New Boundaries Community Services Limited

New Boundaries Group - 331 Fakenham Road

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

331 Fakenham Road is registered to provide accommodation and personal care for up to five people with learning difficulties. There were four people living in the home at the time of our visit.

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.

Staff understood what protecting people from harm or abuse was, and had received training in this area. Staff understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety. People were safely supported to take their medicines by trained staff.

There were detailed risk assessments within care records concerning risks associated with individuals. These included guidance for staff on how to mitigate these risks. Staff were confident in reporting and recording incidents and accidents should they occur, and taking action when needed.

The appropriate checks and maintenance in relation to people's living environment were carried out. There were effective processes in place to minimise risk of harm.

Safe recruitment processes were in place to ensure that staff employed in the service were deemed suitable for the role. There were enough staff to keep people safe.

The staff were caring, and we observed positive interactions between people and staff. Staff had good knowledge about the people they cared for and understood how to meet their needs. They supported them to maintain as much independence as possible and to communicate effectively, as well as to maintain their personal relationships.

People could make choices and decisions about their own care, and staff respected people's privacy and dignity. People were supported to access healthcare wherever necessary and in a timely manner, with prompt action taken in response to changes to a person's health needs. Staff supported some people to follow their interests and hobbies.

People received enough to eat and drink, and staff supported them to choose what they wanted to eat, and follow a balanced diet. Food and drink was available throughout the day.

Staff understood the importance of gaining people's consent to the care they were providing to enable people to be cared for in the way they wished. The home complied with the requirements of the Mental Capacity Act 2005 (MCA).

Staff were motivated and spoke positively about their job and understood the importance of providing a high standard of care to the people living in the home. Staff worked well within a team and were supported in their roles.

The registered manager was closely involved with the team, providing support and leadership when needed.

The service had quality assurance systems in place to assess, monitor and improve the quality of care that people received. These included auditing systems and ways of gaining feedback from people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were risk assessments in place, and staff followed guidance to protect people from the risk of harm.

There were enough staff to keep people safe, and robust recruitment processes ensured the staff employed were deemed safe to work within care.

Medicines were managed safely and given as prescribed.

Is the service effective?

Good

The service was effective.

Staff received training relevant to their roles as well as comprehensive inductions.

Staff asked people for their consent before delivering care, or where they could not gain consent, made decisions in people's best interests.

People ate a good choice of meals and had enough to drink. They had timely access to healthcare when they needed it.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and knew people well. They had good relationships with people and adapted their communication effectively.

Staff respected people's dignity and privacy. They promoted people's independence as much as possible.

Staff promoted people's relationships with their loved ones and had good relationships with people's families.

Is the service responsive?

Good

The service was responsive.

Each person's care record contained details of their likes and dislikes, and staff provided care according to people's requirements.

People were supported to engage in hobbies and go out, following their interests as well as engage in activities in the home.

People knew who they would go to if they wished to complain.

Is the service well-led?

Good

The service was well-led.

There was good leadership and a strong staff team. The registered manager was approachable to everyone including people and staff.

There were systems in place for monitoring the quality of the service.

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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 was carried out by one inspector. This was an announced inspection. We gave the registered manager 24 hours' notice as we needed to be sure someone would be in, as it is a small home.

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 home, what the home does well and improvements they plan to make. We checked the information we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During the inspection, we spoke with one person living in the home. The following day we spoke with another person who lived in the home on the phone. We spoke with three members of staff including the registered manager, a support worker and a team leader, as well as two relatives of people living in the home.

We looked at two people's care records and checked all of the medicines administration records. We also checked a number of other records relating to how the quality of the support provided was assessed and monitored.

Good

Is the service safe?

Our findings

People living in the home we spoke with told us they felt safe living there, one saying, "Yes I feel safe." One relative we spoke with said, "It puts my mind at rest, knowing [relative] is safe."

Staff had knowledge of how to keep people safe and they were able to describe different types of abuse that could happen, as well as how to report any concerns, and who to. They had also received relevant training in this area. Where people could be at risk, staff supported them in a way that kept them safe whilst encouraging their independence. We also noted that there was safeguarding information and guidance for staff easily available in the home.

A relative we spoke with told us that their relative had limited capacity concerning the road. They confirmed that risk assessments were in place, saying, "[Staff] have things covered for [relative's] safety." There were detailed individualised risk assessments in place for people according to their own needs. For example, we saw that one person had a risk assessment in place for ironing. This also contained guidance for staff on how to support the person to safely iron independently. There were also assessments and guidance for staff concerning risks to people's health, and these were individual to each person depending on their needs. Staff also had risks assessments relating to people's safety in the community and in the car, with guidance on how to support people.

There was a maintenance diary that documented any work that needed to be completed within the home and when this had been carried out. This helped to keep people's environment safe. We saw that other checks relating to health and safety had been carried out, including checks of electrical equipment, an inspection of the fire system and gas safety. People also had individual fire evacuation plans that were in place to help staff support people to leave the home safely in the event of a fire.

We saw that accidents and incidents were thoroughly documented, along with action taken to minimise any risk going forward. The registered manager showed us a table for each person which contained information about what activities could present a risk to their, or others' safety. This information was presented in a graphical format which allowed staff to see any trends in certain aspects of people's wellbeing and risk. For example, if someone felt low more often at a certain time of year or if someone had a change in their levels of certain activities such as engaging with others. As the graphs were tailored to each individual, some contained different details such as different types of behaviour or activities which others could find challenging, or could be unsafe. It allowed staff to see if something had changed or if there were any concerns affecting people.

There were enough staff to keep people safe. The people we spoke with received several hours of one to one care during the day, and they told us they were always supported by one member of staff. The registered manager told us that there were some staff vacancies; however these were filled temporarily by using staff from an agency, which was also owned by the same organisation. They explained that the same agency staff were used so that continuity of care and security for the people living in the home was provided. The registered manager also directly supported people living in the home.

There were safe recruitment practices in place, which included criminal record checks, employment history, identification and references. This meant that only staff who were deemed suitable worked in the home.

Medicines were stored, managed and administered safely by staff who were trained to do so. We saw that the temperatures where they were stored were checked regularly and they were kept at advised temperatures. This ensured they remained effective when given to people. We checked all the medicines administration records (MARs) and found that staff had filled them in correctly. This meant that they had signed after administering people's medicines as prescribed. We also saw that each person's MAR included a front sheet with a photo and any allergies people had so staff could give the right person their medicine and ensure it was safe to do so.

We checked that creams and liquid medicine was stored safely and found that they were secure with the date of opening on them, with guidelines for staff on how long they should be kept for. There were detailed protocols in place for each medicine which was prescribed 'as required', which contained guidance for staff on when to administer them. All of the staff we spoke with confirmed the details of this to us.

Where some people would leave the home for a period of time, there was a comprehensive process for signing medicine in and out of the home so people could take it with them. The staff on shift each day audited the MARs and the medicines themselves to ensure they had been administered, and the registered manager also carried out checks when ordering and returning medicines. There had not been any recent errors to do with medicines, and people received medicines reviews if they needed them to make sure the medicines they were taking were appropriate for their needs.

Good

Is the service effective?

Our findings

At our last inspection in September 2015, we found that improvements were needed in the way that staff followed professional recommendations to do with people's healthcare, in particular dietary advice. At this inspection, we found that improvements had been made. The staff documented, communicated and followed any recommendations. For example, we saw that one person had been identified as requiring support to lose weight, and their relative said, "[Relative] has lost weight and has more energy." We also saw in the person's care record that they had lost weight steadily and were now at a healthy weight.

The people we spoke with said that staff supported them to go to appointments and access healthcare services whenever they needed to. Staff we spoke with explained how they used some recommendations from a speech therapist to support someone. This included visual aids in the form of photographs, which the staff took together with the person. They said that this had helped communicate effectively with the person at times. We saw in people's care records that they had correspondence and recommendations from healthcare professionals, including medicines reviews. We saw an appointments diary which included people's appointments concerning chiropody, physiotherapy and asthma.

People received a good choice of food each day, which they decided based on what they liked. Some people living in the home were supported to cook meals for the others. One person said, "I'm cooking tonight," and went on to explain that staff were supporting them to follow a recipe. We saw that fresh fruit was available in the dining room, and people had drinks whenever they wished. Staff were supporting some people to choose healthier options by discussing them with people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working in line with the MCA.

People we spoke with confirmed that staff asked for consent before delivering care to them. Where people were not able to make decisions, staff acted in people's best interests, and these were also covered in people's care records. All staff we spoke with demonstrated a good awareness of the principles of the MCA and how they applied these.

The staff had worked closely with a psychiatrist to carry out an in depth assessment of one person's capacity concerning their relationship. The person confirmed that staff supported them in a way that respected their rights. Where people had limited or fluctuating capacity, the care records contained details of best interests

around each area covered in the plan if people had difficulties making their own decisions about them, including health care professionals' involvement. This included how to support someone to maintain their personal hygiene, for example.

The registered manager had assessed whether they were depriving people of their liberty in their best interests. In these instances they had requested for authorisation from the appropriate authorities. We saw that a DoLS had been authorised for one person living in the home, as they were under constant supervision for their safety. The registered manager told us that when awaiting the authorisations, they had ensured that people were only deprived of their liberty using the least restrictive possible methods.

The people and the relatives we spoke with said that staff were competent in supporting the people at the home. We spoke with one member of staff who had been working in the home for five months. They told us that they had received a comprehensive induction and felt confident when they started working with people. They said the induction consisted of a week of training followed by three weeks of shadowing and working with other staff, as well as getting to know people living in the home. The registered manager then assessed whether staff were competent before they were able to work independently with people. The provider also supported new staff to undertake the Care Certificate, which outlines a set of expected standards in working in care.

Staff undertook training which included manual handling, infection control and record keeping. They also received training relating to supporting people who lived at the home, such as epilepsy, communication and autism. Staff told us that although the training was useful, they had needed to get to know the people living in the home, and share knowledge with other staff in order to work effectively with them. They gave examples of supporting people in the community with their communication, and what they did if someone became distressed when out in the community. This was different for each person.

We saw that staff received regular supervisions. This was a meeting with the registered manager which provided support, and where they could raise any concerns or areas for further training. All the staff we spoke with said that they could approach the registered manager or other team members at any time, and they did not have to wait for their supervisions.

Good

Is the service caring?

Our findings

One person told us, "[Staff] are caring." Staff supported people with keeping up their personal relationships. One person told us, "They've thought of me in my relationship." They explained how staff supported them to maintain their relationship. Staff also told us how they supported this relationship and discussed important aspects of this with the person regularly. We saw that staff took people's diverse needs into account when creating a care support plan, and providing this to people.

Another person said, "My parents can ring when they want." Relatives we spoke with told us that staff supported the people living in the home to visit and stay with their families when they wished. We saw warm interactions between people and staff throughout our visit.

We observed that staff adapted their communication well according to who they were speaking with, and they were able to tell us in detail about people's communication needs. People had access to information in a way they understood, as much as possible. This included easy read sections of people's care records to go through with staff, so that people were encouraged to express their requirements as much as possible.

People we spoke with confirmed that staff always knocked on their doors and respected their privacy. Staff explained how they supported someone to maintain their dignity when they required support. An example of this was that they had also put visual prompts in place in the bathroom to support the person to be as independent as possible in their personal hygiene.

Staff supported people to make choices wherever possible, for example in where they wanted to go and what they wanted to do. People were involved in the planning of the support they needed. They had a meeting with a staff member each week when they discussed their care, and how they felt living in the home. One person who we spoke with, who had been in the home only a few weeks, said that they had met several times with the registered manager to discuss their support needs and create their care plan. We saw records of this, and saw that they discussed whether they were happy living in the home and if they required anything.

Staff explained how they supported people to maintain and increase their independence. They had a suggested list of housework for people to do, which was flexible. One staff member explained how they negotiated the house duties with people, "We talk about how this is their home and we can do it together." They said that this helped people to increase their independence and learning how to do things relating to house work.

People confirmed that staff supported them to be as independent as possible. This included supporting people to manage their finances as much as they were able and working on improving this with them. It also included supporting people to look after the home and engage in interaction, to going out in the community.

Good

Is the service responsive?

Our findings

Support plans were detailed and contained information that people, where they had been able, had filled in with a member of staff. People and their relatives were involved in their care planning, and staff had asked them about their preferences and how they wanted to be supported. They contained preferences, things that upset people, likes and dislikes, history and hobbies. The records created by staff contained guidance for staff on how to support people in the way they wished and in their best interests where necessary. The plans were individualised according to each person's needs. The records also contained any information about the diverse requirements of people regarding their spirituality, or their relationships.

One person, who was new to the home having lived there a few weeks, explained how they had got to know the staff and been through their care records with the registered manager. We saw in people's records that there were detailed pre-assessments in place so that the home had ascertained whether they could meet people's needs. There was a protocol in place to guide staff on what was expected of them when providing one to one support, and the care plan also contained more details of how to support each person. However, one to one support was also flexible according to what people wanted to do.

Staff supported people to follow their interests, one saying, "They help me get to football on time." They also explained how they went out regularly with staff support to different places. Staff supported another person to go to church with their relative. A relative told us how the staff took a person on holiday and they felt they really enjoyed this. Another person told us about how they sometimes enjoyed cooking, and they did chores in the kitchen such as drying up. People confirmed that they could spend time in their rooms or in the communal areas of the home in the evenings. People told us they were able to get up and go to bed when they wanted. One person said they would either stay in the lounge to watch television or go in their room in the evenings. They also confirmed that staff supported them to have a bath whenever they wished.

The registered manager told us how one person, who had some behaviour that could challenge others, had recently undertaken a full medicines review. This was so that they could see if interacting medicines affected the persons' behaviour in order to create a better balance for them. We saw in this person's records, that they had specific plans around their feelings and how the person manifested their feelings. They provided guidance for staff, and staff were able to explain to us in detail how they supported the person in different situations. The person's relative also confirmed that they felt the staff responded very well to the person and knew how to approach them.

One person confirmed that they had had recent discussions with the registered manager about the support they would like, and whether they were happy with things. The relatives we spoke with said that when appropriate they had been involved in people's care and decisions around any changes. One relative told us how they had been involved in the decisions around a person's changing support needs.

The relatives we spoke with said that they would go to the registered manager if they needed to complain or raise concerns. However, one said. "I've never had reason to complain." The home had not received any complaints. We saw that the complaints policy was readily available throughout the home, in both written

as well as easy-read formats so that it was accessible to more people.

Good

Is the service well-led?

Our findings

We found in our last inspection in September 2015 that improvements were needed in leadership as there was no registered manager in post. At this inspection, we found that improvements had been made. There was good leadership within the home and staff knew what was expected of them.

The registered manager had been in post for just over a year, and had made several changes in that time. These changes included positive changes to people's care support plans. When we spoke with the registered manager, they were passionate about people receiving individualised care and this was reflected in the care records and what people and staff told us, as well as what we saw. One member of staff told us that there was increased staff morale since the registered manager had been in post. The registered manager had told us about some improvements in the PIR, and we found these to be in place.

One relative we spoke with said, "I find [registered manager and team leader] to be excellent at running the home." People we spoke with confirmed that they felt the registered manager was approachable if they had any problems or questions. The registered manager was highly visible and regularly supported the staff and the people living there. We saw them regularly having conversations with people living in the home. One member of staff said, "I can ask anyone anything." Staff confirmed that they felt they had a good team. The registered manager explained how they used existing staff skills and experience to contribute to the team.

There were team meetings in place and some staff confirmed they attended these. Other staff said that it was difficult to attend because being a small home, people who received one to one care required a member of staff on this basis throughout the day. Although this meant at times it was difficult to get all the staff together, they felt that they communicated very well within the team. There were regular handovers, supervisions and communication diaries through which to pass information to each other and these were effective.

There were quality assurance systems in place including audits to check on the quality of the service. This included checking the environment, equipment and cleanliness. Some audits were carried out by another member of staff from the organisation. Checks also included whether care plans were complete, and whether activities were person-centred. Internal audits included checking health and safety and people's care packages. We saw that these monthly audits had led to action taken. The registered manager was also supported by other members of staff from the organisation who carried out visits to do external audits and check the running of the home.

The registered manager had regular contact with people's families and asked for feedback. People confirmed they were asked for feedback during their weekly meetings with staff. The relatives we spoke with all confirmed that they were happy to speak with the registered manager whenever they had any questions, and they knew how to complain.

The registered manager was aware of things they needed to notify CQC of, and other agencies such as the local authority.