New Boundaries Community Services Limited

Hellesdon Bungalows

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 was announced and took place on 25 May 2017. Hellesdon Bungalows is a service that provides accommodation and personal care to people with a learning disability or autistic spectrum disorder. The home is registered for up to 8 people. It is not registered to provide nursing care. Hellesdon Bungalows is comprised of two properties; number 27 and number 45, each accommodating up to four people. On the day of our visit there were 8 people living in the service.

There was a registered manager in post. 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 2008 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) Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff and the management team understood the MCA and DoLS and its impact on the support they provided. The service was not fully ensuring they were acting in accordance with the MCA as people's capacity and best interest decisions were not being formally assessed. We have made a recommendation that the provider reviews this legislation and associated guidance to ensure they are acting in full accordance with the MCA. Staff had a good understanding of the MCA and how to support people to make decisions.

People were safe living in the home. The service took a positive approach to risks and risks to people were identified and managed. Staff demonstrated an awareness of adult safeguarding and knew how to report concerns. Incidents and accidents were reported and the registered manager analysed these in order to identify any patterns and ensure actions had been taken in response.

There was enough staff to meet people's needs. Some staff raised concerns about the use of agency staff in the service however the provider had taken action to minimise the impact of using agency staff as much as possible.

Medicines were managed and stored safely. There was guidance in place so staff knew how to administer medicines. Regular audits were taken on medicines to check and ensure they were managed safely.

People were supported to maintain their health, this included supporting people to eat healthily and address nutritional risks. Staff ensured people received the health care they required.

Staff were supported to provide effective care through training, good team work, and supportive management.

People were supported by staff who cared for them and treated them respectfully. Staff supported people to discuss their views on the support provided. Some people using the service had complex communication

needs. Staff understood people's individual gestures and how they communicated so people were able to express themselves. People were supported to be as independent as possible.

Staff ensured they knew people's individual preferences and needs. Support was provided in a way that met these. People were supported to access activities and maintain their personal interests and hobbies.

Care plans contained sufficient guidance for staff. They were accurate and up-to-date.

Relatives felt able to raise concerns. They felt confident that action would be taken to resolve any concerns they raised.

There was an inclusive culture in the home. Staff were positive about working in the service and felt supported. Relatives and staff were positive about the management team and the way the service was managed. There were quality monitoring processes in place to help monitor and identity issues that might affect the quality of the service provided.

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 understood their responsibilities regarding adult safeguarding and knew how to recognise and report concerns.

There were enough staff to meet people's needs.

Risks to people were identified and well managed.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

Staff received training and support from their colleagues which helped them to provide effective care.

Staff understood the MCA and how to support people to make decisions, however the service was not carrying out formal assessments of people's capacity and best interest decisions.

People were supported to maintain their health and manage their nutritional needs. Staff supported people to access health care where required.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and respect. People were supported to discuss and communicate their views on the support provided.

People were supported to be independent.

Is the service responsive?

Good

The service was responsive.

People received care which was personalised and responsive to

their needs.

Relatives felt comfortable and able to raise concerns if needed.

Is the service well-led?

Good

The service was well led.

There was an inclusive culture in the home. Staff felt happy and supported working in the service.

Relatives and staff spoke positively about the management team.

The quality of the service was monitored and there was a clear plan in place to continue to sustain and drive improvements.

Hellesdon Bungalows

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 checked 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 inspection took place on 25 May 2017 and was announced. The provider was given 72 hours' notice because the location was a small care home for people who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before we carried out our inspection we looked at the information we held about the service. This included notifications received by us. Notifications are changes, events, or incidents that providers must legally inform us about. We reviewed this information and information requested from the local authority safeguarding and quality assurance teams. The provider completed a Provider Information Return (PIR) which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with five people living in the home. We spoke with a team leader, three support workers, an agency support worker, the provider's training co-ordinator, the operations manager, and a visiting health professional. The registered manager was on annual leave at the time of our inspection visit. Not everyone living at Hellesdon Bungalows was able to speak with us and tell us about their experiences of living in the service in detail. We observed how care and support was provided to people in the home. Following our inspection visit we spoke with two relatives via the telephone for their feedback on the service.

We looked at two people's care records, medication records, three staff recruitment files and staff training records. We looked at other documentation such as quality monitoring, accidents and incidents, maintenance records, and records from staff meetings.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe living in the home. One relative said, "We're really lucky where [name] is because we have no worries." A second relative told us, "I do feel [name] is safe."

The staff we spoke with had a good understanding of how to recognise, prevent, and report harm to ensure that people were protected from the risk of abuse. Staff we spoke with knew how to report concerns to external agencies if necessary. We saw in the staff office there was guidance for staff on how to make a safeguarding referral, the information they needed to provide and what numbers to call. Records we reviewed showed that the safeguarding referrals were made appropriately and when required.

The staff we spoke with demonstrated an understanding of individual risks to people and how to manage these. During our visit we observed staff acting in accordance with people's risk assessments. For example, reminding and supporting one person to mobilise safely with their walking frame. A health professional we spoke with told us they felt the service took a positive approach to risk which supported people's freedom and independence. They gave us an example which showed staff had been proactive in managing the risks to a person in the service with positive results.

We saw risk assessments were in place and were specific to each person. These covered areas such as nutrition, physical health, mobility, moving and handling, and behaviour that may be challenging to the person and others. We saw risk assessments and associated care plans provided clear guidance for staff on how to manage identified risks.

Details of incidents and accidents were captured and recorded. Incidents and accidents were reported to the registered manager who analysed them for any trends of patterns. They also showed the registered manager had assessed what actions were required to manage any ongoing risk.

Most of the risks to people from the premises were managed, although some improvements to the way water safety was assessed and managed was required. Following our inspection visit the provider sent us an updated risk assessment which showed they were taking action to address water safety in the home. Regular up to date checks and servicing had been carried out on areas such as the home environment and fire safety. This helped ensure that the home was a safe place for people to live and work in.

Relatives and staff told us they felt there were enough staff to meet people's needs. However, three of the staff we spoke with felt that more permanent staff were needed as the service was currently having to rely on agency staff to fill shifts. Two of the staff told us more permanent staff would create more consistency and stability for people living in the home. Whilst some staff raised concerns three staff we spoke with told us that the provider tried to minimise the impact of using agency staff as much as possible. One staff member said, "It is done cleverly here, [agency staff] are team players." A second staff member said, "We have the same [agency staff] as much as possible so they do know the guys." The operations manager confirmed this was the case.

The operations manager told us they were working to reduce the use of agency staff. They told us they had reviewed and changed the way they recruited staff, concentrating on ensuring they recruited the right staff with the right values. They were also undertaking a recruitment drive, advertising for staff using a range of different methods. They told us they had recently recruited two new staff which would help reduce the use of agency staff.

We saw there was an induction checklist in place for agency staff who were new to the service. Any new agency member of staff would spend time shadowing permanent staff before working in the service. We spoke with an agency staff member who told us they worked regularly in the home and before working in the service had been supported to get to know people and their care needs.

The operations manager told us staffing levels were worked out depending on people's individual needs and planned activities. A relative we spoke with confirmed this. They told us that staffing levels were flexible and gave us an example of how extra staff were brought in to provide additional support to their relative when they were experiencing a period of ill health.

Staff files showed safe recruitment practices were being followed. This included the required character and criminal record checks, such as references and Disclosure and Barring Service (DBS) checks, which helped ensure that the risk of employing unsuitable staff members was minimised.

Medicines were managed safely. We looked at four medicine administration records. We saw these records were completed accurately. Staff recorded when medicines for external use were opened and when they should no longer be used. This ensured staff were using medicines that were safe to use. We saw there was guidance in place for staff on how to administer 'as required' medicines. Medicines were stored safely and appropriately. We saw there were regular medicine audits in place to ensure they were being managed safely.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with told us that some of the people living in the home had a limited ability to make decisions regarding some aspects of their care. We saw some people had care plans in place which stated they did not have capacity to manage or make decisions around their medicines. We saw the service had also identified and made referrals for authorisations for people assessed as being deprived of their liberty. In all these cases we found the service had not undertaken formal mental capacity assessments or documented best interests decisions. This meant it was not clear on what grounds it had been established that the person lacked capacity and why the action being taken was in their best interests. This meant the service was not fully acting in accordance with the MCA.

We discussed this with the operations manager who acknowledged that they needed further guidance and to develop a process which clearly documented people's ability to consent to specific decisions and if not what decision had been made in their best interests.

We recommend the provider reviews the legislation and associated guidance to ensure they are acting in full accordance with the MCA.

Whilst further work was required in this area staff we spoke with had a good understanding of the MCA and how to support people to make decisions. One staff member told us, "We explain things in the context they understand and support them with their decisions." Another staff member told us that people's ability to make decisions could fluctuate so it was important that decisions were time and decision specific. They said, "You can't just assume they can't [make decisions]." A relative we spoke with told us how staff involved and supported their relative to make decisions and were careful about seeking their consent.

The relatives we spoke with told us they felt staff had the knowledge and skills to provide the support required. One relative told us how when their relative's needs had changed additional training had been given to staff so they could meet their changing needs. They told us staff had arranged for them and other family members to attend this training as well so they could meet their relative's needs when they came to stay with them. Another relative told us that staff worked well together to meet people's needs. They said,

"You've got a really good team there, they work well together."

The staff we spoke with felt supported by their colleagues and the registered manager, to deliver effective care to people. Staff we spoke with confirmed they received regular supervisions. One staff member told us that if they came to the management with an issue they would be offered a supervision session so they could discuss the issue in depth. Staff told us the registered manager and operations manager were accessible and supportive. One staff member told us, "Everybody pulls together really nicely." They went on to say, "Even at 11pm if I had to ring I'd always be able to get somebody." A second staff member said, "Whenever we have a question there's always an answer."

Records showed staff received a range of training which included topics such as moving and handling, diversity and equality, infection control, and safeguarding. We saw staff also received training in subjects that were based on people's individual needs such as peg feeding and the administration of specific epilepsy drugs. The operations manager told us the provider had reviewed its training and was moving to a more e-learning based system. Three of the staff we spoke with raised some concerns about how effective e-learning would be in supporting them to meet people's needs. One staff member said, "If you do it online who do you ask if you get stuck." We saw the provider planned to keep some training subjects classroom based such as safeguarding, first aid, and moving and handling. We discussed the concerns raised with the operations manager who said they would take staff comments on board and consider how best to support staff with the move to an e-learning based system.

New staff completed the Care Certificate. The Care Certificate is a set of standards that care staff should adhere to and formed part of induction training for new staff. There was an induction process in place which also consisted of shadowing staff to help ensure new staff had the information and skills needed. The operations manager told us new staff were provided with as much support and supernumerary shifts as they needed in order to feel confident in their role.

People's nutritional needs were met and they were supported to eat balanced meals. People we spoke with, and records we saw, showed that meal options and preferences were planned and discussed with people each week. Records showed people's weight was monitored and issues identified. For example, where it had been identified that one person's weight was a concern staff had sought advice and support from a dietician.

Some people who used the service required support from a Speech and Language Therapist (SALT) to ensure people were supported appropriately with their eating and drinking. We saw there were relevant risk assessments and SALT assessments in the care records we looked at. We observed the support and food records given to one person and saw staff were consistently following the SALT advice.

Records showed staff identified where there might be health concerns and ensured concerns were referred to the appropriate health care professional. Relatives we spoke with confirmed that staff ensured people's health care needs were met. One relative told us how their relative sometimes worried about their health. They said staff took any health complaint their relative raised seriously and never dismissed their relative's concerns.

Good

Is the service caring?

Our findings

People and relatives we spoke with talked positively about the staff. They said staff were kind and caring. One person told us staff were, "Friendly." They went on to tell us how they had been nervous when they first came to live at the home but staff had helped them settle in. A second person told us, "I like having a laugh and a joke with [staff] here." A third person told us staff were, "Kind." A relative told us, "Staff are wonderful." A second relative said, "Staff are so dedicated and committed."

The staff we spoke with talked in a positive, respectful, and caring way about the people they supported. One staff member told us, "Everyone is dedicated, it's not just about the wage packet, its believing you are making a difference to people's lives." It was clear from speaking with staff that they knew the people they supported well and cared about them. Our observations showed that staff had a good rapport with people in the service. Relatives we spoke with confirmed this. One relative told us staff, "Love [name]." Another relative said its, "Lovely for [name] to be with [staff] who like him and are happy to look after him." Both the relatives we spoke with told us how when their relative had been unwell and spent time in hospital staff had visited and spent time with their relative. One of the relatives told us their relative had needed a lot of support whilst in hospital. They told us staff had arranged that a member of staff would stay with their relative to make sure hospital staff understood their needs and that these were met. They said, "We couldn't have gone home if they hadn't done that as [name] was so vulnerable."

Some of the people in the home had complex communication needs. We saw staff understood people's individual communication needs and that this helped people to communicate their wishes and feelings. A relative we spoke with said staff supported their relative to communicate with them. They said as their relative's communication needs increased staff were exploring additional measures to provide additional support.

Records we looked at showed people were involved in discussions about their support as much as possible. People had weekly meetings with a member of staff to discuss their needs and how they were feeling. People we spoke with told us they had the opportunity and felt able to discuss their care needs with staff. Relatives also told us where appropriate they were involved and consulted on their relatives care needs.

People's independence was supported and encouraged. We saw people were supported to think about their skills and interests so they could be supported to gain work experience and jobs. On the day of our visit staff reminded one person they had said they wanted to show us round the home. We saw staff were careful to quietly stand back and allow the person to do this whilst ensuring they provided the appropriate support when the person needed it. Staff were able to provide us with examples and practical ways they supported people to be independent. One staff member told us how proud they were of people's achievements. They said, "That's the hope, [for people] to go and have an independent life." Whilst a second staff member said, "It's important they have their independence." A relative told us, "Staff do expect a bit more of [name]. It's important to have higher expectations so they will do more." They gave us examples of how this had benefited their relative.

Relatives told us they felt people were treated respectfully and with dignity. One relative told us, "I like the fact [staff] talk to them like grown-ups not children." Whilst another relative said, "[Staff] just seem so considerate." We saw during our visit that staff interacted with people in a respectful manner.

Relatives were able to visit when they wished and were encouraged to be part of people's lives. The relatives we spoke with told us they felt involved and welcome in the home. One said, "I walk in the door and its do you want a cup of tea."

Good

Is the service responsive?

Our findings

People received care that was responsive to, and that met, their individual needs and preferences. Relatives told us people received responsive and timely care. One relative told us, "Staff are wonderful, if [name] wants something they're always there to help him." Another relative told us, "All the residents are treated as individuals." A health professional we spoke with told us staff were supporting the person they visited in a person centred and responsive manner. They told us this had had positive benefits for the person and said, "Credit where credit is due they've done a good job."

Relatives gave us examples of how staff had identified potential issues and responded in a person centred way to these which took in to account people's individual abilities, age, and specific health conditions. For example, one relative told us how staff had contacted them to explore a possible health problem and gather information on the person's family history of this condition in order to aid a diagnosis. Another relative told us how staff had brought their relative a photo album with a microphone in it and put in pictures of the person's family and past historical events. Staff had asked the person's relative to record a message about each picture in order to facilitate communication with the person and enable discussion about the person's life history. Their relative told us, "[Staff] really accommodate [name] we feel."

Care records we looked at detailed people's individual needs and included their personal preferences. This included details such as what was important to the person, their life history, favourite places to visit, likes, and dislikes. The staff we spoke with demonstrated that they knew people as individuals and could tell us about people's support needs, histories, and preferences. Care records were up to date and accurately reflected people's support needs. Relatives told us that where appropriate they were consulted when people's needs and the support they required changed. Both relatives told us they had informal opportunities to discuss their relative's care plans but were not clear on how often formal care plan reviews took place. However, they felt if one was needed they could request this.

The support provided was also tailored to people's individual preferences and likes. Staff told us that people had separate and different routines in order to accommodate this. One staff member said, "We don't all eat at the same time so why should they." Relatives told us people were supported to maintain their interests and hobbies. One relative said, "[Name] has a lot of interests and they do try and cater for them." All the people we spoke with provided us with examples that showed staff supported their interests and hobbies.

We saw where people wanted they could plan their weekly activities each week with a staff member. We saw these activities were varied amongst people and were geared to people's individual needs and interests. During our visit we saw staff supporting people to engage in a variety of tasks. People we spoke with talked happily about the different activities they took part in. Staff and relatives told us they felt there was enough for people to do in the service. One relative said, "[Name] is always on the go."

The service had systems in place to encourage feedback about the home and the care provided. We saw people and relatives were asked to fill in a yearly survey to provide feedback on the service. We saw there was a complaints book on display in the home's entrance so people, relatives, and visitors could raise

concerns. We reviewed this and the home's record of complaints and saw none had been received in the last year. Relatives we spoke with told us if they had any concerns or complaints they felt comfortable raising them with the management team. One relative said, "[Registered manager] is very good, they're very receptive when you have concerns."

Good

Is the service well-led?

Our findings

People and relatives we spoke with talked positively about the service and the support provided. One relative said, "I can't fault them up there, they do a lovely job." Another relative told us they were, "Thrilled to bits" that their relative lived at the home.

The staff we spoke with also spoke positively about working in the service. They told us there was good team work in place. One staff member told us, "Team is good, management really good." A member of the management team told us, "I don't expect [staff] to do anything else I wouldn't do myself." Records showed there were regular team meetings for staff where issues in the service could be communicated and discussed. Staff told us there was a happy inclusive atmosphere in the service. One staff member said, "Proactive, happy, and harmonious attitude."

Relatives and staff were positive regarding the management of the service and the management team. One relative told us the registered manager was, "Wonderful, they always let me know when there's a problem." They went on to say they had a good positive relationship with the registered manager and found them approachable and supportive. This was echoed by the other relative we spoke with. Staff also spoke positively about the registered manager, although two staff and a person we spoke with felt the registered manager was not always visible in the service. However, staff told us they did receive support on the floor from the team leader. One staff member told us, "[Team leader] don't think they could work any harder." We spoke with the team leader who told us they and the registered manager had a good supportive relationship where they could complement each other's roles.

All the staff we spoke with told us the management team were approachable and supportive. A staff member said, "[Registered manager] very approachable and easy to talk to." Another staff member told us how the management team motivated staff. Whilst a third staff member said the management team supported staff to understand their roles and responsibilities.

There was an inclusive atmosphere in the service. Relatives told us they felt they and people living in the home were involved in the service. For example, one relative told us how their relative loved learning and so attended training courses with the staff. The operations manager told us how they had reviewed their recruitment process so potential staff visited the service and spent time meeting people. This operations manager said this allowed them to seek people's feedback where possible on potential applicants.

The registered manager was aware they were legally obliged to notify the CQC of certain incidents that occurred in the service. Records we looked at showed that the registered manager understood what incidents to notify us of and these were submitted to the CQC appropriately.

There were systems in place to monitor and improve the quality of the service. The registered manager undertook regular audits which covered areas such as care plans, health and safety, and people's nutritional status. We saw there were other fortnightly audits on areas such as people's medicines, daily notes, care plans, and housekeeping. This helped to ensure the service was running well and any issues were identified.

We saw where issues had been identified there was an action plan in place that identified the actions needed, although this lacked detail on the person responsible for the action and specific time frames to complete it by. The service also had a clear action plan to continue to drive and make improvements.