New Boundaries Community Services Limited

# New Boundaries Group - 331 Fakenham Road

**Inspection report**

331 Fakenham Road
Taverham
Norwich
NR8 6LG
Tel: 01603 868880
Website: www.newboundariesgroup.com

Date of inspection visit: 25 September 2015
Date of publication: 04/11/2015

## Ratings

| Overall rating for this service | Requires improvement |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires improvement |

## Overall summary

The inspection took place on 25 September 2015. The provider was given 24 hours' notice of our inspection.

New Boundaries Group – 331 Fakenham Road provides care for a maximum of five people with a learning disability who may also need support with their mental health. There were four people living at the home at the time of the inspection.

There should be a registered manager at the service. A manager had been appointed who had applied for registration but had not completed the process at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'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.

On the day of our inspection, the person in charge was a deputy manager, newly in post.

At our last inspection on 24 September 2014, we found that improvements were needed to the safety of systems for managing medicines. At this inspection we found that action had been taken to address shortfalls. Systems were in place to manage medicines safely and make sure that people received their medicines when they needed them.

Staff knew how to respond to concerns that someone may be being abused or at risk of harm. The provider had acted on advice to ensure that staff were given further training to enhance their awareness and confidence in reporting such issues. The structure of the staff team had been reviewed to ensure there was a balance of experienced and newer staff who could support people safely and competently. Staff were subject to appropriate checks before they started work, contributing to promoting the safety of people using the service.

Risks to people's safety were assessed so that staff could take action to minimise them where appropriate. Staff were alert to changes in people's demeanour that could indicate they were becoming unwell and took action to seek medical advice promptly. However, they did not always consistently adhere to guidance provided by a health professional, designed to address risks to a person's health.

Staff had a basic understanding of how to support people to make informed decisions about their care but people's abilities to make specific decisions were not always clearly assessed. The management team knew when they needed to take action to review this, to ensure people's rights and freedoms were not unnecessarily restricted or infringed.

Staff had developed good, caring relationships with people and took action to promote their privacy and dignity. They were aware of people's interests and preferences and took these into account when assisting people with their activities. Activities were being further reviewed to ensure that they were meaningful and fulfilling for people.

There had been frequent changes in the management and leadership of the service and further changes were proposed. The proposed changes should ensure a more 'visible' management presence in the home and the incoming senior staff had already identified some improvements that were needed. However, the lack of consistency and stability of leadership had compromised the ability of the provider to demonstrate that improvements would be made and sustained as they intended.

Systems were in place for checking and monitoring the quality and safety of the service but had not identified the failing that we found in that specialist dietary advice was not being followed. As a result, action had not been taken to explore a person's understanding of the risk, their rights, and the staff team's duty of care.

# Summary of findings

## 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 safe.

Improvements had been made to make sure that people received their medicines safely.

Although safeguarding concerns had not always been reported promptly, improvements had been made in this area before our inspection.

The skill mix of staffing within the service had been reviewed so that people could be supported safely.

Recruitment processes contributed to promoting people's safety.

**Good**

**Is the service effective?**
The service was not consistently effective.

Where specific health advice had been sought, this was not properly adhered to. The capacity of individuals to make specific decisions that placed them at risk of poor health was not robustly assessed.

However, staff did take action to seek medical advice when people became unwell.

Action was taken to promote the rights of people who needed high levels of staff supervision to ensure their safety.

Staff had access to training opportunities, including further qualifications, to enable them to support people competently.

**Requires improvement**

**Is the service caring?**
The service was caring.

People were supported by staff who had developed warm relationships with them, treating them respectfully and promoting their privacy.

People, with support from their family where appropriate, were involved the planning their care.

**Good**

**Is the service responsive?**
The service was responsive.

Staff were alert to changes in people's needs and how individuals might express these. They took action to investigate and respond promptly.

Care plans were undergoing review and update to ensure they remained appropriate and specific to the needs of each person and better reflected their interests and aspirations.

**Good**

# Summary of findings

People were given opportunities to express any concerns or complaints they may have.

**Is the service well-led?**

The service was not consistently well-led.

There had been a lack of stability in the leadership and management of the service. The management structure was undergoing further review.

The arrangements needed time to consolidate to demonstrate that improvements would be made and sustained.

**Requires improvement**

# New Boundaries Group - 331 Fakenham Road

**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.

The inspection took place on 25 September 2015 and was announced. The provider was given 24 hours' notice because the location is a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in. It was completed 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. The provider is required to notify us of specific events taking place in the service and we reviewed this information.

During the inspection we spoke with six members of staff, and three people who used the service. We reviewed records associated with the care of three people, including medication records. We also reviewed information contained in the provider's survey of staff and relatives. We inspected a sample of other records relating to the safety and management of the service. After the inspection we spoke with a social worker, dietician and the local authority quality assurance team.

Good

# Is the service safe?

## Our findings

At our inspection on 24 September 2014 we found that medicines were not managed as safely as they should be. The provider told us about the improvements they would make and at this inspection we found that action had been taken.

The staff member in charge gave us a clear account of the checks and audits that were in place to ensure that people's medicines were properly accounted for. We reviewed the records for these checks which confirmed the arrangements were in place.

Medicine administration record (MAR) charts were checked regularly during the day when shifts changed to ensure they had been completed properly. This meant that any errors or omissions were identified promptly and addressed. There were also regular checks by the deputy manager and quarterly audits by the provider's compliance officer.

There were full records of medicines that had been taken from the home to give to people who left the service for the day. There was also clear information about medicines that had been disposed of when they were no longer required. Records of medicines sent with people when they visited relatives and returned at the end of their stay were also in place which helped to ensure all medicines were accounted for. People had signed their agreement for staff to take responsibility for storing and administering their medicines.

We observed that two staff checked the medicines that were to be given to people to ensure these corresponded with the prescribed doses. We also noted that, where multiple doses of an eye drop were required these were administered promptly at the times they were required.

Most medicines were supplied in blister packs. We found that these were being used as intended and corresponded to the medicines recorded as given. We checked a sample of medicines that were not held within the blister packs and found that the balances remaining corresponded to those administered and received in the service. We concluded that people received their medicines as the prescriber intended.

There was guidance for staff about administering medicines prescribed for occasional use and in one case the GP had verified that the arrangements were appropriate and accurate. We saw that medicines were stored securely and keys retained by the relevant staff member. We concluded that medicines were stored and administered safely and that records supported this.

We were made aware that incidents between people living at the home had not always been identified as potential abuse and reported as such. However, we received feedback that staff had received further training in this area and that the safeguarding team were more confident issues were being appropriately referred. Staff we spoke with were clear about their obligations to report any concerns that someone may be being abused, including incidents that took place between people living in the home. They confirmed that they had been trained to recognise and respond to any abuse that took place. Training records confirmed this.

People living in the home were not all able to tell us whether they felt safe living there. However, three people told us they were happy at the home. A relative commented that they felt their family member was treated well by staff. We observed that staff interacted well with people and people approached staff freely during the course of our inspection, which showed that they were comfortable within the staff member's presence.

We noted that risks posed to people were assessed and that there was guidance for staff about how to minimise these. Staff were able to tell us how they minimised risks to people using the kitchen, offering support and supervision when this was required. During our inspection we saw that this happened. The deputy manager had been in the service for only three weeks but had recognised that some of the information about risks needed to be refined and clarified. They were in the process of working on this. Assessments of risk were kept under review to promote people's safety and they were checked as part of the provider's systems for monitoring the safety of the service.

Training records supported that staff had received training to respond to emergencies such as in the event of a fire. Systems for detecting fire were tested regularly to ensure that they would work properly in an emergency. There were also regular tests in place for emergency lighting and gas appliances to ensure these remained safe and effective.

A staff member was able to tell us in detail about a recent review where risks associated with a person accessing the

Good

# Is the service safe?

local community had been discussed with a relevant professional. This included reviewing the required staffing levels to ensure the person's safety and whether the service was able to meet the person's needs safely. We received feedback from a social worker that some staff changes had been made so that they felt there was a better skill mix within the staff team. We observed that there were enough staff to support people safely within the service and to respond to requests for assistance promptly. The deputy manager told us how they were not expected to be part of the duty rota but did assist staff if this was required, for example to support people with attending appointments or in an emergency.

Staff were able to tell us about the checks that were made before they were confirmed in post. We reviewed the recruitment information, checks made and employment history for one staff member and found that these were all complete. This contributed to ensuring that people were protected from the recruitment of staff who may be unsuitable to work in care.

Requires improvement

# Is the service effective?

## Our findings

We found that one person had been identified as at risk of developing poor health and, because of this, the service had referred the person for dietary advice. A dietitian had provided a specific care plan together with guidance about suitable foods and portion sizes because of significant risks to the person's health. The care plan supplied had been filed behind other information so was at risk of being overlooked by staff. Staff had not signed their agreement to implement the care plan and the specific detail it contained had not been incorporated into the care plans developed by the service.

The care plan did not show a clear process of involving professionals in reviewing whether the person had the capacity to understand the risks to their health and decide their own menu. It did not reflect, if the person could not understand the risks to their health, what would be in their best interests and consistent with the staff team's duty of care.

We referred to the daily records for the person to determine whether staff were acting on the advice they had been given to support the person properly. The dietitian had advised that staff needed to encourage the person to avoid high fat food, sugar, biscuits, crisps and fried food such as chips. We found that some staff were successful in offering healthy options but others were not. We saw that records of the person's meals showed that foods the dietitian said should be avoided were provided regularly rather than as occasional treats. For example, for the week commencing 7 September 2015, we found the person had eaten chips or 'fries' for their main meal on three of the seven days. On one of those days their main meal was recorded as pizza, chips and spaghetti, all three items containing high levels of carbohydrates and calories. Two days later they were recorded as having chicken nuggets, curly fries and onion rings, being high in fat. Some of the options offered for the person's lunch also did not accord with the advice given. We discussed our concerns with the deputy manager.

People told us that they liked the food. One person told us, "It's good." Another person we asked if the food was good said, "Yes - thank you." They were looking forward to having cheesecake which they intended to put into their lunch box for the following day. We saw that individual preferences were discussed with people at 'key worker meetings'. We observed that staff supported people to make drinks of their choice when they returned from day time activities and where they needed assistance or supervision.

Staff records confirmed that they had training in the Mental Capacity Act about how to support people to make informed decisions about their care. Guidance within people's files set out the basic principles to consider when looking at whether each person was able to make specific decisions, including the presumption that people had capacity. However, staff were not consistently clear about how they may apply their training it to support people in making informed decisions and when to seek further advice. People's capacity for specific decisions was not consistently reflected in their individual plans of care.

However, the deputy manager was clearer about this and about the Deprivation of Liberty Safeguards. They understood that, for some people who were subject to regular supervision and accompanied when they left the home, consideration was needed as to whether they were being deprived of their liberty. Applications had been made to the authorising body for this, to ensure people's rights were protected.

We saw from care records that people were supported to access health care advice when this was needed. This included the doctor, specialist psychiatric services, dentist checks and the optician. Advice had been sought from a psychologist regarding one person's behaviour. Our discussions with staff showed that they tried to eliminate any underlying physical health concerns if someone became distressed or displayed behaviour which could put themselves or others at risk.

An agency staff member told us that they felt they had access to information within care plans about how people liked to be supported and could read them for reference if they needed to. A relative expressed satisfaction with the way that staff supported the person.

We observed the hand over process between shifts and noted that staff had shared information about people's needs and what support they needed to offer. This included discussing any underlying causes affecting someone's daily life and how staff could be monitoring this.

Staff confirmed that they had access to training and support on a regular basis. This included access to further qualifications in care. Information sent to us by the

Requires improvement

# Is the service effective?

provider in August 2015 showed that eight of the staff team had already completed either National Vocational Qualifications or Diplomas in health and social care. The deputy manager told us how they were working towards a level 5 qualification to support them in their new role.

The provider's survey of staff for their views showed that a staff member completing it was happy with both their induction and ongoing training and that this was relevant to their role. The deputy manager showed us the training schedule confirming that dates had been booked where training was due for renewal. Training that was about to expire was highlighted so that this was easily identified and could also be arranged.

Staff told us that they felt well supported by their new senior colleagues. We saw that the management team had recognised some staff had not had regular appointments for supervision. They had ensured these were scheduled in the home's diary to ensure that each staff member had the opportunity to discuss their work, performance and any development needs.

Good

# Is the service caring?

## Our findings

We noted that written language referring to one person was not entirely respectful or appropriate. It contained reference to the person's potential difficulties, not in terms of the risk to themselves or others, but when the person was, "non-compliant with reasonable requests" or, "argumentative." This contrasted with a similar document in another person's records which was more appropriate and specific to signs that the person was experiencing difficulties and how staff should respond. We discussed this with the deputy manager who agreed that this should be amended. However, from our observations and discussions we concluded that the language used in this document did not reflect the general attitude of staff, day to day practice and their approach to the people they supported. Staff demonstrated a caring and respectful approach.

We spoke with one person about how they were involved in decisions about their care. They told us, "I always go to my review." We found that there were regular recorded discussions between staff and each individual to see if there were particular things they wanted to do and whether they were happy with the care they received.

A relative completing the provider's survey said that they were satisfied with the information that the home shared with them. They felt this helped to ensure they were up to date and could support the person with decisions about their care. Staff were able to tell us about people's individual needs, preferences and interests and how they tried to meet them. They were aware of the importance of supporting people to keep in touch with relatives where they wished to do so. During our inspection a staff member contacted a relative to share information with them on the person's behalf.

People told us that they liked the staff who were supporting them. It was clear from the chatter and laughter when people returned from their day time activities that they related well to the staff on duty. A relative in regular contact with the service said in their survey that they felt staff were polite to people and to them and respected the person's dignity.

We observed that staff spoke to people in a kind and respectful manner. Staff discussions at hand over were also respectful and conducted in private so that people's confidentiality was protected. We saw that, where people wanted attention from staff, they responded promptly, engaging them in conversation and distracting them where this was appropriate to help reduce their anxiety or to offer reassurance. Where one person found it difficult to focus on the issue they had wanted to talk to staff about, the staff member gently reminded them what it was they said they had wanted to discuss.

We observed that a staff member quietly and respectfully asked someone whether they would like support to run their bath after their breakfast or later in the day. The person chose to have it in the morning and was supported to walk through the home with dignity, the staff member ensuring they were properly covered with their pyjamas and dressing gown. They had taken their radio to the bathroom so that this would be a relaxing and enjoyable activity for them. When the person was dressing in their room, the staff member ensured that their privacy was protected. Another staff member volunteered the information that they always knocked and asked people's permission before entering their room. Staff informed us that three people had keys to their rooms so that they could keep these private and locked if they wished.

Good

# Is the service responsive?

## Our findings

A relative commented in their survey that they felt the standard of care that the person received was good. We spoke with staff who were acting as named keyworkers for people using the service. They were able to tell us about people's needs, interests and what was important to them which demonstrated that staff knew people well. Staff said that there was information in care plans and 'pen pictures' about what was important for people and how they were to be supported. We found that this information was in place but was not always clearly set out in terms of the goals people wanted to achieve. The deputy manager had recognised that care plans could be clearer and more specific and had started work to address this. They were aware of the importance of taking into account the needs and wishes of people using the service and the knowledge that other, longer standing members of staff had about people's backgrounds and interests.

The information that was in place regarding people's care was reviewed and checked regularly to ensure it reflected their needs.

We saw that staff supported people with activities they enjoyed. One person told us how staff supported them to go to church because this was important to them. During our inspection, one person had been at the provider's day services and said that they had enjoyed this. They had returned to the service with some art work which they said they would keep in their room until they were able to show their relative what they had done. Another person had been out for a 'fry up' which they told us they had enjoyed. We also observed a staff member supporting one person to water the plant pots in the garden. The staff team were reviewing the opportunities people had for activities so that these would be more individualised. This had already resulted in one person enrolling at college and they told us they were enjoying this.

Our discussions with staff showed that they understood how people's behaviour may present differently if they felt unwell. They ensured that they had explored an individual's physical health to see whether there was anything they were unable to communicate verbally and had led to the change. During hand over between shifts we observed that staff discussed specific issues relating to one person and how they would follow these up. They agreed they would monitor how the person was in case changes within their bedroom had affected their sleep pattern, which they told us had changed recently. This showed that the staff team was alert to changes affecting people and responded to them promptly.

There was information displayed on a noticeboard in the hall about how people could make complaints about their care. This was in an 'easy read' format to try and make it more accessible and understandable. People were also asked individually in 'key worker' discussions whether they had any concerns they wanted to raise so that they could be supported by staff to do so if necessary. The provider's survey for relatives had recently been completed. The questionnaire asked if there were any additional comments that they wished to make about the care that people received. We saw that any concerns were highlighted and referred to the managers within individual services for action so that action could be taken.

Requires improvement

# Is the service well-led?

## Our findings

The service did not have a registered manager in place but the provider had appointed someone to fill this role. The new manager would be the fourth change of manager in just over two years and different staff had assumed responsibility for overseeing this home and three others nearby on a temporary basis. We noted that an application to the Care Quality Commission (CQC) was being processed for one manager to oversee this and three other services operated by the provider. We were informed that this was not to be a permanent arrangement and was going to change again.

We saw that a further management post had been advertised so that there could be better focus on individual services including this service and a neighbouring one. A social worker told us that they were aware of this. They told us they welcomed the development as likely to provide more stability and leadership with a more visible management presence in the home. They felt that the standards of record keeping and level of monitoring and oversight of the service had not previously been sufficient. They said that there had been an inexperienced staff team who did not have confidence to report issues promptly, including safeguarding concerns although this had now been addressed.

We noted that the provider had appointed a 'compliance officer' so that more regular and consistent checks on the quality and safety of the service had been completed. We reviewed a recent partial audit where improvements had been identified as required. The deputy manager had set a target date for completing these in early October 2015. We saw that the audit was due to be completed on 26 September 2015, after our inspection. This had not yet identified the shortfalls we found in relation to staff not consistently following a health professional's care plan and the reasons for not doing so.

There had been a recent staff survey on behalf of the registered provider although we were informed that, as yet, only one staff member had responded. The survey form we reviewed highlighted a lack of regular supervision within the service in the past. It also indicated that the staff member felt able to express their views and ideas but were not always confident they would be responded to. We concluded that this was likely to be a result of a lack of continuity in the leadership of the home.

We noted that the deputy manager had been at the service for three weeks and the team leader had been in post for around two weeks. They had already identified where the service needed to be improved and developed and were working to ensure this happened. The deputy manager told us how they were prioritising care plans and care records and ensuring that staff received supervision. The deputy manager was aware of the events that needed to be notified to CQC. They told us they had started to review the guidance and handbooks that CQC issued as information about standards and how to comply with regulations.

We spoke with staff about morale and motivation. They described the staff team as strong and supportive but identified this was despite frequent changes in management. They said that they hoped there would be some stability and consistency now and were positive about recent changes within the home. We were concerned that leadership, although now in place, needed to develop consistency and stability in order to ensure ongoing improvements.