

Mr Canabady Mauree

# Boundary House

## 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

Boundary House is registered to provide accommodation for up to 23 people who require nursing or personal care. Nursing care is not provided. There were 22 people with a physical or learning disability living in the home when we visited.

At the time of our inspection a registered manager was 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that people's rights were being protected as DoLS applications were in progress where required and had been submitted to the relevant local authorities.

People who lived in the home were assisted by staff in a way that supported their safety. People were treated with respect and dignity and had health care and support plans in place to ensure that their needs were being met.

Risks to people who lived in the home were identified and plans were put into place to enable people to live as safely and independently as possible. Medication was audited, safely stored and administered to people.

There were sufficient numbers of staff available to meet people's care and support needs. Staff had an understanding of how to report suspicions of harm and poor care. Safe recruitment procedures were in place.

Staff assisted people with their care needs, their eating and drinking support needs and encouraged people to pursue their interests and engage in activities of their choice.

Staff received training, supervision and appraisals so that they could provide effective care and assistance to meet people's individual needs and wishes.

Arrangements were in place to regularly monitor the health and safety and the quality of the care and support provided for people living at the home.

People's complaints and suggestions were listened to and resolved where possible.

## 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 trained and understood how to recognise any harm and how to respond and report any concerns correctly.

There were sufficient numbers of staff available to meet people's care and support needs.

A risk assessment process was in place to ensure that people were cared for as safely as possible and any risks that were identified were minimised.

Medicines were stored securely and safely administered.

### Is the service effective?

Good ●

The service was effective.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that when needed, staff could take appropriate actions to ensure that people's rights were protected.

People were supported by staff who had received appropriate training and supervision to carry out their roles.

People had access to a varied and nutritious diet and were able to have drinks and snacks when they wanted them. □

### Is the service caring?

Good ●

Staff were sensitive and caring in their approach and they supported people to be as independent as possible.

People were offered choice and received care in a way that respected their right to dignity and privacy.

People and their relatives/representatives were involved in

making decisions about their care as much as possible.

**Is the service responsive?**

**Good** ●

People's health and care needs were assessed, planned for and reviewed regularly. There was contact with health care professionals to monitor and respond to people's care and support needs.

People were assisted and made aware of how to make a complaint.

People had access to a range of social activities and were encouraged by staff to pursue their individual hobbies and interests.

**Is the service well-led?**

**Good** ●

The service was well-led.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

Staff were supported and were aware of their responsibilities and the standards expected of them when providing care and support to people living at the home.

Members of staff felt supported and were able to have open discussions with the registered manager. Staff told us that they enjoyed working at the home.

# Boundary House

## **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

This unannounced inspection took place on 30 November 2016 was carried out by one inspector and an expert-by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider information return (PIR). This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We spoke with seven people living in the service, the registered manager, an operational manager and eight members of staff. We looked at four people's care and support plans and records in relation to the management of the service including medication audits, policies and staff records.

We also made contact with health care professionals who were in regular contact with the service. This included; a care manager from the local authority, a community nurse and a local consultant psychiatrist.

During our inspection we observed people's care and support to help us understand the experience of people who could not talk with us. We observed people taking part in their individual hobbies and interests and saw how they were supported by staff.

# Is the service safe?

## Our findings

One person we spoke with said, "I enjoy being here, I feel safe and looked after," and another person said, "I'm happy here, I have no concerns."

Staff demonstrated that they had an understanding of how to recognise and how to report any incidents or allegations of harm regarding people living in the home. They told us that they received annual training and felt confident in reporting any safeguarding issues. One member of staff said, "'I have received training and I would not hesitate in reporting any incidents of harm to my manager."

Peoples care files contained detailed risk assessments had been regularly updated. Risks identified included risks in the event of a fire; eating and drinking, medication and behaviours that challenge. Detailed guidance for staff on how to manage the risks were in place.

During our inspection our observations showed and people confirmed to us that there were sufficient numbers of staff in place. People had the opportunity to be supported at home and whilst out in the community. We saw that due to their complex needs a number of people were receiving one-to-one support which included assistance with personal care and engaging in agreed activities during the day.

Staff provided care and support in a patient, unhurried and safe manner. The registered manager told us that staffing levels were monitored on an ongoing basis to meet people's individual changing needs. They said that bank and agency staff could also be made available to meet those needs. Members of staff told us that staffing levels within the home, allowed them to have enough quality time to socialise with people and to provide personal care.

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. We looked at two recruitment records and we saw that appropriate checks had been carried out. These included completed application forms, satisfactory references and a criminal records check.

Staff told us that they had received training so that they could administer and manage people's prescribed medications safely. Following their training staff's competence to administer medicines had been assessed. We saw samples of competency checks that had been carried out. We looked at a sample of the medication administration records (MAR) of people living in this home. We found that the records had been accurately completed.

MARs showed that medicines had been administered as prescribed. We observed a member of staff assisting a person who lived in the home with their medicines. They assisted the -person in a patient, unhurried and attentive manner.

Monthly audits of medication had been conducted to ensure that stock levels were correct and that all medication had been administered. Medication was stored safely and we noted that liquid medicines had

the date of opening recorded on the label. However, we found a liquid medicine which did not show a date of opening and this had been noted by the registered manager as part of their daily audit. The registered manager told us that this would also be followed up with staff at the next staff meeting to ensure a consistent and safe approach. This showed that arrangements were in place to manage people's medication in a safe way.

Fire and emergency evacuation plans were in place for each person living in the home to make sure they were assisted safely in the event of an emergency. Fire alarm, fire drills and emergency lighting checks had also been carried out to ensure people's safety in the home.

## Is the service effective?

### Our findings

We saw that people were supported with their health needs. People were assisted by staff to attend appointments with healthcare professionals such as a GP, dentist and optician. One person said, "I can see a doctor [GP] when I need and the staff help them with the appointments." The registered manager informed us that they received a good service from the local GP surgery with each person known well to the practice.

Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs. We saw that there were regular handovers between every shift so that any important information was passed on to staff regarding people's care and support needs.

New staff received a structured induction process covering a variety of topics with training being delivered on site by the organisation's own trainer. Staff told us that they had read all care plans and supporting information during their first two weeks, undertook shadow shifts with experienced staff and had to complete a six month probationary period. Staff said that they received a six weekly supervision with a member of the home's management team.

Staff we spoke with confirmed that they had received a thorough induction which covered a variety of topics regarding people's care and support issues. Staff told us that they had been assisted by more experienced staff when they first started work in the home to ensure that they understood their role and responsibilities.

Staff said that they enjoyed and benefited from a variety of training sessions which included safeguarding, health and safety and nutrition. Staff also told us that they were supported to gain further qualifications and an example included studying for a diploma in health and social care. Staff told us that they received reminders regarding training updates/refreshers. Staff felt well supported and received regular recorded supervision sessions from the registered manager and deputy manager. This meant that staff's performance and development was regularly monitored to ensure they could provide effective care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguard (DoLS). We checked whether the registered manager was working within the principles of the MCA. Staff confirmed that they received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training.

We saw documentation in care plans regarding mental capacity assessments that had been undertaken by the local authority and deprivation of liberty safeguards applications were in process where appropriate.



The registered manager said that applications had been submitted to the relevant local authorities and that they were waiting for these assessments to be authorised.

Observations showed that lunch time was a sociable occasion, with lots of interaction between the staff on duty and the people having lunch at home. Choices were made available and people could help themselves to fruit and yoghurts, snacks and sandwiches. We saw that the evening meal was a more formal occasion with a hot plated meal served which people were enjoying. Where people required some assistance from staff, we saw that this was done in a patient manner and at the preferred pace of the person they were supporting. One member of staff told us how they needed to carefully prepare food for a person to minimise the possibility of them choking.

Staff told us, "We have a weekly meeting with people so that they can plan and choose meals that they would like; we have lots of pictures of food and meals so that people have choice." Meals people had received were recorded each day to monitor people's food and fluid intake if they were deemed to be at risk. Staff told us that people could choose something different if they did not want the planned meal of the day and this choice was respected.

The registered manager told us and care records demonstrated that staff had access to dieticians and speech therapists to discuss any issues regarding people's nutrition and any concerns regarding people's eating and drinking. We saw that people were supported with their health needs. People were assisted by staff to attend appointments with healthcare professionals such as a GP, dentist and optician. One person said, "I can see a doctor [GP] when I need and the staff help them with the appointments." The registered manager informed us that they received a good service from the local GP surgery with each person known well to the practice.

Health care professionals we spoke with told us that they had received good quality information from the staff and staff acted on any advice that they had given. Health care professionals we spoke with made positive comments about the contact they had with staff at the home and were positive about the care and support being provided to people.

## Is the service caring?

### Our findings

One person told us that, "The staff are very caring and will help me during the day with my meals and laundry." Another person said, "I am very happy living here and the staff are great and help me with what I need." Another person said, "I feel positive, I like the atmosphere here and know people want to help me." We observed that there was a homely and calm atmosphere in the home and people were being assisted by members of staff in a cheerful, attentive and unhurried way. Staff were aware of individual people's body language and any sounds that they made which showed when the person was happy, unhappy or upset.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were assisted and prompted with any personal care they needed in private. Staff spoke with people in a kind and attentive way to respectfully preserve the person's dignity when providing care and personal assistance. Staff were observed to knock on people's bedroom doors and wait for a response before entering. This demonstrated that staff respected the rights and privacy needs of the people they supported. Observations showed that people were encouraged to be involved in making decisions and staff used visual prompts to encourage participation including pictures of meal choices.

There was a friendly and cheerful atmosphere in the home. People were seen to be comfortable and at ease with the staff who supported them in an attentive way. We saw that where a person became anxious staff provided them with reassurance in a kind and calm manner. People were assisted by staff with personal care, domestic tasks such as putting laundry away and going out for a variety of trips in the local community, which included shopping for personal items.

One person said, "The staff are lovely and kind to me." One member of staff said, "Every day is different" and, "It's always happy here and lots of the residents [people living at the home] participate in the things we do like (putting up) Christmas decorations." We saw a group of people happily engaged with staff making Christmas decorations and there was a lot of laughter and good natured banter between the people and staff.

Staff members were enthusiastic about the care and support that they provided and talked with warmth and affection about the people living in the home. One staff member told us, "I really enjoy working here and it is a close and supportive team." Staff explained to people what they were doing whilst providing assistance.

We saw that people were able to choose where they spent their time and were free to use the communal areas within the home and/or spend time in their own bedrooms if they so wished. People confirmed that their bedrooms had been personalised with their own furnishings and belongings to suit their personal tastes, preferences and interests. One person showed us their room which they had been able to personalise to meet their own tastes.

Staff had recorded that people's needs were checked and this included any significant events that had occurred during the person's day. Documents such as, support plans and aims and goals were written in a

pictorial/easy read format where required. This showed us that information was available in appropriate formats to aid people's understanding.

The registered manager told us that no one living at the home currently had a formal advocate in place but that local services could be made available when required. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

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## Is the service responsive?

### Our findings

People had opportunities to be involved in their own hobbies and interests. One person told us that they enjoyed listening to music and going shopping. During this inspection we noted that people had been supported to go shopping and other people had attended local day services. One person told us that they regularly went out with staff so that they could buy toiletries and other personal items. We observed that people were at ease with the staff and were engaging in activities and going for walks and being safely assisted with their care.

We saw that one person, with the support from staff, had been able to improve their skills and relationships with their family and that this was important to them. We noted that the person was now making regular visits to their family again. The person also told us they enjoyed going to weekly football training session. The person was also looking into the possibility of attending a local college. All of the staff, and in particular their key worker, were very proud of the person's progress. A keyworker is a designated member of staff who coordinates and assists a person with their care and support needs. One person told us, "If I wasn't happy I wouldn't be here," whilst another person said, "They are nice staff, we play games, go for a walk; they support us."

People had access to activities in the large horticulture area adjacent to the home. We saw that a number of people were involved in activities there and spent time growing plants and vegetables in the warmer months of the year. There was also an activities room where people were happily engaged in table top activities and arts and crafts sessions.

However, we noted that access to transport for people living in the home could be limited. Staff we spoke with told us that there had previously been access to minibuses but these vehicles were no longer available. Staff told us that this occasionally had limited numbers of people who could access the community either in a planned or spontaneous way. Although none of the people using the service raised a concern to us about this, staff spoken with felt that due to the home's rural location the lack of transport did have an impact. We raised this with the registered manager and the operational manager and they told us that this issue was already being discussed with the provider to provide improved access to transport.

Our observations showed that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to communicate verbally to make choices. We saw that staff engaged with people by listening to the person's answer, and understanding what a person's body language and facial expressions were telling them. We noted that members of staff included people in conversations, such as talking about going on a shopping trip and we saw that people responded positively to this by smiling.

Care records contained guidance for staff about how to meet this person's needs. There were a variety of guidelines in place regarding how people wished to receive care and support including; their likes and dislikes, communication needs, activities, personal care and daily routines. Care plans were written in a person centred way to meet people's individual preferences. We saw that people had the opportunity to

regularly discuss their plans and activities with their keyworker. Daily records were written regarding each person's daily activities and any significant events that had occurred.

People were made aware of the complaints procedure. The complaints procedure was provided in an easy read format. We were told by staff that people would be supported to make a complaint if necessary. People we met told us that they could raise any concerns with the staff if they were not happy about anything. A complaint recording log was in place but there were no complaints recorded in the last twelve months.

A care manager from a local authority told us that communication was good with the registered manager and staff who were knowledgeable about the people living in the home. They went on to say that information provided by the registered manager and staff regarding reviews of people's care and support needs was of good quality. A local psychiatrist told us that the staff followed advice and guidance offered by them and that they had no concerns about the care and support being provided at the home.

## Is the service well-led?

### Our findings

People living in the home interacted well with the registered manager in a cheerful and comfortable way. One person said, "This is my home, I have everything I need here."

Our observations showed that staff made themselves readily available to people living at the home and assisted them when needed. People told us that they felt confident that staff knew how to provide care in the way that they preferred. On speaking with the registered manager and staff, we found them to have a good knowledge of people's care and support needs.

All staff we spoke with told us that they felt very well supported by the registered manager, senior staff and their colleagues. Staff said they could raise any issues with the registered manager and senior staff at any time. They told us that they found the registered manager to be approachable and supportive and that they were readily available to them for any advice or guidance. Staff told us that their suggestions for improvements were always considered and that they felt valued and listened to by the registered manager and provider.

A member of staff told us, "It's a very good team here, and I feel well supported." Another staff member told us, "The manager [registered manager] is approachable, and wants to get things done. She [registered manager] has known the residents a while and wants to help." Other members of staff said, "She [registered manager] is visible and not locked in her office," and, "She [registered manager] is really good, really supportive and gives praise when it's deserved."

There was an open team work culture and staff told us they enjoyed their work and caring for and supporting people who lived at the home. Staff told us that if ever they identified or suspected poor standards of care or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work.

Staff said that they felt confident that they would be supported by the registered manager if they raised concerns. One member of staff told us, "I did raise a whistleblowing concern with my [registered manager] and I know it was dealt with swiftly and in confidence." Another staff member said, "We are a close and good team. If there was any bad practice I have no doubt it would be reported to the manager and acted upon without any hesitation or delay."

We saw that there were regular staff meetings where staff had the opportunity to raise any issues or concerns. We saw a sample of minutes of recent meetings which showed a variety of care and development issues had been discussed. Examples included updates in care planning and activities for people living at the home.

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. We saw a copy of the summary of the annual survey that had been carried out which included positive comments about the care and support provided in the home. We also saw the recent six-

monthly survey that had been carried out and we saw that the responses from people had been positive. The registered manager told us that the survey for 2016 was being sent out in the next few weeks.

We saw that there were arrangements in place to ensure that the day-to-day management tasks were being completed including staffing, care planning and liaison with health care professionals. .

Records viewed and staff we spoke with confirmed that regular daily and weekly checks were in place. There were also audits completed in relation to medicines administration, infection control, care planning and staff training. The registered manager also received regular visits from an operations manager who completed an audit. Any areas for improvement such as care planning, staffing and recruitment, training, repairs and refurbishments were identified and acted upon.

There were effective arrangements in place for the servicing and checking of services in the home such as; fire safety appliances and alarm system, electrical and any mobility equipment. Incident forms were looked at by the management team and provider to monitor any trends so action could be taken if required to prevent further occurrences. There were no current trends being followed up at present. This demonstrated to us that regular monitoring arrangements were in place to assess the quality of the services being provided for people living at the home.