had not adequately involved health professionals where required with people's care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People did not have care plans in place to support healthy eating. Some records we reviewed raised concerns regarding how effectively staff supported people in this area.
- Staff told us they would benefit from further support in this area. Some staff told us it had been discussed that planned menus would assist them, but this had not been implemented.
- We observed the evening mealtime experience in Horizon House and noted improvements could be made to ensure this was a more pleasant and relaxed experience for people.

We recommend the provider seek advice from a reputable source on supporting healthy eating and

improving the mealtime experience.

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

At our last inspection the provider had failed to provide people with premises and equipment that was clean and well maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 15.

- Whilst the provider was no longer in breach of this regulation, we found the Horizon House would benefit from further improvements in updating the general environment and making the communal area more homely.
- We found improvements had been made to the cleanliness of the environment.
- People had personalised and pleasant bedrooms. We found the provider had ensured work to 1 person's flat had been carried out to ensure the environment met their needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Best practice guidance around bowel management and positive behavioural support were not effectively understood and implemented.
- People's needs were not always identified and assessed.
- We identified some language and approaches that raised concerns about outdated practice and approaches with people using the service.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care, How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection we found the provider had failed to consistently assess, monitor and mitigate risks to people's health, safety and welfare. The provider had failed to improve the quality of the service. This was a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The service had been without a registered manager since September 2020. This is a regulatory requirement under the conditions of the provider's registration.
- Staff told us there had been a lack of consistent and stable leadership which had impacted on the delivery and quality of the service. One staff member said, "We've been through 7 managers in the last 3 years. We've tried to do the best we can without the direction."
- There was a lack of effective governance in the service. Audits and management checks had not always been completed. The provider was unable to demonstrate compliance with the conditions we had imposed on their registration following their last inspection.
- Where issues had been identified, effective action to make improvements had not been taken. For example, staff meeting minutes for April, May, and November 2022 referenced poor record keeping. At this inspection we found this remained a concern.
- There was not enough capacity in the provider's system to provide management cover and ensure effective interim measures were in place when managers were absent. This had resulted in management tasks to monitor quality and ensure the safety of the service not being undertaken.
- There were no systems in place to ensure effective oversight of the service being delivered. For example, food and incidents records were not reviewed to ensure people were receiving the support required.
- We were not assured requirements under duty of candour were met because incidents were not always reported.

The provider had failed to ensure effective systems were in place to improve quality and systems and assess, monitor and mitigate risk. Accurate and complete records in respect to people using the service not

maintained. This was a continued breach of regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics,

- Staff morale was very low. Staff told us they felt unappreciated and undervalued and this was impacting on staff retention.
- Whilst we found individual staff members were caring and wanted to provide person-centred care, the support, leadership and systems they were working under had created a barrier to this. For example, staff told us because of the systems in place they were not always able to access funds for activities or supported to create healthy nutritious menus.
- Staff did not always feel listened to and actions that should have happened to support staff had not always taken place.
- The systems in place to involve people and their relatives in the service needed further work. There was a lack of consistent structure in how people were supported to discuss and implement future goals and plans. Equally formal systems to ensure relatives were engaged and had input into the care provided needed further work.

Working in partnership with others

- A number of concerns were identified regarding how staff worked with and engaged with other professionals.
- The provider was being supported by the local authority and other external parties. Despite this the quality of the service had not improved. This raised concerns about how effectively the provider was engaging in partnership working.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>How the regulation was not being met: People's needs were not met. Staff had failed to implement recommendations and care plans from health professionals and had not adequately involved health professionals where required with people's care.</p> <p>Regulation 9 (1)(b)(2)(3)(b)(d)(e)</p>

The enforcement action we took:

We cancelled the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>How the regulation was not being met: People were not supported in accordance with the MCA and DoLS conditions were not being met.</p> <p>Regulation 11 (2)(3)</p>

The enforcement action we took:

We cancelled the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: Actions to mitigate risks of harm to people were not effective. Not all risks to people had been assessed and considered.</p> <p>Regulation 12 (1)(2)(a)(b)(d)</p>

The enforcement action we took:

We cancelled the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met: Systems and processes were not operated effectively to prevent and investigate allegations of abuse.</p> <p>Regulation 13(1)(3)</p>

The enforcement action we took:

We cancelled the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider had failed to ensure effective systems were in place to improve quality and systems and assess, monitor and mitigate risk. Accurate and complete records in respect to people using the service not maintained.</p> <p>Regulation 17(1)(2)(a)(b)(c)(f)</p>

The enforcement action we took:

We cancelled the provider's registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the regulation was not being met: Sufficient and suitable staff were not deployed. Staff were not provided with effective support and training to carry out their role and tasks delegated to them.</p> <p>Regulation 18 (1)(2)(a)</p>

The enforcement action we took:

We cancelled the provider's registration