New Boundaries Community Services Limited

Shalimar

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 June and was unannounced.

Shalimar provides accommodation, care and support for up to five people living with a learning disability and/or mental health needs. At the time of our inspection there were five 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 who lived in the home were safe and were cared for by staff who had appropriate training for their role. All staff completed a comprehensive induction to their role and felt supported by their colleagues and the manager. Safe recruitment practices were in place and all staff had satisfactory criminal records check carried out. There were adequate levels of staff to meet people's individual needs.

Staff had an in depth knowledge of people's individual needs and people's care was reviewed regularly. Where risks had been identified with regards to a person's health these were safely managed and minimised.

Medicines were managed, stored and administered safely by staff who had received the appropriate training.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The manager and staff were knowledgeable about when a request for a DoLS should be submitted but mental capacity assessments were not in place before best interests decisions were made for people.

Appropriate advice and support had been sought from professionals such as the GP, speech and language therapist and psychiatrists to inform people's care plans. People's nutritional needs were being met and they were provided with appropriate support with their nutrition.

People were encouraged to be as independent as possible and make choices about their care. The care plans were person centred and were written with people who lived in the home. Links with the community were maintained and people would attend regular activities away from the home. Staff supported people to maintain relationships with their family.

Staff felt supported by their manager and said that they felt that the service was well led. There was regular input from the provider and senior management to support the manager and review the quality of the service. Regular audits were carried out both internally and by senior management.

Relatives we spoke with were satisfied with the care that was provided by the service and felt able to raise a complaint if they needed to. A complaints procedure was in place and people were supported to make a complaint if they wanted.

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.

Risk to people's wellbeing and safety were identified and minimised.
Staff were aware of how to keep people safe from harm.

Appropriate recruitment procedures were followed to recruit suitable staff.
There were adequate numbers of staff to meet people's needs.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training specific to their role.

The principles of the MCA were not being followed as people did not have a mental capacity assessment.

Staff had a good understanding of people's care needs and how to support people according to their wishes.

People's nutritional needs were met and risks were identified and managed.

People were supported to access healthcare services.

Is the service caring?

Good

The service was caring.

People were involved in the planning of their care.

People were encouraged and supported to maintain their independence.

Staff maintained people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

The care was person centred and detailed people's individual care needs.

People were supported to maintain links with the community and were encouraged to pursue their interests.

There was an appropriate complaints procedure in place and people were supported to make a complaint.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture within the home and independence was promoted.

The manager was approachable and staff felt that communication within the team was good.

There were systems in place to ensure regular monitoring of the service.

People and their families were asked for their feedback on the service.

Shalimar

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 14 June 2016 and was undertaken by two inspectors.

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 and spoke with two people living in the home, the manager, the deputy manager and four members of support staff.

We looked at the care records of four people and the medicines records for four people who lived in the home.

We also looked at a selection of records that related to the management of the service.

Good

Is the service safe?

Our findings

People living in the home were unable to tell us clearly whether they felt safe. The interactions that we observed between people and the staff showed that people were relaxed and comfortable. We saw that people were cared for in a safe way so that risks to their health and safety were minimised. One person's relative who we spoke with said, "They [staff] seem to be managing [Name's] behaviours and keeping them safe, they're [staff] doing a really good job." Another person's relative we spoke to told us "I've never had a problem with any of the staff there."

The manager and staff were able to tell us what constituted abuse and how they would report this. One member of staff said that if they felt that they were unable to report abuse internally then they knew that they could report any concerns to the CQC or the local authority. Another member of staff told us that all staff completed training in safeguarding in their first week of employment. We saw from people's care records that safeguarding incidents were reported appropriately.

We looked at three people's care records and saw that there were detailed risk assessments in place where risks had been identified. For example, the risk assessments detailed who was at risk, the circumstances where the risk may have been present and a plan on how to reduce the risk. In one person's care record we looked at we saw a detailed description of how to support them with going out on activities away from the home. The person was partially sighted and they specified how they would like staff to guide them whilst out and how staff can reassure them as they can become unsettled at times. This demonstrated that the assessments were person centred and we could see from the other care records that we looked at that they were written with people. The assessments explained how to understand people's behaviour and moods by detailing people's preferred way of communicating and specified what triggers could put the person or others at risk. All of the assessments were reviewed on a regular basis and we noted that all had been reviewed within the last month.

Accidents were appropriately recorded. The manager kept a matrix of all accidents so they could look for any patterns or trends and take appropriate action to minimise further incidents.

We looked at the servicing of the utilities and equipment in the home and found that all the safety and servicing certificates were in date. This ensured that the home was a safe place to live and work in.

We looked at the staff rota and found that there were adequate numbers of staff on duty to meet people's needs. The manager told us that they continually assessed and reviewed people's dependency to ensure that the appropriate levels of staff were in place. There were three people who required one to one support. We saw from the staff rotas that this support was consistently in place. We also saw from our observations that people who required this level of support were receiving it. There was also enough staff to support people who did not require one to one support. We saw someone being supported with a shopping trip and the manager told us that a staff member was supporting someone on holiday.

Staff we spoke with said that they felt that there was enough staff on duty to meet people's needs. One

recently recruited member of staff told us that they were impressed by the high level of teamwork and that the staff supported each other when people were displaying behaviour that challenged.

The staff records that we looked at confirmed that appropriate recruitment procedures were in place to make sure that new staff were suitable to work with the people who lived in the home. Appropriate references had been sought before they started working at the home and satisfactory criminal record checks had been carried out.

We found that the storage and administration of medicines was managed in a safe way. No one living in the home was able to self-administer their medicines so staff looked after the storage and administration of medicines. We looked at four people's medicine administration records (MAR) and saw that these had been completed correctly. This showed us that people received their medication on time and as prescribed. We saw that when people were administered as required (PRN) medicines then the reason for this was documented. The manager told us that they audited the use of PRN medicine to ensure that people were not being given it too frequently or, if they were taking it a lot then their health needs could be reviewed. We saw records of the medicines audits carried out by the manager. This ensured that medicines were being managed safely. Staff we spoke with said that they had been trained in the safe administration of medicines and they had to be observed administering medicines by senior staff before being signed off as competent.

Good

Is the service effective?

Our findings

The provider had a comprehensive training programme for all new members of staff and this included mandatory training courses that were essential to their roles. Not all staff we spoke with had worked in a care setting before working with the provider. One member of staff told us that the training they received left them, "very well equipped" to carry out their role. Staff we spoke with said that they felt well supported by their colleagues and the manager of the home. Records that we looked at showed that staff had regular one to one supervision with their manager as well as annual appraisals.

Additional specific training was also provided to provide staff with the knowledge and skills to better understand people's individual and sometimes complex needs. For example, staff attended training in autisim, epilepsy and in the prevention and management of aggression (PMA). PMA is focussed on safely assessing and managing people who may show behaviour that challenges.

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 to see if the service was acting within the principles of the MCA and whether any authorisations to deprive a person of their liberty were being adhered to. We saw that DoLS applications had been submitted for everyone living in the home but these had not yet been authorised by the local authority. We saw from people's care records that people living in the home needed support from staff when outside of the home. For example, we saw that some people were at risk of a road traffic accident if they were not supported by staff due to a lack of awareness around road safety. Best interests decisions were recorded with regards to depriving people of their liberty. We noted that there were no mental capacity assessments in place for people. This meant that the principles of the MCA were not being followed. The manager told us that they would arrange for people's mental capacity to be assessed.

Staff we spoke with said that they had training in MCA and we saw from the training matrix that all staff had received training in this. People were encouraged to make choices about their care wherever possible. One member of staff we spoke with told us that they would assess what decisions people could make for themselves. For example, a member of staff told us that they would encourage people to make a choice about what to wear but they would make suggestions if someone chose to wear shorts and a t-shirt in the winter.

We saw that people were supported to have enough to eat and drink. The kitchen was accessible to people

all the time and people could make their own food when they wanted. The main evening meal was planned at the weekly residents meeting and the time of the meal was flexible depending on what people are doing. We observed lunchtime and saw that staff ate and chatted with people during the meal. We saw that people who were unable to communicate verbally were supported to choose their meals by using picture cards and gestures.

We saw that that some people who lived in the home were at risk of choking. We looked at the care records of people who were at risk of choking and noted that referrals had been made by staff to the Speech and Language Team (SALT) to assess people's individual risk. The advice that was given by SALT was reflected in people's risk assessment. We observed a member of staff sitting with someone who required assistance with eating and we saw that the person was given appropriate food to minimise the risk of choking. In addition to this, we saw that staff would document in people's daily records what people had to eat and how they prepared the food according to the advice from SALT.

People's general health and wellbeing was reviewed on a daily basis and their care records reflected any changes to their healthcare needs. On the day of our inspection we saw someone was supported to attend a GP appointment. We saw that referrals to other professionals such as psychiatrist, dentist and optician were made in a timely manner. One person's relative we spoke to told us "They [staff] ring me if there are any issues and I am well informed about what's happening with appointments". Another relative we spoke with said "They [staff] always take [Name] to appointments."

Good

Is the service caring?

Our findings

We saw that people appeared to be comfortable and relaxed in the company of staff. From our observations we saw that staff were caring and we saw that staff listened to what people were saying to them. We saw that staff gave people time to speak and showed active listening skills such as nodding and smiling when people were talking to them.

One person's relative told us, "I'm quite happy with [Name's] care, now [Name] is in Shalimar they have a new lease of life."

We saw that staff engaged well with the people they were supporting and we saw from people's facial expressions and body language that staff had spent time to understand people's needs. For example, we observed someone doing a jigsaw with staff. The person they were supporting did not communicate verbally but the member of staff spoke with enthusiasm about the task they were doing and the person they were supporting engaged by using gestures and facial expressions.

One person's relative told us, "[Name] has been very happy there, been one of the better homes [Name] has lived in, [Name] has everything they need."

We saw one member of staff ask someone if they would like support with cleaning their bedroom. We heard someone and a member of staff laughing and singing as they were both cleaning bedroom. We also saw a member of staff gently reminding another person not to make inappropriate comments; they did this in a gentle way which showed that they knew how to support the person with this behaviour without being confrontational.

The care records that we looked at demonstrated that people were involved as much as possible in the planning and provision of their care. The care plans detailed people's personal preferences such as what tasks they could do and what they wanted assistance with. Where people were unable to communicate verbally, there was clear guidance stating that the person would use picture cards or physical objects of reference to communicate their wishes.

During our inspection we saw that people's dignity and privacy was respected consistently. We saw from people's responses on a recent survey about their care that staff always knock and wait before entering their room. People were encouraged to be as independent as possible with staff providing assistance when required. For example someone living in the home told us that they liked to bake and staff would help them in the kitchen.

Good

Is the service responsive?

Our findings

We saw that people were involved as much as possible in planning their own care. One member of staff told us that people were assigned keyworkers for individual people. People's keyworkers met with them once a week to discuss how they were doing and what they would like staff to do for them. For example, plan meals or arrange activities.

We were told by the manager that people's relatives and friends were welcome to visit the home. Staff also facilitated visits to relative's homes. One person's relative told us, "They [staff] are terribly good at bringing [Name] home."

Another person's relative we spoke with felt that staff were good at promoting activities outside of the home and told us, "They [staff] are trying to get more outings for [Name]."

People were often out doing a number of activities away from the home and were supported to maintain strong links with the community. At the time of our inspection someone was on holiday and another person was attending a day care centre. A person living in the home spoke to us about a cookery course that they had attended and told us how they were supported by staff to prepare meals.

We saw from the care records that we looked at that the support plans and risk assessments were person centred and were reviewed on a regular basis. The reviews documented any changes in people's care needs. For example, one person's care needs had changed and they required extra one to one support. We spoke with the manager who told us that they had managed to put in place the additional support.

The care records contained detailed information on people's individual needs. Each care record contained a personal profile, how people liked to communicate and how they could be supported. For example, how people displayed different emotions such as sadness or anger and how they preferred to be supported in dealing with their emotions and behaviours. A member of staff told us that they observed someone becoming unsettled during their visits to day care as they found it too noisy. In response the member of staff told us that they now spent more time doing activities in the home.

Staff interacted with people according to their needs and wishes. At lunch time we saw a member of staff speaking to someone in short and easy to understand sentences. For instance, "[Name], would you like a drink." We saw that this was effective as the person was responding to the member of staff.

People's relatives said they were involved in decisions relating to changes in their relatives care. One relative gave an example of a time when their relative needed to go into hospital. They suggested that this would unsettle them and that they would prefer to remain at the home for their treatment. The manager and staff were able to facilitate this happening.

Another person's relative told us, "They [staff] involve us in meetings and ask for advice on [Name's] care. I feel I can have my say."

We saw that the home had a complaints procedure which detailed the procedures to be followed when a complaint has been received. We looked at the complaints record and saw that no formal complaints had been received. People were supported individually if they wanted to raise any concerns with the service. We saw that there was an easy read version of the complaints procedure in people's care records and that people had signed it to say that staff had explained how they could make a complaint. People's relatives we spoke with said that if they did have a complaint then they would feel happy about raising one.

Good

Is the service well-led?

Our findings

The manager told us that they encouraged people to make their own decisions and to have choice about how they chose to go about their day. The manager also wanted to create a homely environment. That was why meal times are flexible and the kitchen was accessible to everyone all the time. One person's relative said, "I've never had a problem with any of the staff there."

Staff we spoke with said that the manager was approachable and they felt supported. One member of staff told us that the manager had an open and honest approach and said that they were welcome to apply for a transfer to another service within the provider if they wanted to work somewhere busier. The manager told us that they want staff to feel satisfied in their work and staff can transfer between locations within the provider in to a role where they would feel more fulfilled. Another member of staff we spoke with said that the manager was busy but they found the time to work alongside the staff and, "Get stuck in." During our inspection we saw that there was a positive culture in the home. Staff appeared to enjoy their work and communicated well with each other.

At the time of our inspection there was a registered manager in post. This person had been the registered manager since 2015.The registered manager was aware of what notifiable incidents needed to be reported to CQC and they were reporting these events as required. A notification is information about important events the provider must inform us about by law.

The manager told us that they encouraged staff to take responsibility for their work and that staff were aware of what was expected of them. The manager told us that if they felt that a member of staff was not performing as they should then they would sit down with them and go through the relevant policies and procedures. We were told that staff were encouraged to discuss any issues that they had within the team with the person concerned. The manager said that this approach had made for a more cohesive team. However, the manager was available if staff were unable to raise their concerns with their colleagues.

The manager of the home said that they felt supported by the provider and that they had regular supervisions. The provider and the senior management team visited the home on a regular basis. At the time of our inspection the provider's operations manager was at the home. They told us that they planned to visit every three months to carry out an in depth audit on a particular area of the service. For example, care records or health and safety would be audited to ensure that safe and high quality care was being delivered by the service.

Internally, we saw that systems were in place to regularly monitor the quality of the service. The manager audited care files, medicines and health and safety records to ensure that they were being reviewed and updated as per the service's policy.

We saw that environmental risks were adequately managed. There was a record of weekly fire drills and we saw that a fire risk audit is completed by an external agency annually. Records we looked at showed that utilities such as gas and water were checked annually by professionals as well as the weekly safety checks by

staff in the home. The cleanliness of the kitchen was monitored daily and temperatures of the fridge and freezer were consistently recorded.

People who live in the home were asked for their feedback on the service yearly. The last survey had been completed this year. The survey was presented in an appropriate easy read format using pictures. People were supported to complete the survey by staff. This told us that the service encouraged and enabled people to be involved in assessing the quality of the service.