

New Boundaries Community Services Limited Greenacres

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

The inspection took place on the 9 August 2016 and was announced.

Greenacres provides care for up to 3 people. The home supported people who had a range of learning disabilities. People lived in self-contained flats within the service.

There is another home next door called Pinetops. This is owned by the same provider and has the same registered manager. As a result there are similarities with both homes in terms of the management and the administration of the services. We inspected these services during the same week.

There was a registered manager 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. During this report we will refer to the registered manager as the manager.

People benefited from being supported by staff who were safely recruited, well trained and who felt supported in their work by their colleagues and by the manager. There was consistently enough staff to safely meet people's individual needs.

Staff understood how to protect people from the risk of abuse and knew the procedure for reporting any concerns. Medicines were administered safely and adherence to best practice was consistently applied. People received their medicines on time, safely and in the manner the prescriber intended. The service regularly audited the administration of medicines. Medicines were stored securely.

Staff knew and understood the needs of people living at Greenacres.

Staff received yearly appraisals. Staff also had regular supervisions. The manager observed practice and was involved in the daily running of the service.

Staff told us they were happy working at Greenacres. They assisted people with kindness and compassion. People's dignity and privacy was maintained and respected. People were treated as individuals.

The Care Quality Commission (CQC) is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was depriving some people of their liberty in order to provide necessary care and to keep them safe. The service had made applications for authorisation to the local authority DoLS team. The service was working within the principles of the MCA.

The manager and the staff's knowledge and understanding about mental capacity and DoLS was variable.

When we raised this with the manager, they put a plan in place to address this.

People's care plans contained important, relevant and detailed information to assist staff in meeting people's individual needs. People had been involved in making decisions around the care they received. People's needs had been reviewed. People's care was person centred.

People were supported to maintain good health and wellbeing. The service reacted proactively to changes in people's health and social care needs.

The service had links with the local community and the manager planned to develop this in the future

The service encouraged people to maintain relationships with people who were important to them. There were planned activities on a daily basis to support people to maintain their interests and fulfil their goals.

There was a positive, open culture and a welcoming and friendly atmosphere at Greenacres. There were systems in place to monitor the quality of the service. Although there appeared to be delays at the provider level (New Boundaries) for some of the improvements to the building and garden, the manager and staff wanted to make.

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 safely recruited to meet people's individual needs.

People were supported by staff who knew how to prevent, identify and report abuse.

People were kept safe as risks had been identified, and managed appropriately. Staff had effective guidance to support people in relation to the identified risks.

Medicines were administered safely. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People benefited from being supported by well trained staff who felt supported in their roles.

Staff assisted people in a way that protected their human rights. The service was meeting its responsibilities under the MCA.

The service ensured people received food and drink of their choice. People had enough to eat and drink.

People's health and wellbeing were supported and maintained by having access to appropriate professional healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff had a good knowledge of the people they supported and delivered care in a respectful and caring manner.

Care and support was provided by staff in a way that maintained people's dignity and independence.

People were involved in making decisions around the care and

support they needed.

Is the service responsive?

Good ●

The service was responsive.

Care and support was provided in a personalised way that took people's wishes, needs and life histories and experiences into account.

The service encouraged people to maintain meaningful relationships with those close to them.

There were regular social activities, the service encouraged people's involvement.

The home had systems in place to gain people's views on the service provided.

Is the service well-led?

Good ●

The service was well-led.

The staff and the people they supported benefitted from a manager that demonstrated dedication and knowledge in the service.

People were supported by staff that were happy in their work and felt valued.

There were auditing systems in place to ensure a good quality service was delivered.

Greenacres

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 was 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 9 August 2016 and was announced. We announced the inspection because Greenacres is a small service and we wanted to ensure we spoke to people and staff. Our visit was carried out by one inspector.

The manager had completed a Provider Information Return (PIR). 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.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. During our inspection we spoke with three people who used the service. Observations were made throughout the inspection.

We spoke with the manager and two members of the care staff. We also contacted the local safeguarding team, the local authority quality assurance team, and the clinical commissioning team (health) for their views on the service.

We reviewed the care records of three people and their medicines records of two people. We also looked at records relating to the management of the service. These included training records, health and safety check records, audits, three staff recruitment files.

Is the service safe?

Our findings

There was enough staff to keep people safe and meet their needs. One person told us, "I feel safe." We asked another person if they feel safe they answered, "Yeah."

People living in the service had been assessed to have 'one to one' support from day staff. At night time there was one member of staff on duty. If there were staff absences which could not be covered by the existing staff, the provider had their own staffing agency which the service used.

The manager and staff understood how to protect people from the risk of potential abuse. The staff told us the different signs which may indicate if a person was experiencing harm in some way. Staff told us they would raise any concerns they had with the manager. Staff also knew of outside agencies they could contact, for example the local authority safeguarding team, and senior colleagues within 'New Boundaries.' We saw there were contact details for the local authority on the services' notice board.

The manager told us about a historical concern raised by staff. The manager told us how they investigated these concerns and what action they took to prevent it happening again. This demonstrated that the manager understood their safeguarding responsibilities.

We saw that people had thorough risk assessments. These assessments considered people's vulnerability, what actions needed to be taken by staff to ensure people were safe. These assessments considered factors which may result in people living at the service expressing behaviour, which may challenge other people. We could see from these assessments and people's daily records, the service had made contact with outside agencies, to support the staff and the person to manage this behaviour.

There were various safety checks carried out by staff to keep people safe. There was a fire evacuation plan for the service. The fire equipment was tested on a regular basis. The service checked people's cars (who used the service) and Greenacre's own vehicle was safe to use, on a daily basis. On the day of our visit the service had arranged for one person's car to have an MOT.

The service also carried out checks on the water temperatures in people's flats. However, the service did not test for Legionella, this is a bacteria which can grow in water supplies, and can cause people to become ill. We spoke to the manager about this who said they will speak with the New Boundaries about this. We later received confirmation that testing would be commencing soon.

The manager had a plan in place to respond to emergencies which may affect the running of the service. There were contact details of utility suppliers, an on call "Handy man" and an out of hours number for evening staff to call if there was an issue where support was needed.

Staff met twice a day to 'hand over' to the new shift of staff, a 'shift lead' updated staff if there were any issues, incidents, or changes in people's needs.

People were kept safe as recruitment processes were in place, which ensured only those people suitable to work in care, were employed. We looked at the personnel files of some members of staff. We could see the appropriate security checks had been completed. Staff identification had been verified and the Disclosure and Barring Service (DBS) checks had been carried out.

The service had a robust way of administering people's medicines. This involved two members of staff. One member of staff would check the other member of staff had given the correct medicine and amount. They would also check the Medication Administration Record (MAR) had been completed appropriately. We reviewed these records and it appeared the service had given people their medicine as the provider had intended.

People's medicines were stored securely in people's rooms. The service monitored the temperatures of these cupboards on a daily basis to ensure the medicines were effective. We looked at these records; we found one person's cupboard had scored high temperatures over a long period of time. We were shown correspondences from the providers pharmacist lead giving advice about how to monitor this. However we noted one particular medicine was being stored above the manufacture's recommended temperature. We spoke with the manager about this. They told us about what action they would take to rectify this issue.

Is the service effective?

Our findings

The staff had the skills and knowledge to perform well in their work. The people we spoke to who lived at Greenacres spoke positively about the staff.

The manager showed us the training programme for the year ahead. We could see staff training was up to date. Training included, first aid, medication administration, safeguarding, responding to behaviour which may challenge others. Staff described to us what they had learnt at some of their recent training. One member of staff spoke in detail about 'equality and diversity' another spoke about safeguarding.

The staff we spoke with said their induction was robust and prepared them for the job. One member of staff said, "There was a lot of training." Induction included a week of training in the class room, then a period of 'shadowing' staff and getting to know the people living at Greenacres, which also included looking at their care records. New staff would be assigned a "Buddy" and shifts would begin. Sometimes staff worked with their 'buddy' until people living at the service felt comfortable with the new member of staff.

We were shown a record of supervisions and appraisals, and these were up to date and were completed on a regular basis. Staff confirmed they had regular supervision and team meetings were also regular events. We looked at the minutes of the staff meetings and could see this was the case.

We observed staff communicating clearly and respectfully with one another throughout our visit. The staff we spoke with talked about the importance of being professional. One member of staff said, "We're work colleagues, we're not friends." All the staff we spoke with including the manager talked about being, "A strong team."

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 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.

The manager and some staff did not demonstrate that they had understood the principles of the MCA or DoLS. Although one member of staff did have a good understanding of the MCA. When we looked at people's care records the service had not completed mental capacity assessments for individuals and reviewed this. However, the manager had made referrals to health and social care professionals when they had been concerned about a person's mental capacity and their ability to make informed decisions.

We observed the service was also not restricting people's movements or their freedom in any. We saw staff offered people choice throughout our inspection. From speaking with staff and looking at people's care records we could see the service made every effort to involve people with their care and offer daily choices and explore goals for the future.

We spoke with the manager about the shortfall in knowledge and the manager confirmed training would be revisited. The manager said they were booked on MCA training to take place later this year. The manager also said the MCA would occasionally be brought up at supervision to strengthen staff understanding of mental capacity.

People told us they liked the meals and food in general at the service. One person told us how they helped with the daily cooking. The manager and staff told us how they had been on a cookery course, "The Joy of Cooking." We were shown a cook book which they used which aimed at producing healthy food. The manager and staff were in the process of producing a menu of the meals they cooked. These included a photo of each dish or meal they had made. Staff told us how people chose what they wanted to eat at their one to one meeting each week and staff would then plan to cook these meals.

Sometimes people wanted different meals from each other which staff cooked. One member of staff showed us how they will try and find a healthy option to what people wanted to eat, for example rather than a fried brunch all the items would be grilled and processed chips would be replaced by homemade ones.

On the day of our visit one person living at the service told us they were having, "Chicken wrapped in bacon with pesto and asparagus" for dinner. This person was supporting the member of staff to cook the meal. The manager told us, the provider funds the staff's meal so they and the people living at the service can sit together to eat, "As one family."

From looking at people's care records and speaking with staff people had access to health professionals when there was a need to. On the day of our visit one person had returned from a health appointment. We could also see the manager had made a recent referral to a specialist health team.

Is the service caring?

Our findings

The people we spoke with said they enjoyed living at Greenacres and liked the staff. One person said, "They're [staff] are very good, very nice...We are pals." Another person said, "I like everything." We asked this person what particular things they liked, they answered, "The staff team."

During our visit we observed staff engaging with people in a calm, friendly, and professional way. We heard staff having regular conversations with people; we found these to be chatty and familiar interactions. Staff (including the manager) and people living at the service appeared relaxed in one another's company.

People were supported to maintain relationships with people they felt were important to them. The service facilitated contact with relatives on a regular basis. We saw in some people's care records advice about how to ensure contact was meaningful and productive for all parties involved.

The manager told us a lot of people who lived at the service had formed friendships with people in other services in the provider group. Staff told us about a recent disco held at the local community centre and other events aimed at supporting these friendships.

Some of the people we spoke with told us they felt able to talk to staff about issues which were distressing them. One person said, "They help me with problems and if I get upset." We found records of one to one meetings staff had with people at the service to discuss events which had distressed individuals. From looking at these records staff had responded to when people had been upset and low in mood.

On people's care records there were suggestions about how to support people's mental wellbeing. This included practical actions to take when people were being supported with their daily needs, to try and prevent distress or anxiety. There was also information about trigger points and subject matters which would cause distress and ways to prevent this from happening.

People said staff discussed sensitive matters with them in private. Staff told us how they ensured people had privacy when they wanted it. Staff also told us how they managed situations in public and in private in a respectful and dignified way.

People living at the service were encouraged to be as independent as possible. One person said, "They help me with shopping and my food." People told us how they chose what they wanted to do each day. We observed staff supporting people to carry out their daily, domestic, routines.

One member of staff told us how they supported one person to gain skills in daily living through working through pictorial guides with them. The person would then, "Shadow" the member of staff, in order to develop their independence.

Is the service responsive?

Our findings

People's care was person centred and the service was responsive to people's needs. One person said, "They revolve around us." We looked at people's care records, assessments and reviews. We found these to be person centred, giving unique details, relevant to individuals. These records provided a picture of the people the service supported.

The service had created daily record books, which included a, "Pen picture" a brief description of people's needs to support new staff and agency staff to meet people's needs. They also included a picture of people's key workers and a list of the key workers daily responsibilities.

We looked at people's records; we could see people had been involved in the planning of their care. People's backgrounds had been explored, their likes and dislikes. One person had limited communication; however their records were very detailed. Staff had made significant efforts to engage with this person in a way they would understand and respond to. We spoke with staff who told us they involved people with their care planning. There were one to one meetings held weekly where they would explore what had worked well that week, what didn't, what improvements could be made. One person preferred to write their responses and then pass this to their key worker.

Staff said they went through people's care plans and records with them. One member of staff said one person had said, "This is a load of rubbish." They responded by saying, "What can we both do to make it better?" Staff said they read the information held on the care plan to the person. One member of staff said about one individual, "A colour sheet is used to help the person read their care plan."

We saw in people's care records, information about their needs, and preferences were expressed in pictures and with words to support people to understand this information. There was a poster in the service in pictorial form, telling people how they could make a complaint. People had also signed to say they were in agreement with the care plans created.

When we spoke with staff we asked them to tell us about the people who lived at the service. They gave us detailed information about each person. This information was found in people's care records.

People were supported to engage with a variety of activities which they had chosen they wanted to do. For example, one person attended a day centre and another attended a group which also included paid employment. We spoke to this person who said they enjoyed attending the group and they indicated they found the work rewarding. During our visit we heard staff discussing and planning activities for that day and evening.

We spoke with a member of staff who said, "Not everyone is the same, it's what suits the individual." When we looked at the care records we could see people had identified areas of interest and activities they liked doing. We saw people were being supported to fulfil and develop these interests regularly. These were individual to each person. When we visited people in their flats these were personalised spaces expressing

their individual interests, and hobbies.

People had recently been asked where they wanted to go on holiday, not everyone wanted to go to the same place, and so one person had a separate holiday to the other people at the service. A member of staff told us how they explored what the person wanted to do. They had identified they wanted to go to a particular place, so the service arranged and facilitated the holiday.

Is the service well-led?

Our findings

The people we spoke with were very complimentary about the manager. One person said, "He calls me mate." We asked how this made them feel, the person answered, "Happy." Another person said, "Pretty good."

Staff also spoke positively about an open culture and good leadership. One member of staff said, "We work together as a strong team." Another member of staff said, "[Manager] is fair and has strong professional boundaries." We observed the manager and staff communicated effectively with one other, these conversations were professional and appropriate. Staff said the manager was very present and involved with the day to day running of the service. We observed this to be the case throughout our visit.

There was a strong sense of 'team work' at the service. Staff also said they felt confident expressing any concerns to the manager. Staff also said they felt comfortable addressing any practice issues with their colleagues. One member of staff said they raised an issue regarding a member of staff, they said this staff member responded positively to their suggestions. Another member of staff told us how important it was to respond appropriately, following the guidelines of the care plan, when a person may express behaviour which challenges others. They said otherwise a colleague may have a difficult time responding to this situation, if it happens again.

The manager told us it was important that all staff are accountable and feel responsible for the people they supported. All staff rather than senior staff support people with the administration of their medicines. There is a shift lead on each shift responsible for certain actions. The shift lead role is shared by all staff. The manager said, "Everyone should have responsibility, because everyone is capable."

We asked staff what the services values were. One member of staff said, "To help these guys have the best opportunities in life." Another member of staff said, "Together everyone can achieve more." The manager spoke about creating an atmosphere, "Where we are one big family...and basing each day around that individual." We found these values were shared by all staff. We also observed the service was friendly and welcoming.

The manager told us they felt the links with the community could be improved upon, and they were working with the operational manager about how this could be achieved. The service had made use of the community centre and the village pub. Recently a person who lived at the service with support from staff, cut the hedges to enable people living in the area to use the foot path to the community centre.

The manager fully understood their responsibilities and the information we hold about the service, told us they reported incidents to the CQC as required.

We were shown various audits completed by the manager and some staff in order to monitor the quality of the service and drive improvement. For example there were weekly and daily audits which checked the entries into people's daily logs and care plans, the condition of people's flats, and people's safety.

The manager also created action plans which were shared with the provider. The manager showed us these plans, some had been completed, but some had not. The manager showed us the garden; they described it as an unutilised space with some access difficulties. They had made many requests to have the garden landscaped so people at Greenacres and the service next door could use it. However, they had received no response from the provider.

Despite this issue the manager spoke positively of the operations manager and felt supported by them. The manager said they had regular supervision and told us about the training they are attending shortly. The manager said the provider was supportive of their learning and development. They had recently completed a level five Diploma in Care.