

New Boundaries Community Services Limited Hellesdon Bungalows

Inspection report

27 Sutherland Avenue
Hellesdon
Norwich
Norfolk
NR6 5LN

Tel: 01603400418
Website: www.newboundariesgroup.com

Date of inspection visit:
09 January 2020
10 January 2020

Date of publication:
24 January 2020

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

About the service

Hellesdon Bungalows is a residential care home providing accommodation and personal care to people with a learning disability or autistic spectrum disorder. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was located in two adjacent bungalows similar to those in the surrounding residential area. It was registered for the support of up to eight people. At the time of inspection four people were living in each property. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. This helps people to feel they are living in their own homes.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People felt safe in the service. There were individual risk assessments for people to help staff manage risks while promoting independence. If things went wrong, incidents were recorded, and action taken. There were enough staff to meet people's needs although there had been some pressures on staffing recently due to staff vacancies and changes in people's needs.

People's needs were holistically assessed. People were supported by staff who were competent and well trained. Staff supported people to be maintain a healthy diet. The service worked pro-actively with other professionals to maintain people's health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had developed strong positive relationships with people and knew them well. People felt comfortable with the staff and told us they were kind and caring. People were involved in making decisions about their care and empowered to be as independent as possible. Staff were mindful of people's privacy and promoted respect and dignity.

The service was responsive to people's needs. Care plans promoted the development of independence in stages. Staff adapted their methods of communication according to people's needs. People were supported

to be a part of the local community and to take part activities and hobbies they enjoyed. We have made a recommendation about end of life care.

There was a positive person-centred culture in the service. Managers were approachable, and people and relatives felt they listened and acted on their concerns. People, their relatives and staff were involved in the running of the service through regular meetings and daily conversations. There were robust systems in place for monitoring the quality of care. The service worked constructively with partners to promote positive outcomes for people and enable them to be active in the local community.

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

Rating at last inspection

The last rating for this service was Good (published 28 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hellesdon Bungalows

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 Care Act 2014.

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Hellesdon Bungalows is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, and support workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and staffing records and received feedback from four professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service continued to operate effective safeguarding systems, policies and procedures and managed safeguarding concerns appropriately.
- People and their relatives told us they felt safe in the service. One relative told us, "They have been able to solve problems that other people haven't been able to solve."
- Staff had been trained and were able to identify signs of abuse. They were confident and knew what action to take to keep people safe and how to report concerns.

Assessing risk, safety monitoring and management

- Individual risk assessments were in place for issues such as choking, mobility, pressure sores and supporting people with distressed behaviours.
- Staff understood and there was clear guidance in people's files on how to manage risks proactively and promote people's independence.
- There were regular health and safety checks and fire audits in the property. Fire drills were carried out with people to help them become familiar with the action to take in the event of a fire.

Staffing and recruitment

- Overall there were sufficient staff to meet people's needs. People and their relatives told us they thought there were enough staff to support them. However, staff told us that sometimes they were very stretched. In particular if absences due to vacancies or sickness were not covered. There had also recently been additional pressures on staffing due to people's changing needs.
- The registered manager told us they used agency to cover staff absences. On a few occasions in the past they had been unable to get cover, but this had not happened recently.
- The service had recently recruited to the vacancies and had new staff ready to start. The service had also arranged reviews for those people's whose needs had changed to get their needs reassessed along with commissioned hours.
- There were robust recruitment processes in place to ensure that staff employed were suitable to work in the service.

Using medicines safely

- Medicine systems were organised and there were safe protocols in place for the management of medicines. This ensured people received their medicines as prescribed.
- People had individual medicine support plans which included their photograph to ensure medicines were administered to the correct person. Separate protocols were in place for medicines that were taken 'as required.'

- The application of external medicines such as creams and emollients were recorded on a separate Medicine Administration Record (MAR). There was written guidance in place but no body maps for the application of external medicines. Body maps can be used to explain more clearly where creams should be applied and can reduce the risk of creams being applied incorrectly. The registered manager told us they would action this immediately to ensure these were put in place.

Preventing and controlling infection

- The service was visibly clean and odour free. People told us staff helped them to clean their rooms and we saw people being supported to clean on our inspection.
- Staff used personal protective equipment such as gloves and aprons when delivering care to prevent the spread of infections.

Learning lessons when things go wrong

- Incidents and accidents were recorded, and managers regularly reviewed these as part of their audits to identify patterns and ensure action was taken.
- Actions were taken to reduce the likelihood of things going wrong in the future, such as referring to other professionals or reviewing care plans.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people moving into Hellesdon Bungalows the registered manager reviewed information from assessments from other professionals and visited the person in their previous home to assess whether they would be able to meet their needs.
- People's needs were holistically assessed. Care plans started with an 'All about me' section which included information relating to people's likes and dislikes, contact with friends and family, their religious or cultural needs, help with money as well as care needs relating to mobility or eating and drinking.
- People and their relatives told us staff knew them well. We observed during our inspection that staff understood people's needs and were able to support them effectively and sensitively.

Staff support: induction, training, skills and experience

- Staff were positive about the training they received and felt it gave them the knowledge and skills they needed to do their job.
- People told us staff were good and a relative told us, "Staff are very competent."
- When staff were first employed they shadowed other staff until the manager was confident for them to work alone. There was a comprehensive training and induction programme which included the Care Certificate for staff who were new to care. The Care Certificate is a nationally recognised qualification for people working in Health and Social Care.

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

- People were supported to eat and drink to maintain a balanced diet. We observed people being supported to prepare drinks and meals as part of developing independent living skills.
- People's weight was regularly monitored. Staff were aware when conflict could arise if someone was on a high calorie diet while another person needed to lose weight and they managed this sensitively and effectively through a person-centred approach within each house.
- Information was displayed in the house to support people to make healthy choices for both meal times and snacks.

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

- People were supported to access healthcare professionals such as doctors and dentists. One relative told us, "They contact the doctor if they need to. They got [Name] in at a dentist and eyes tested as well. [Name] has to wear glasses. [Name] wouldn't have done that if they hadn't been here (at Hellesdon Bungalows)."
- We had positive feedback from professionals we spoke with. One professional told us they had referred a

person to the service and the service had flagged up medical concerns and they supported the person to "Increase [their] ability to manage going out, [Name] spoke and interacted more, put weight on, socialised, went shopping, stopped using pads in the day and generally was making excellent progress."

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

- The service was adapted to people's needs. There was a handrail throughout the premises which helped people with mobility issues as well as a person who was blind.
- Staff were aware of how to adjust the environment to support people living with dementia and had changed some of the décor as a result. For example, they had removed the patterned table cloth. Patterns can be confusing for people living with dementia as they find it difficult to distinguish between the design and actual objects that they might need to pick up.
- Staff told us they made sure they kept the layout of the house the same and did not move furniture or objects around as this helped people with additional disabilities to orientate themselves within the house.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where DoLS authorisations were in place staff were aware of these and understood the conditions in place to manage them in the least restrictive way possible. The manager reviewed the DoLS to ensure that they were still appropriate and relevant. If they were not they did not renew them.
- Staff understood the importance of helping people to make their own choices regarding care and support and had a good understanding of the principles of the Mental Capacity Act.
- We observed staff gaining people's consent for support throughout our inspection, including choices at meal times, choices of music to play and choices regarding activities.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring. One person told us, "They listen to you." A relative told us, "Yes, they seem to have done well with [Name]. They are definitely caring, so understanding...they don't give up on them."
- We also observed people were supported to be kind and help each other, creating strong friendship bonds. For example, we saw one person helping another person clean their room and another person had helped to make a person's packed lunch. One person we spoke with said, "I always ask to help out with the food. I am always helpful."
- We observed friendly 'banter' between staff and service users. A member of staff told us they get to know people by talking to them. They said, "It's just spending time and building relationships, finding what people are interested in and finding similar interests. With [Name] we have a shared interest in music so that was how we bonded."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views in relation to their own care and support as well as in the running of the house.
- Relatives told us they were consulted about people's care. One relative told us, "Staff talk to me. They ring me up and let me know (if there is a problem)."
- People had weekly 'house meetings' where they could express any concerns they had about living in the house and make menu choices for the week.

Respecting and promoting people's privacy, dignity and independence

- One person told us they thought they had become more independent as a result of moving to Hellesdon Bungalows. A relative told us, "He does help out, he helps prepare food and is supervised to cut the veg and things like that...[Name] likes to get drinks for people."
- Staff understood how to promote people's privacy and dignity. One person smiled and told us the support worker always said 'doors shut' when supporting them with personal care.
- Staff were also aware if people wanted to talk to a member of staff about a concern or something personal that they give them the option of where to have the chat, "In their room or outside or wherever [they] feel more comfortable."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support was very person centred and responsive to people's needs. A relative told us, "They respond (to needs), if something improves they will change things to do things differently."
- Care plans were updated as people's needs changed. Some people's needs had changed very quickly in the time just before the inspection and this was reflected in their care plans. We found a few instances where changes had not been made throughout the care plan which the registered manager told us they would address.
- Actions relating to care plans were written in stages, so each care plan had a stage one and a stage two. This gave clear goals for people to achieve in moving towards more independence. Stage two provided guidance for staff on how to support people as they developed their skills.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in pictorial format to help people to understand. For example, there were pictorial images in the kitchen to help people make healthy choices around food, and pictures showing people how to carry out good hand hygiene.
- We observed staff using sign language with residents to help them communicate. One relative told us, "They (staff) adapt communication. They try to understand him and [Name] tries to understand them. If there is a problem they will contact me."
- Voice activated equipment was used to support communication and participation in activities for a person who was blind.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to play an active role in the community. On the day of inspection several people went out to attend a day service where they were able to participate in a range of activities according to their interests including art and crafts, gardening or outside activities. On returning later in the day several people enthusiastically shared the artwork they had produced with the staff.
- Where people were able they were supported with work opportunities. One person told us the staff had helped them with their employment.
- People were supported to maintain relationships with friends and family. Friendships were encouraged

and supported within the houses and relatives told us they always felt welcomed when they visited the house.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. People and relatives told us they knew who to complain to if they had concerns. They said managers were responsive and listened and acted on issues raised.

End of life care and support

- Staff had received end of life training and understood how to care for people at the end of their life.
- We saw that some people had funeral plans within their care plans. People also had hospital passports in case they were admitted to hospital.

We recommended that the provider consider current best practice guidance on end of life care in order to develop advance care plans, where appropriate to provide guidance on how people would wish to be cared for at the end of their life.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff understood their roles. Managers provided an on-call service for staff when they were not present in the service. However, staff commented that they felt managers were sometimes stretched as the registered manager worked across two services and the deputy was part time. The registered manager felt this sometimes impacted on how much they saw people living the houses as many of them were out during the day, meaning if the manager worked in the service in the morning they may have left by the time residents returned. They told us they tried to allow for this and sometimes worked at weekends.
- Staff attended regular supervision with either the deputy manager or the registered manager where they could discuss concerns and where they were given feedback on their competence in carrying out their role.
- There was a positive person-centred culture within the service. This was led by the registered manager and deputy manager.
- The registered manager and deputy manager worked within the service. This enabled them to directly observe staff in their role as well as get to know the people using the service.
- There were clear systems in place for monitoring of the quality of care. Regular audits were carried out by the registered manager and the deputy as well as by an external manager from another service run by the provider.

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; Continuous learning and improving care;

- There was an open and honest culture within the organisation. People and their relatives told us managers listened and acted upon concerns. One relative told us, "If you seem worried and talk to them they will try and sort that out. Even the top supervisor they seem to want to listen to you and speak to you they don't just pass you on to someone else."
- There was an ethos of continual learning to improve the quality of care. There had been several incidents in the house relating to people's distressed behaviour. The registered manager had arranged for a meeting with staff to discuss what had worked and what did not work. This enabled staff to learn from each other and ensured consistent approaches in support for people

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged in the service through regular house meetings. Staff attended regular staff meetings

in order to discuss issues relating to the running of the service.

- The service worked with organisations in the community including employers, the theatre and local cafes and attractions, as well as specialist services such as the local blind school, to enable people to participate in their local community.

Working in partnership with others

- Where people's needs changed significantly or where the service was finding it difficult to meet people's needs the registered manager arranged reviews involving external professionals and commissioners to enable them to focus on the best possible outcomes for individuals.
- The service worked in partnership with a range of professionals including dieticians, community nurses, social workers and community mental health nurses.