New Boundaries Community Services Limited

New Boundaries Group - 329 Fakenham Road

Inspection report

Taverham
Norwich
Norfolk
NR8 6LG

Tel: 01603867046
Website: www.newboundariesgroup.com

Date of inspection visit:
03 September 2018

Date of publication:
02 October 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 3 September 2018 and was announced.

329 Fakenham Road is a care home providing support for up to three people with a learning disability. At the time of our inspection, two people lived at the service.

At our last inspection on 12 November 2015, we gave the service an overall rating of good. We rated the key question of 'Is the service well led?' as requires improvement. This was because at the time of that inspection, there was no registered manager in post, and the service had a high turnover of managers which had resulted in a period of instability within the home. At this inspection, we found the evidence continued to support an overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. Improvements were also found within the well-led section and therefore, we have changed our rating of 'Well Led' to good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received support to take their medicines safely. Staff knew how to keep people safe from the risk of harm. Actions had been taken to reduce risks to people's safety. There was enough staff to keep people safe and meet their needs.

Peoples care and support needs had been assessed which was reflected in their support plans. Staff provided support in line with this. Staff were competent to carry out their roles effectively and had received training that supported them to do so.

People were supported to prepare fresh meals, and their individual dietary needs were met. People were able to access and receive healthcare, with support, if needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and compassionate in the way they delivered support to people. People were treated with dignity and respect and were able to lead their lives with high levels of independence. Staff enabled people to maintain relationships with relatives who did not live nearby.

People were confident that they could raise concerns if they needed to and that these would be addressed. People could access a range of activities of their choosing which they enjoyed to enhance their wellbeing.

The registered manager ensured that the home was well run. Staff were committed to the welfare of people living in the home. Staff were motivated and worked together with strong teamwork and high morale.

Further information is in the detailed findings below.

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 remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service had an established registered manager in place that used a range of audits and checks on the quality of support provided.

Staff were well motivated and supportive of each other.

The management team of the home were well regarded by community professionals who found the service to be providing high quality care and support to people.

New Boundaries Group - 329 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.

This inspection took place on 3 September 2018 and was announced. We gave the provider 24 hours' notice of this inspection, as the service is small, and we needed to be sure that people and staff would be present. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events, which the provider is required to send us by law.

Before the inspection, we asked the local authority quality assurance teams for their views about the service. We looked at the Provider Information Return. This is a form we ask the registered provider to complete detailing key information about the service, what the service does well and what improvements they plan to make.

During our inspection visit, we spoke with both of the people who were living in the service, observed how they were being supported and how staff interacted with them. We also spoke with four members of staff including two care workers, the deputy manager and the registered manager. We checked two people's care and medicines administration records. We also looked at records and audits relating to how the service is run and monitored, including recruitment and training for two staff and health and safety records relating to the service.

Good

Is the service safe?

Our findings

The service remains safe.

People told us they felt safe. We reviewed feedback from community based professionals who also confirmed that they felt people living at the service received safe care. There were processes in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training in this subject. The registered manager knew their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. Staff could describe to us the types of abuse people were at risk from, and what they would do if they were concerned. Information on how to do this was displayed on notice boards in staff areas.

General risk assessments had been carried out in relation to the registered home's environment. These covered areas such as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments had been reviewed on an annual basis unless there was a change of circumstance. This ensured people living at 329 Fakenham Road were safeguarded from the risks of any unnecessary hazards.

The risks involved in delivering people's care had been assessed to help keep them safe. These risk assessments gave detailed guidance and were linked to support plans. The assessments identified any hazards that needed to be considered and gave staff guidance on the actions to take to minimise the risk of harm. Examples of risk assessments relating to personal care included people's emotional support needs, nutrition, and medicines. These records had been regularly reviewed and updated. People living at 329 Fakenham Road regularly accessed their local community for work, domestic tasks such as shopping, and for leisure and recreational activities. Potential risks for this had been researched and planned in depth and detail, including where people's emotional wellbeing could be impacted. Triggers for this, and ways to avoid this were clearly detailed, and staff had an in-depth knowledge in how to support this.

Staff attended and contributed to a handover meeting between two teams at the beginning and end of their time at work. Any changes that had occurred in people's needs during that period, were shared and discussed. This meant staff had up-to-date information about how to manage and minimise risks.

There were enough staff to meet people's needs and people we spoke to confirmed this. People living at the service required high levels of support, particularly when accessing the community. They also required a consistent staff team who were familiar to them. The registered manager planned the rota so that this took place. Records we reviewed showed that staff had undergone an interview process and checks to ensure that they were safe to work at the home.

People confirmed they received their medicines when they needed them from staff who were competent to provide this. Staff completed daily audits of stock and daily checks of records. People told us that they had consented to the service managing and administering their medicines on their behalf.

People were supported to keep their home environment clean by staff who were supportive in promoting this as an area in people being independent. The registered manager had procedures and checks in place to maintain infection control.

The registered manager showed us how they had a system in place to learn from any accidents or incidents, to minimise the risk of reoccurrence. This meant the feedback and analysis of where things went wrong was used to make improvements to people's care.

Good

Is the service effective?

Our findings

The service remains effective.

People needs were assessed before they started using the service. This included speaking with community professionals that also supported the person. People were also asked for their views and wishes on how to meet their needs. These were recorded within the person's care records so that new staff could become familiar with them. We reviewed feedback from a community professional, who stated that the service provided effective care, and that staff had a good understanding of people's health and social care needs.

The registered manager ensured that the provider's policies concerning people's human rights were followed at the service. These included policies on equality and diversity. People were supported with those aspects of their lives by staff who understood their responsibilities and people's rights. For example, notices around the home were displayed in alternative formats so that all people living there could understand them.

Staff told us they had completed the provider's mandatory training and were supported to identify their own training needs. This included undertaking nationally recognised qualifications in providing care and support for people. Staff told us that they received a comprehensive induction when starting work. This allowed them to develop relationships with people and gain an understanding of their needs. Staff told us supervision sessions to support them in improving their performance were regular and they felt well supported. This support consisted of an annual appraisal of their performance and direct observations of their practice.

People were encouraged and supported to shop for and cook their own food. Where people were at risk of not eating enough to remain healthy, senior staff had liaised with community professionals to obtain their input and support. If required, people's weight was monitored so that any detrimental changes to their welfare could be addressed.

People told us how staff organised for them to have their health care needs met and arranged health care appointments for them. On the day of our inspection we saw that a GP appointment had been made without delay for one person when they reported a health issue to staff. Staff supported the person to attend their appointment and provided reassurance to them. Staff spoken with could tell us about people's individual health care needs and how they were addressed.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

All the staff we spoke with demonstrated they understood the MCA and worked within its principles when providing people with care. Consent to care and treatment was sought in line with legislation and guidance and we saw that staff always sought people's permission before providing them with support. People had been assessed for their capacity to consent to specific aspects of their care. When people lacked capacity to consent, best interest decisions were made in consultation with relevant others, such as relatives or GP's. DoLS applications had been made appropriately where required. We reviewed feedback from healthcare professionals that stated that the DoLS processes were followed by staff working at the service.

Good

Is the service caring?

Our findings

The service remains caring.

People told us that staff were kind and caring. We reviewed feedback from a recent survey of community professionals involved with the service. We read comments including, 'Observed a welcoming home, polite helpful staff, a person-centred approach. All staff provided a kind and caring approach.' We saw another response that stated, 'They [staff] are dedicated to providing the best service they can for the people living in their home. People are seen to be happy, calm and relaxed.' During our own observations, we saw positive interaction between people who used the service and staff.

Staff understood their role in providing people with compassionate care and support, which included promoting people's dignity. People's choice to spend time alone in their bedroom was respected by staff. Staff ensured that people could have visitors, and enabled people to maintain relationships with relatives including those who did not live nearby. People were consulted about the care they needed and how they wished to receive it. People could request preferences about how their care was delivered, including the times at which they received their support. People were able to meet regularly with staff to review how their care was provided.

Staff respected people's privacy and ensured they did not share any information about people where they could be overheard. Staff told us how important it was to maintain confidentiality about people's support needs and they were sensitive in ensuring people's privacy. We observed staff knocking on doors and waiting to enter during the inspection, which demonstrated respectful practice.

People were encouraged to maintain their independence, and staff were clear about what level of support people needed. We saw staff provide prompts to people to enable them to do this, and were patient without being overbearing. Feedback from a recent community professionals survey stated, 'People are encouraged to perform tasks independently.' The registered manager had introduced assessments and plans of how people used their independence, and where people could be supported to increase this. For example, where a person could complete their laundry, the plan detailed what parts of this task the person needed support with. It then detailed what parts they could do, without support, and what parts they needed to practice in order to increase their independence.

Good

Is the service responsive?

Our findings

The service remains responsive.

People told us that they had been included in the planning of their care. This had helped them to improve or maintain their lives in their own home. Prior to providing any support, the service undertook a detailed assessment to determine if it could meet the person's needs. The assessment had been used to write a support plan, which was updated appropriately. The person-centred support plans included details of people's likes, dislikes and preferences. They had been written in conjunction with the person and had been signed by people where they were able to consent. The plans were sufficiently detailed in order that the staff would know, understand and be able to provide the care to the person as they wished.

People received support which was personalised and responsive to their individual needs. The care plans were written in a positive style, for example focusing upon what the person could do for themselves and what they person required assistance with. Staff had a detailed understanding of them. One staff member told us, "The care plans are really detailed, it's all in there, for the two people living here, we have to make sure we get it right."

The daily records we reviewed showed people's needs were being appropriately met and matched with what had been detailed in their care plan. Staff completed daily notes each day and recorded when people accepted or declined an activity or support, or wished to do something different. This helped staff monitor people's preferences, mood and wishes.

People could engage in a flexible programme of activities that they had worked with staff to create. These included accessing their local community for daily living skills such as shopping, working as a volunteer or for leisure activities. People told us that this was important to them and that they enjoyed this.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff, or the registered manager, if they had a concern or wished to raise a complaint. One person told us, "I would talk to [registered manager] or [deputy manager]." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner. We saw that information boards at the service contained guidance about how to raise concerns to the provider, or to external bodies such as the Care Quality Commission.

At the time of our inspection, the service was not supporting anyone that was terminally unwell. However, staff had considered that people, through their choice, may wish to stay with the service when they were approaching the end of their life.

Good

Is the service well-led?

Our findings

At out last inspection in November 2015, we rated the key question of 'Is the service well-led?' as requires improvement. This was because at the time of that inspection, the home did not have a registered manager in place, and there had been a period whereby a number of managers had overseen the running of the home. This had led to a period of instability in the oversight of the home. The manager that had recently been appointed at the time of our last inspection had been successful in registering with the Care Quality Commission to become the registered manager. They were still in post at the time of this inspection, and had brought stability and improvements to the running of the service. We therefore have rated this key question as good.

The registered manager had worked for the provider for several years, and had significant experience of the provider's systems and processes. The registered manager told us that there was an active network of registered managers across the provider's locations. They told us keeping in touch and meeting up with colleagues in a similar role had helped them develop skills as a registered manager, and provided them with support and resources.

People told us that the home was run well as did the staff. One staff member said, "[Registered manager] is very approachable as is [deputy manager]. They are really good at looking out for staff, especially when they [staff] have been giving intensive support to people. It's a really good tight knit team, we always get support." Feedback from a recent survey of community professionals included, 'Appears to be a good management structure in place. Manager and deputy manager conscientious, and work in an empathic way, knew everything required, needed and necessary.' The registered manager was visible throughout the service and accessible to staff and people that used the service, frequently leaving their office to speak to people about how they were.

Staff were aware of the lines of accountability and who to contact in the event of an emergency or with concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities. We saw that the rating of the last inspection was on display and could be accessed by people and visitors to the home which showed transparency. Notifications were received promptly of incidents that occurred at the service, which is required by law.

There were policies and procedures, which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice. It also assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action.

The registered manager used various ways to monitor the quality of the service. For example, they checked on people's care plans and daily records to ensure they were completed accurately. This meant they could be assured that staff had clear guidance to tell them what care people wished to receive. People were receiving the care they needed. The registered manager completed monthly checks on a range of areas

within the home. These included monthly infection control audits, checks on people's medicines and health and safety. We saw these audits were identifying areas for actions and these were taken promptly. The provider arranged for senior manager visits to the home periodically, and had systems in place to review and spot check audits that were carried out by the registered manager.

We found the registered manager and staff team had systems in place to provide consistent care and work collaboratively with other agencies. This included engaging with a range of health professionals such as doctors, nurses, physiotherapists and hospital departments. The staff team had regular opportunities to discuss people's care and they had handover meetings at the start of each shift. This meant staff provided consistent care and had support from other professionals to improve outcomes for people.