

# New Boundaries Community Services Limited

## The Willows

### 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 6 November 2015 and was announced.

The service is a care home providing support for up to nine people with a learning disability and need support with their mental health. On the day of the inspection there were nine people using the service.

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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We noted that management arrangements were changing and that a new manager had been appointed who intended to apply for registration. Although changes were in progress, the service was led by a stable and effective management team. There was a commitment to developing and improving the service that people received.

People received care and support that was focused on their individual needs. Their medicines were managed in a safe way. There were enough skilled staff who were able to ensure that support was delivered to meet people's needs and minimise risks. Recruitment practices were robust and contributed to promoting people's safety.

People were encouraged to make decisions. Staff had been trained in the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards and were aware of how people's rights should be promoted. Any restrictions necessary to promote the safety of individuals were considered carefully with other professionals as being in their best interests.

People were supported by staff who treated them warmly and with respect and their privacy and dignity was promoted. People were consulted about their care and involved in planning how their needs were to be met. They were supported to pursue meaningful activities within and outside the home.

Staff were knowledgeable about the support people required and worked well with other professionals; this contributed to ensuring placements at the service were successful and sustainable as far as practicable. Staff were able to identify and respond to signs that could indicate changes in individual needs or risks. Care plans were kept up to date when people's needs changed. People had opportunities to raise concerns or complaints.

## 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 ●

People were protected from the risk of abuse and staff knew what to do if they had concerns that people may be at risk of harm.

Risks to people's safety were assessed and staff knew what to do to minimise these.

Recruitment processes of new staff were robust and there were enough staff to support people safely.

Medicines were managed safely and given to people as they required.

### Is the service effective?

Good ●

The service was effective.

People received support from staff that were well trained and properly supported in their roles.

People's rights were promoted in relation to the way they made decisions about their care and to ensure that actions taken to ensure their safety was appropriate and proportionate.

People had access to enough to eat and drink and had advice about healthy diets. They were also supported to access health professionals to help promote their physical and mental health.

### Is the service caring?

Good ●

The service was caring.

Staff supported people in a positive way and with respect for their dignity and privacy. They supported people to discuss how their anxieties could be managed constructively and to balance rights and risk.

People were involved in decisions about their care and supported to have a say about how this was delivered.

### Is the service responsive?

Good ●

The service was responsive.

Staff were aware of people's needs and alert to any issues which indicated their support should be reviewed.

The service worked in cooperation with people and professional to ensure plans for care and support were focused on individual needs.

People and their representatives could be confident their complaints would be listened to.

**Is the service well-led?**

**Good** ●

The service was well-led.

People were empowered to express their views and there was good morale within the staff team. Staff understood their roles and responsibilities.

Systems for assessing and improving the quality and safety of the service were operated effectively.

The quality and stability of leadership within the service was highly valued by health and social care professionals although we noted the arrangements were changing.

# The Willows

## 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 inspection took place on 6 November 2015 and was announced. The provider was given 24 hours' notice because the location was composed of three small bungalows for younger adults who are often out during the day, therefore we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection, the provider 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. We reviewed the information this contained. We also reviewed the information we held about events taking place in the home, including those which the provider must tell us about by law.

During the inspection we spoke with the registered manager, the manager, and four other members of staff. We observed what was taking place in the service and spoke with four of the people who lived there. We spoke with a visiting psychologist and received further feedback from a psychiatrist and two social workers. We reviewed recruitment files for two staff and training records for the staff team. We also looked at care records for three people, medication records for five people and other records associated with the management of the service. This included the provider's quality assurance checks and surveys completed by relatives and people living in the home during September and October 2015.

# Is the service safe?

## Our findings

People told us that they felt well supported by staff and were comfortable in the home. Their questionnaires completed for the provider showed that they felt well treated. We noted that one person had written that they would speak to the team leader or manager if they had any concerns about the way they were treated. We observed that people related well to staff and felt free to approach them for advice, to discuss their activities and for a chat when they wanted to.

People who lived at the home had complex histories and needs. The management team and other staff had a good understanding of how this may affect people. They were alert to changes in people's demeanour which may indicate a need to respond. Each person had assessments within their files to show how identified risks were to be managed and minimised. Four professionals commented to us that they felt risks and complex needs were well managed.

We saw that staff had training in recognising and responding to abuse. Staff were able to tell us about what might lead them to be concerned that someone was at risk of harm or abuse and were clear about their obligation to report it. We know from the history of the service that concerns had been reported to the local safeguarding team when this was necessary and that the provider had cooperated with any investigation or guidance that had been given. A social worker told us they felt that the manager dealt with an incident quickly and appropriately.

Staff were clear that they did not use physical intervention or restraint. They said they may use 'breakaway' techniques to keep themselves safe but worked with people to distract, defuse and counsel them when they became anxious. We observed staff providing support and advice to someone about their actions, the resulting consequences and risks. They discussed and agreed a more appropriate course of action with the person that they could consider taking in the future.

There were regular checks on the safety of the premises and risks associated with the use of different areas of the home were assessed. One person living in the home told us how they were a health and safety assistant and worked with their keyworker to make checks and report any problems or repairs that were needed. The provider's quality audits showed when remedial action had been taken. The most recent audit had highlighted that fire tests in one area were overdue so that this could be followed up. We concluded that the home was safely maintained.

People received high levels of staff support, with many receiving one to one care to engage in activities and within the service where appropriate. Staff told us that they felt there were enough of them to meet people's needs. We saw that there were enough staff to support people safely with the things they wanted to do, including activities outside the home. Each of the three bungalows had a staff team and team leader to provide consistent support. A social worker who had arranged placements at the service told us that there were enough stable and consistent staff to support people safely.

We reviewed recruitment records and noted that the required checks were in place. This included enhanced

disclosures to ensure that applicants were suitable to work in care. References were also taken up. The management team explained the interview process to us. This showed that they were aware of what might cause concerns in an employment history, including changing jobs very frequently, and which they should explore at interview. We concluded that there were robust arrangements for recruiting staff, which contributed to promoting people's safety.

We checked the arrangements for storage and administration of medicines and reviewed medication administration record (MAR) charts. We found that there were checks in place to ensure medicines not held in blister packs were accounted for although it was not always clear when stock checks had taken place. Medicines brought forward at the start of each month were not always recorded on the MAR chart but the registered manager was able to account for these.

Medicines were administered as prescribed although records of this were not always clear. For example, the management team and one person agreed that a medicine the person agreed to take at tea time had been signed for at the wrong time of day.

We saw that staff responsible for administering medicines retained the keys in their possession so that there was no unauthorised access. Training records confirmed that staff had access to training to administer medicines safely. Where this was overdue, the management team told us how this was being addressed and training records confirmed that it was booked. We also noted from records that staff had their competence to administer medicines assessed. We concluded that medicines were managed in a safe way.

# Is the service effective?

## Our findings

People told us that they got on well with the staff that were supporting them. One person told us they had chosen a 'co-keyworker' because of a shared interest. Visiting professionals were satisfied that the registered manager and staff team had a good understanding of the complexity of people's needs. One staff member told us that they felt their training had been, "...excellent. I learnt a lot." They said that they had also learnt from more experienced colleagues. They told us what further training had been suggested to help them understand people's specific needs and were awaiting training in diabetes and epilepsy.

The provider's training programme showed that staff had access to additional qualifications to equip them further to understand their roles and the needs of people they supported. We noted that some time limited training had expired but the reasons for this were explained to us and we could see that, in many cases, sessions had been arranged for staff to attend in the near future. The management team told us how they were planning to source additional training specific to the group of people using the service. We concluded that staff were competent to meet people's needs effectively.

Staff told us that they felt supported in their roles and had regular opportunities for supervision and appraisal. The manager had a schedule in place and team leaders confirmed this was the case. Staff told us that the management team were accessible for advice and support. One staff member told us that team leaders were, "...very helpful and supervision is a two way process." They described how they had, in previous jobs, not found this to be the case but were very happy with the way things were arranged at The Willows. We concluded that staff were appropriately supported in their roles.

Staff and the management team told us how people living in the home were able to make decisions for themselves. Staff said that they had training in the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards to help them understand how to promote people's rights. We saw that staff made efforts to discuss with people the implications of their actions. We also found that people had agreed to any conditions within their plans of care, such as constraints on their spending or freedom of movement.

The registered manager had applied to the local authority for authorisation under the Deprivation of Liberty Safeguards due to the level of supervision people were receiving. However, it had been considered that the service was managing individual situations with the least restrictive option to ensure people's safety, so none had been granted.

People told us that they liked the food and had choices about what they ate. One person told us how sometimes they cooked for themselves and sometimes for the people in their bungalow, with staff support. People could access the kitchens in their bungalows to make hot and cold drinks, with staff support if this was needed.

Four people had attended sessions on the "Joy of Food" provided by the local authority. One had chosen not to attend so a staff member supported them to follow a similar process in their own home. They cooked and prepared their own lunch which they told us they had enjoyed.



We saw that dietary advice had been sought where appropriate, and that this was incorporated into people's plans of care with guidance about healthy options and portion sizes. There was a reminder for staff to ensure that they weighed the person. Concerns had been identified that a person was possibly experiencing some difficulties in making informed decisions about the risks of eating particular foods. We noted from records and discussion with the management team that they were seeking further professional advice to help assess the person's capacity and, if they lacked capacity, to agree what would represent their best interests.

People had access to health professionals to support them to stay well. This included support with their physical and mental health. During our visit we heard staff explaining to a health professional that a person had agreed to attend an appointment and discussing how this might be managed to minimise the person's anxiety. A social worker told us that they felt the service and registered manager actively and appropriately sought advice from professionals. We found that people had access to a range of support with their wellbeing, for example psychiatric services, learning disability professionals, GPs and the dietitian.

A professional providing psychology support confirmed that referrals were made appropriately. They also said that they were satisfied staff acted upon their advice. They told us that, if there were follow up referrals for the same person, this was in response to a development rather than that the service not acting upon initial advice.

## Is the service caring?

### Our findings

One person commented in the provider's survey they had completed themselves that, "I have fun with staff" and, "Everyone is caring." They told us that they had lived in a number of care homes and that, "I really like this one." We reviewed surveys completed by two relatives who said that they were satisfied with the standard of care people received and how they were treated and supported.

Visiting health and social care professionals were all complimentary about the way staff treated people. For example, one social worker told us that they found staff to be approachable and positive in the way they approached people using the service. Another said that the staff had a good approach to balancing needs and risks with delivering a good quality of life for people.

We observed that staff spoke with people in a kind and caring manner and involved them in discussions about their care and welfare. For another person we saw that the management team and a staff member spoke with them about a recent incident. They engaged the person in looking at the implications of what had happened and how they might respond in future in a more appropriate way. This discussion took place in a respectful manner and encouraged the person to have their say.

Staff responded to people promptly when support or advice was needed. We saw two staff sitting with two people having a hot drink and chatting quietly with them. A staff member supporting someone to make their lunch offered them choices, suggestions and gentle guidance about food preparation. Throughout the inspection we heard a lot of chatter and laughing between staff and people using the service. A staff member described feeling moved at a recent party which people using the service had organised. They described it as, "not like staff and residents. We were all friends together."

Staff were able to tell us about people's backgrounds and histories and how the support that people needed, particularly around management of risks, was affected by their histories. We were given examples of how very minor changes a person had made indicated that they needed additional support to pre-empt any difficulties.

One person told us how their keyworker spoke to them about their care and discussed their plan with them. We noted that their records showed discussions about particular aspects of their care and their agreement to arrangements made. They also told us how they were involved, with another person, in leading advocacy meetings with people using the service. There were records of these meetings showing that people were encouraged to express their views about their care.

People were encouraged to do what they could for themselves to maintain and develop daily living skills and promote their independence. This included participating in household tasks such as cleaning communal areas, cooking, shopping and doing their laundry. When we arrived for the inspection two people had been busy, with staff support, sorting out what had been stored in the garage. During the inspection, one person had made arrangements to meet a friend and was supported by staff to do so. The management team took account of the wishes of people to have relationships. They had sought professional advice about

people's understanding to explore how this could happen in a caring way and without exploitation.

We saw that records were held securely so that people's confidentiality was respected. We observed that staff knocked on people's doors and people's care plans outlined the importance for some of spending time alone in their rooms. People had locks on their bedroom doors. They were able to have keys if they wished to do so and were able to manage them. We noted that, when one person showed us round, they asked permission to do so in other bungalows than the one they lived in. We concluded that there was a culture of respect for people's privacy within the service.

## Is the service responsive?

### Our findings

We found from records that people's care was kept under review although we did find some slight slippage of routine reviews. For example, one part of a person's plan of care dated July 2015 said it was to be reviewed monthly. However, it had not been reviewed between 4 September 2015 and 4 November 2015. Another care plan around relationships had also been devised in July 2015 and was supposed to be reviewed weekly. However, there was no date indicating this had happened between 4 July and 15 September 2015.

However, we noted that staff were very clear about specific support needs and risks for each person they supported. They were alert to any changes in the people's behaviour or demeanour which indicated additional support was needed to manage their care appropriately. These changes were noted down in plans of care we reviewed. The management team told us that they were meeting with other managers in the group to look at how care plans could be improved and be clearer about the goals people were working towards.

A social worker told us how the service supported people at reviews under the Care Programme Approach (CPA). CPA is a way that services are assessed, planned, coordinated and reviewed for someone with mental health problems or a range of related complex needs. The social worker was satisfied that the home participated appropriately in these reviews and that the reports the manager provided were very helpful to the professionals involved.

A visiting psychologist told us how the service always made sure appropriate staff were on duty to support people at appointments. They said that they took into account which staff had the best knowledge about people's needs. This enabled the professional to have access to information about individual needs which would help them develop appropriate ways of supporting people.

People's interests were reflected in their plans of care and staff were able to tell us about these. For example, one person was enthusiastic about science fiction. They had been paired with a staff member who shared their interest and were arranging to attend a convention. They told us they were looking forward to this and how much they enjoyed the meetings. Another person told us they were at college and had learnt about estate management and animal management. They were enjoying this course and had finished an assignment they needed to print off, which the management team offered to assist with.

Another person was supported by staff to go to a scheme where bicycles were refurbished as they were interested in mechanical things. They had been at the project during the day of our inspection. One person attended a gym and had been on a cycle machine and another had been swimming and then shopping which they said they enjoyed.

We concluded that people received support that was focused on the needs and preferences of each individual.

People told us that they would speak to the team leader or manager if they had concerns. This was reflected in quality assurance surveys people had completed recently. These said that everyone knew who to speak to if they had a concern or complaint. In one bungalow we noted that there were books for people to record any suggestions or complaints so that these could be dealt with. No one had raised issues in this way recently. We found that people were given the opportunity to raise complaints or suggestions in advocacy meetings. We also noted that there was an 'easy read' version of information setting how people could make a complaint and what to expect if they did. This was accessible to people within communal areas.

Visiting professionals told us they had no concerns but were confident that any issues they did raise would be addressed.

## Is the service well-led?

### Our findings

The registered manager for this service had been in place for a long time providing stable leadership. This was recognised and valued by staff and professionals in contact with the service. Two health professionals and two social workers expressed confidence in the registered manager's skills, knowledge, abilities and professionalism. They described the registered manager as cooperating effectively with them to ensure people received appropriate care and that placements were sustained. One health professional felt that the manager provided very good leadership and had succeeded in building a consistent and stable staff team.

We observed that people using the service approached the management team openly and freely during the course of our inspection. They were formally consulted each year using a questionnaire to assess their views. There were also regular meetings led by two of the people using the service, which people could attend to express their views and the management team reviewed what had been discussed and raised.

We noted that there were annual surveys of professionals in contact with the service, although only one had been completed. Family members were also consulted for their views.

Staff told us that they found the management team approachable and supportive and could raise any queries or concerns they had. They described morale and team work as good. They gave us examples of how they supported one another when dealing with difficult situations. We reviewed the provider's quality assurance surveys from staff which showed they were consulted formally for their views each year. These surveys showed that staff felt that leadership and communication within the service was good. We also noted that any issues or concerns about staff performance were raised promptly so that improvements could be made.

We concluded that there were effective systems for enabling people, their representatives and staff, to express their views.

We were made aware that arrangements for overseeing the service were changing. The registered manager was taking up an operational role to oversee all of the provider's services and a replacement manager had been appointed. That person also had considerable experience in the service and said they were intending to register with the Care Quality Commission in due course.

The newly appointed manager also told us how they worked one shift each week to ensure they were aware of how the service was running and how staff were working with one another. They told us they were enrolling in management training to support them in their role and working with other managers within the provider's service to develop consistency. They had a good understanding of the standards and regulations expected of care services. This included knowledge of events that they needed to tell the Care Quality Commission about.

We noted that the provider had appointed a 'compliance officer' who had carried out a check of the service in July 2015. This was annotated with the action the management team had taken in response to the

findings. The management team had completed a check just before our visit and identified where improvements could be made.

The management team were able to tell us about further improvements they intended to make within the service and that were being considered across the provider's services. This included looking at how plans of care could be made more consistent and how the interview process for prospective staff could be improved further.