

New Boundaries Community Services Limited

New Boundaries Group - 2 Lloyd 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

New Boundaries Group – 2 Lloyd Road is a residential care home for up to three people with a learning difficulty some of whom may also have autism. At the time of our inspection only one person was using the service. 2 Lloyd Road is a spacious bungalow, with a parking area at the front and a private back garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of our 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.

The service was safe and the person living there was protected from harm. Staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. Risks to the person using the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. Risk assessments were thorough and personalised.

The service ensured there were sufficient numbers of suitable staff to meet the person's needs and support them to stay safe. Records confirmed that robust recruitment procedures were followed. Medicines were stored, managed and administered safely. Staff were trained, and their competency checked, in respect of administering and managing medicines.

The person using the service was supported to have sufficient amounts to eat and drink and maintain a balanced diet. The person using the service enjoyed their meals and was involved in discussions and decisions regarding the menus and options available.

Staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the importance of helping the person using the service to make their own choices regarding their care and support. The person using the service was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible

The service ensured the person using the service was treated with kindness, respect and compassion. This person also received emotional support when needed. The person using the service confirmed that they were involved in planning the care and support they received and were able to make choices and decisions

and maintain their independence as much as possible. Information was provided to the person using the service in formats they could understand.

The care plan for the person using the service was personalised and described the holistic care and support the person required, together with details of their strengths and aspirations. Information also explained how the person could be supported to maintain and enhance their independence and what could help ensure they consistently had a good quality of life. Any comments and concerns made by the person using the service were listened to and taken seriously. The service also used any comments or complaints to help drive improvement within the service.

The person who used the service, and staff, spoke highly of the management team and told us they felt supported. CQC's registration requirements were met and complied with and effective quality assurance procedures were in place.

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 remains good.

New Boundaries Group - 2 Lloyd 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 19 December 2018 and was unannounced. The inspection team consisted of one inspector.

We examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. The provider had completed a Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, including what the service does well and improvements they plan to make.

During our inspection we observed care, support and interactions between staff and the person using the service. We spoke with the person who was using the service, the deputy manager and one member of care staff. We reviewed the care files for the person using the service, two staff recruitment files and a sample of management related records, such as audits and policies.

Is the service safe?

Our findings

The person using the service told us they felt safe. Systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff were trained and understood the responsibilities of safeguarding and were familiar with the provider's and local safeguarding authority's policies.

Risks to the person using the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. This helped ensure the person was supported to stay safe, whilst having their freedom respected.

The person using the service was supported to be actively involved in discussions and making decisions regarding how any identified or potential risks to their safety were managed. This meant the person could continue to make choices and have control over their lives.

Records with information relating to the safety of the person using the service were up to date, accurate, securely stored and available to relevant staff. This meant that staff were able to follow guidance to help ensure the person was consistently supported safely.

The service ensured there were sufficient numbers of suitable staff to meet the needs of the person using the service and support them to stay safe. We saw there was a member of staff on duty at all times the person was at home. This included overnight staffing. We noted there had been a high use of agency staff at the service but we were assured these members of staff were familiar with the service and the person using it. In addition, we noted that some staff from the provider's neighbouring services also covered shifts, which also helped maintain consistency of staff for the person using the service. We saw that robust recruitment procedures were followed, to ensure that only staff who were suitable to work in a care environment were employed.

We saw the service ensured proper and safe use of medicines by following current professional guidance and engaging with professionals in medicine reviews for the person using the service. The service had appropriate facilities to ensure the safe storage of medicines. Staff also adhered to robust procedures for ordering, disposing, administering and recording medicines for the person in the service. Where medicine errors had occurred, we saw that these were identified quickly and appropriate action taken to help prevent recurrences.

The person using the service was helped to stay safe and well because the service followed effective procedures for the prevention and control of infection. Staff had been trained to understand how to identify potential risks and prevent and avoid the spread of infection. Staff had also been trained in food hygiene and understood how to store, prepare and cook food safely. During this inspection we found the home to be clean and hygienic throughout.

Is the service effective?

Our findings

The person using the service had their needs and choices assessed in a way that ensured they had their individual holistic needs met effectively and without discrimination. The Provider Information Return received prior to this inspection stated that care plans were very person centred and positive behaviour support plans were in place. These helped to achieve the best outcomes for the person using the service. Our review of the care records for the person using the service confirmed this was the case.

The service ensured that all staff had the skills, knowledge and experience to deliver effective care and support. All staff completed essential training that was relevant to their roles, as well as training in subjects that were 'service or person specific'. Staff were supported to complete refresher courses to ensure their skills and knowledge remained up to date and relevant. The service maintained a training matrix, which helped to ensure staff training remained up to date, as well as highlight any areas where there were shortfalls. We saw from the training matrix that staff had completed training in areas such as safeguarding, safe administration of medication, mental capacity and the deprivation of liberty safeguards, fire safety, epilepsy management, diabetes management, first aid, food hygiene, infection control and moving and handling.

We noted that new staff completed a comprehensive induction and all staff received regular support, supervision and appraisals. Staff's competency in their work was checked and monitored by way of regular observations and mentoring by other appropriately experienced or qualified staff, such as their senior or line manager.

The manager told us in the Provider Information Return that staff received a good balance of on-line training, as well as classroom based training. The provider also employed a training coordinator who was easily contactable, to offer further support and clarification, when needed. We were told this gave staff a good sense of security, and ensured they had access to any information in order to continue delivering high quality support. A member of care staff we spoke with also confirmed this.

We saw the person using the service was supported to have enough to eat and drink and maintain a balanced diet. This person told us they enjoyed their meals and said they talked to staff about what to have on the menu and chose what they wanted. We saw the person using the service helped staff to prepare their lunch and told us they liked the cheese sandwich, salad and wotsits they had chosen that day.

We observed that staff demonstrated a good knowledge and understanding of the dietary requirements for the person using the service. In addition, we noted that risks regarding the person's intake of food and drink were identified, assessed, monitored and managed effectively. Appropriate input and guidance had been sought from dietary and nutritional specialists to help ensure the person using the service remained healthy and well. For example, guidance we looked at stated the person required their food to be cut into 'malteser' sized pieces and we saw that staff adhered to this guidance.

The deputy manager confirmed the service worked well with other professionals and organisations who

were also involved in providing people with care and support, such as day services, medical and healthcare services. We noted that relevant information was shared appropriately with these other professionals and organisations, to help ensure the person using this service consistently received effective care, support and treatment.

We saw from information in the care records for the person using the service that they were supported to maintain good health and had access to healthcare services as needed. We noted that, as and when the person's health needs changed, prompt referrals were made to relevant healthcare professionals, such as the dietician, the speech and language team, GP and district nurse. We also saw the person's care plan contained detailed information on their individual healthcare history and support needs.

The premises were safe and accessible and the person using the service could choose whether they wished to spend their time in their room or the communal areas. The person's bedroom was also furnished and decorated in accordance with their individual choices.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the service ensured that consent to care and treatment was always sought in line with current legislation and guidance and staff demonstrated a good understanding of the MCA and DoLS.

Although the person using the service had capacity, there were some decisions they needed assistance with, in order to help ensure they understood the choices they had and what was being asked of them. We observed that staff understood the importance of helping the person to make their own choices and consistently obtained the person's consent before providing support to them.

Is the service caring?

Our findings

The service ensured the person using the service was treated with kindness, respect and compassion. This person also received emotional support when needed. The person using the service told us they were happy living in 2 Lloyd Road and liked the staff. They also said they were looking forward to moving to a new home soon, also owned by the provider, where their friends were living.

Staff demonstrated they knew the person using the service and their history very well and consistently engaged in meaningful conversations and interactions with them. We also observed that the person using the service was supported to express their views and be actively involved, as much as possible, in making decisions about their care, support and treatment.

We noted that the person using the service was able to make choices and decisions and maintain their independence as much as possible. The manager told us in the Provider Information Return that the person using the service had weekly meetings to discuss any concerns they had. We looked at records from these meetings, together with the person using the service, and saw they included responses to questions about the person's wellbeing such as, 'I'm good, no pains and no complaints'.

We noted that, until very recently, there had been three people using the service together but one person had moved to another home due to increased health needs that could no longer be met by the service. The second person had been very unwell and had recently passed away in hospital. As a result, the one remaining person had been understandably feeling quite confused and was missing their companions. However, we noted that the person had been given lots of support from staff and there had been lots of discussions regarding whether the person would like to move to one of the provider's neighbouring services. The person said they were looking forward to doing that and told us about the friends they had at the other services.

Is the service responsive?

Our findings

The person using the service had their health, care and support needs regularly assessed and reviewed, with any updates and changes recorded clearly and accurately. We saw the person's care plan was personalised and described the holistic care and support they required, together with details of their strengths and aspirations. Information also explained how the person could be supported to maintain their independence and what could help ensure they consistently had a good quality of life.

We saw information in the person's care records included a pen picture, a full support plan called 'all about me', risk assessments and risk management plans, involvement with healthcare professionals and reviews of care. In addition, we saw notes from weekly meetings, a weekly activity plan, daily care reports and general health records. All the information we looked at was clear, up to date and had been regularly reviewed.

From meeting with the person using the service and reviewing their care records, we saw their views were respected and the person was encouraged and supported to follow their individual interests, hobbies and activities.

For example, the person told us they enjoyed going to their day centre and were also looking forward to spending Christmas with friends in a neighbouring service. We saw that the person regularly enjoyed activities such as going out for a drive, walks around the village, going shopping, visiting the local garden centre, having meals out and going to the local pub for a drink after tea.

In addition, we saw that the person completed daily household tasks such as preparing meals, cleaning and tidying their room and doing their laundry. We also noted that some of the person's wishes, recorded in their weekly meetings, had been achieved. For example, visiting friends at neighbouring services, going to the cinema and favourite choices of meals such as ham egg and chips, steak and chips or pizza.

It was evident from our observations, and the care records looked at, that the person using the service was able to maintain relationships that were important to them. For example, in addition to happily attending day services each week, they frequently saw friends from neighbouring services and had regular telephone contact with a relative.

The person using the service told us they knew how to raise any concerns or make a complaint if they needed to. This person said, "I'm happy. Nothing wrong; it's good."

Is the service well-led?

Our findings

The service ensured CQC's registration requirements were met and complied with. There was a registered manager in post who ensured they kept themselves up to date with any necessary changes and communicated relevant information to the staff team effectively and efficiently.

The service had a clear vision and credible strategy to help ensure they continually delivered high quality care and support and achieved positive outcomes for the person using the service. We also found that the service promoted a positive culture that was person-centred, open, inclusive and empowering.

We spoke with the deputy manager and a member of care staff. Both members of staff told us they were happy in their work and they felt respected, supported and valued and their wellbeing was also promoted. Both staff also said they felt confident in questioning practice and would report concerns and whistle-blow if necessary.

We saw that staff took responsibility and understood their accountability at all levels. Both members of staff knew what was expected of them in the course of their duties and said they received constructive and motivating feedback about their work from senior staff and the management team. The member of care staff we observed also demonstrated how they remained constantly aware of any potential risks to the safety of the person using the service.

We saw that the views and experiences of the person using the service were regularly gathered and acted upon in order to shape and constantly improve the service and culture. This helped ensure the person experienced the best outcomes possible. We also saw feedback from a social worker that stated they were very impressed with the service and the staff working there.

We saw that there were effective quality assurance systems in place. For example, regular checks and audits were completed in respect of areas such as medication, health and safety, the environment, infection control, care plans and care records. We also saw appropriate remedial action was taken when any shortfalls were identified, which helped ensure a good quality service was maintained.

Staff told us there was good communication in the service, by way of the daily communication book, handovers, staff meetings and supervisions. We also saw that regular meetings took place with the person who used the service, during which they also had opportunities to make suggestions for improvement.

The service worked openly with other services, such as the local authority's safeguarding team and Clinical Commissioning Groups (CCG). Appropriate information and assessments were shared with other relevant healthcare professionals and agencies. This helped ensure the person using the service benefitted from 'joined up' and consistent care.