

New Boundaries Community Services Limited Hellesdon Bungalows

Inspection report

27 Sutherland Avenue
Hellesdon
Norwich
Norfolk
NR6 5LN

Tel: 01603416340
Website: www.newboundariesgroup.com

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Hellesdon Bungalows is a residential care home providing personal care to up to 8 people with learning disabilities and/or autistic people. At the time of our inspection there were 7 people using the service. Hellesdon Bungalows is a purpose built bungalow with accommodation on one level with some communal areas.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Although records and staff practice promoted people's independence with routine tasks, improvements were needed to ensure people's rights were fully protected.

Right Care: Staff received training, although some further training was needed in some areas. People's healthcare needs were mostly well managed and staff administered medicines safely. There were enough staff to meet people's needs.

Right Culture: Staff provided care and support in a person centred way. Relationships between staff and people who used the service were good and people told us they felt comfortable with the staff. People who used the service accessed the local community and were able to follow their own interests and hobbies and maintain relationships

The provider had recognised the staff team and manager required ongoing training and development to help drive the service forward to make the improvements needed. Despite this, some aspects of the service required improvement and better oversight. Audits and systems designed to monitor the culture and performance of the service were not robust. This was the second inspection in a row identifying similar concerns in some areas and repeated breaches of the same regulations. This meant we did not have confidence in the provider to improve.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 August 2021). The provider

completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, although we found some improvements, the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

We carried out an unannounced inspection of this service on 18 May and 6 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding, governance and staffing.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Hellesdon Bungalows

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Hellesdon Bungalows is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hellesdon Bungalows is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was no registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality monitoring team. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and observed staff providing others, who were not able or wanting to speak with us, with care and support. We also spoke with 3 care staff, the manager, training manager, regional manager and provider. We reviewed 2 medication administration records, 2 staff recruitment records and other records relating to the safety and quality of the business.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people who used the service were protected from harm. This was a breach of regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had not been enough improvement at this inspection and the provider remained in breach of regulation 13.

- All the people who used the service required active support with their finances. Systems to safeguard people's money were not robust and left them open to the risk of financial abuse. There was no clear system to record, audit and account for people's money. Records were disorganised and there was no system to safeguard people's bank accounts. Monies were pooled in bank accounts and people's individual spending was not clear. Following our inspection the local authority took action to safeguard people's money.
- Safeguarding incidents were not always well managed or appropriately reported to CQC or the local authority safeguarding team. A known risk had been assessed and actions documented for staff to follow. On the day of our inspection we noted these required actions were not taken which placed other people who used the service, and staff, at risk of harm.
- Care records documented an incident of distressed behaviour where the person risked hurting themselves and staff. The staff member documenting this incident had not shared the information more widely and the manager and other staff were not aware of it.
- An incident of unexplained bruising had been logged on the service's own records but had not been referred on for further investigation by the local authority or notified to CQC. This meant both the local authority and CQC did not have accurate oversight of all safeguarding risk at this service.

The provider failed to ensure people were protected from harm. This was a continued breach of regulation 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received safeguarding training and demonstrated an understanding of how to recognise the signs someone might be being abused.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks, including those relating to the administration of

medicines, were well managed. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There has been enough improvement at this inspection and, although further improvement is needed, the provider is no longer in breach of regulation 12.

- Some specific risks required more robust assessment. The potential risks posed by one person's increased moving and handling needs had not been fully assessed and mitigated. This posed a potential risk to them and to the staff supporting them. The provider told us the person's needs would be reviewed. Further face to face moving and handling training was also being rolled out to staff which they hoped would begin to reduce the risks.
- Care records relating to people's nutrition were incomplete and difficult to locate. This placed people's health at potential risk. The manager created a new more inclusive record, whilst we were on our inspection visit, which aimed to reduce this risk.
- Risks relating to people travelling in one of the service's vehicles had been assessed but staff were not following the care plan on the day of our inspection which placed people at risk. The provider immediately reviewed this plan during the inspection process and gave us assurances the risk would be mitigated in future.
- The provider assessed other risks well, including those relating to falls, choking, flammability of topical creams, fire, pressure ulcers and people's eating and drinking. Care plans clearly documented actions for staff to take to mitigate risk and staff knew where to look for guidance on these risks.
- The risks relating to one person's very complex health needs were well managed and care plans gave staff clear guidance. Staff were well informed about this person's needs.
- Environmental risks were well monitored and appropriately managed. The service had undergone some refurbishment and further work was planned.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was not always working within the principles of the MCA . One person required active support around their nutrition. However, managing their needs meant others were impacted as the kitchen and drawers were locked. Other people who used the service did not have unrestricted access and had to ask staff to unlock things. We asked the provider to review this practice.
- Staff understanding of the MCA was not robust. Some key decisions had been made on people's behalf. However, we could not see their capacity to consent to these decisions had always been assessed and their agreement sought, or that of their legal representative.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough skilled and experienced staff. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

There has been enough improvement at this inspection and the provider is no longer in breach of regulation 18 but we identified a breach of regulation relating to the safe recruitment of staff.

- Recruitment processes were not robust. We reviewed 2 recruitment records and found gaps in both employment histories. Issues with references had not been fully investigated and clarified to ensure staff were safe and suitable to work at the service.

The provider's recruitment processes failed to ensure fit and proper persons were employed. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. Staff received the training and support they needed. The provider had recognised the need for more face to face training and a new training manager had been recruited to help put this in place. Staff were positive about their training and the move to more face to face training and targeted training such as Positive Behaviour Support.

Using medicines safely

- Medicines were administered safely, and staff received the training they needed. The provider checked staff competence to administer medicines following this training.
- Records were accurate and provided guidance for staff. Staff knowledge and understanding of medicines was good.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was free from odour excepting one person's room where, we were assured, a new floor covering was to be laid.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had suitable visiting arrangements in place for relatives and friends of the people who used the service.

Learning lessons when things go wrong

- Incidents were reviewed to see if lessons could be learned and there were processes in place to share any learning.
- The provider was very receptive to our initial feedback and took decisive action to address the concerns we identified as soon as we raised them, including during our inspection visit.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to assess, manage and mitigate risks to provide people's health, safety and welfare. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider did not have robust oversight of all aspects of the safety and quality of the service. There were no financial audits in place which left people open to the risk of financial abuse. The lack of effective financial procedures meant we could not be assured people's money had been fully safeguarded.
- Systems to manage safeguarding concerns and investigations were not robust. The provider's safeguarding procedures had not ensured all safeguarding incidents had been appropriately notified and managed.
- In addition to the failure to notify CQC about safeguarding concerns, the provider did not supply all the additional information we requested following our inspection. This meant CQC did not have a full picture on which to base our regulatory response.
- Oversight of other procedures, including recruitment, risk management and the Mental Capacity Act required improvement to ensure people were fully protected from any potential risks of harm.
- Although health risks were mostly well assessed, and managed, monitoring of people's food, fluids, repositioning and bowel charts had poor oversight and risked significant changes being missed.

The provider failed to ensure sufficient oversight of the safety and quality of the service. Similar concerns had been noted at our last inspection. This was a continued breach of regulation 17 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The provider was aware the manager required ongoing learning and development to carry out their role. A new regional manager was in post to oversee this and they were working with the training manager to enhance all the staff's skills. The provider had recognised some staff needed further training in some areas and was in the process of sourcing this.

- Although we identified improvements since our last inspection, there remained significant areas for improvement within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider asked people who used the service and relatives to feed back about the care and support via an annual survey. These had recently been sent out and were due to be analysed.
- The manager was in the process of rewriting the care plans and it was clear people had been involved in reviewing them and had had the opportunity to contribute their opinions.
- Staff told us the culture at the service had improved and felt their voices were heard, especially about face to face training. Staff received supervision from the manager and told us they were able to ask questions, make suggestions and raise concerns if they needed to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility to be open and transparent when things went wrong. They assured us they worked in line with their duty of candour policy when required.

Working in partnership with others

- Records demonstrated effective partnership working was in place. People who used the service were appropriately referred to other health and social care professionals when required. Guidance supplied by other professionals was well documented and followed by staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to ensure people were protected from harm. Regulation 13 (1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure sufficient oversight of the safety and quality of the service. Regulation 17 (1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider's recruitment processes failed to ensure fit and proper persons were employed. Regulation 19 (1).