



# Review of compliance

New Boundaries Community Services Limited  
New Boundaries Group - 198 Fakenham Road

<b>Region:</b>	East
<b>Location address:</b>	Taverham Norwich Norfolk NR8 6LY
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	February 2012
<b>Overview of the service:</b>	<p>198 Fakenham Road is registered to provide accommodation for up to three people requiring nursing or personal care. The home is one of eleven in Norfolk owned by New Boundaries Community Services Limited. It is not allowed to provide direct nursing care to people.</p> <p>People living in the home have learning disabilities.</p>

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**New Boundaries Group - 198 Fakenham Road was not meeting one or more essential standards. Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

Not everyone living in the home was able to speak with us and tell us what they thought about it because they were not able to communicate verbally. We were told that staff were never rude and tried to explain things if they needed to. We were also told that the food was good and one person had enjoyed going for coffee in the garden centre.

We were made aware that the home is due to close and that people's social workers and families have been involved in trying to make sure this goes smoothly for people. One person told us they had made several visits to another place, had a bigger room and were going to choose their carpet. They said that this home needed some repairs because there had been a leak in their bedroom ceiling.

### What we found about the standards we reviewed and how well New Boundaries Group - 198 Fakenham Road was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

The provider is not compliant with this outcome. Improvements are needed.

People are usually treated with dignity although staff need to be more aware of what is appropriate.

The provider cannot consistently show how people or their representatives are involved in decisions about their care, where they are unable to understand the choices available to them.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

The provider is compliant with this outcome but, to maintain this, we have suggested some improvements are made.

Staff understand and respond effectively to difficult behaviours and support people well with their personal care. The actions staff need to take to support people safely could be more clearly specified.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

The provider is compliant with this outcome.

There are systems in place to help protect people from abuse and to respect their rights.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

The provider is compliant with this outcome but, to maintain this, we have suggested some improvements are made.

People receive support from sufficient staff to meet their needs. Arrangements for monitoring the mix of skills and experience of staff on duty could be improved.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The provider is not compliant with this outcome. Improvements are needed.

Staff have made efforts to ensure people receive consistent care but they have done this without appropriate support.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

The provider is not compliant with this outcome. Improvements are needed.

Although improving, systems for monitoring the quality of the service have been insufficiently robust to identify and address shortfalls promptly. However, staff have made efforts to ensure that people receive consistent care.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

There are moderate concerns with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

We were told by someone living in the home that a staff member explained things to them and helped them to make choices. They said they felt well treated by staff and no one was ever rude to them.

##### Other evidence

People had information in their files about how they were to be supported to make decisions. It was clear from records that people's decisions about whether to join in activities or to refuse medication were respected. Records also showed how people were involved in appointments and whether they had cooperated with treatment.

Where some decisions were made, for example about moving house, records showed that other professionals had been consulted to ensure that decisions were made in the best interests of the people concerned.

However, records gave rise to concerns about the way decisions were made for spending large amounts of money on behalf of people who would not understand this and may not be able to make an informed decision. There was no underpinning policy or procedural guidance for authorising different levels of expenditure where people were unable to make these decisions, to show that they were always made in people's

best interests.

Records indicated whether people were able to manage keys for their rooms. One person was able to do so and had chosen to leave their bedroom key in their door.

During our visit we heard people being spoken to in a respectful manner. However, we heard one person was praised in a manner that was not age appropriate as we were preparing to leave.

Staff knocked on people's doors showing how they respected people's privacy.

**Our judgement**

The provider is not compliant with this outcome. Improvements are needed.

People are usually treated with dignity although staff need to be more aware of what is appropriate.

The provider cannot consistently show how people or their representatives are involved in decisions about their care, where they are unable to understand the choices available to them.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

During our visit on 16 January 2011, we were not able to get views from everyone about how they felt their needs were met.

##### Other evidence

Everyone living in the home had an assessment of their needs. Care plans seen showed that people were encouraged to do as much as they could for themselves so that they could maintain as much independence as possible. They were reviewed regularly with notes of progress.

There were assessments of risks to which people may be exposed, which set out triggers or factors that might contribute to them.

However, in one case, the goal for the person's care plan reflected a goal that reflected actions likely to trigger agitation, based on the risk assessment. It did not contain specific detail about the arrangements for achieving the goal in a way that did not detrimentally affect the person's mental health. Records and discussion showed that staff focused on ways to talk to people about problems or anxieties and to try and prevent situations from escalating. Evidence showed that medication designed to control behaviour was used as a last resort and that a person's decisions about whether to take this or not were respected.

People were weighed regularly to ensure they were not unexpectedly gaining or losing undue amounts of weight. There was guidance that unexpected changes should be

raised with the manager. However, one person had lost almost half a stone between April and May 2011 and there was no indication how this had been addressed.

Records showed where other professionals were involved in keeping people well, including psychiatric services, continence advisor and specialist services for people with epilepsy.

During our visit we heard staff explaining to people what was going to happen next and encouraging them to do things for themselves.

**Our judgement**

The provider is compliant with this outcome but, to maintain this, we have suggested some improvements are made.

Staff understand and respond effectively to difficult behaviours and support people well with their personal care. The actions staff need to take to support people safely could be more clearly specified.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

One person was able to tell us that they felt safe in the home.

##### Other evidence

We saw that people were comfortable with staff on duty and showed no signs of anxiety in their company.

Staff had access to training and there was information available about what sorts of concerns needed to be reported. Information about who to contact was included in a file for the person leading shift and a staff member relatively new in post was able to show us where this was.

Records showed improved systems for monitoring and checking that people's personal monies were held safely. We were told about additional checks that had been made.

We could see from records and from discussions that we heard, that staff worked hard to ensure they tried to deal with anxiety, agitation or aggression in a way that respected people. Records showed that medication was not used to control behaviour unless all other techniques had failed and then only when people agreed to take it.

##### Our judgement

The provider is compliant with this outcome.

There are systems in place to help protect people from abuse and to respect their

rights.

## Outcome 13: Staffing

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 13: Staffing

#### Our findings

##### What people who use the service experienced and told us

We were told that there are not many drivers in this house and one person thought this meant they could not go out by car as often as they would like.

##### Other evidence

We were told that some shifts needed to be covered by agency staff during the week after our visit. Because of this we checked the duty roster and found that this showed that on one morning an agency staff member was due to be working on their own. We were not able to ascertain from discussions or from the previous four weeks rosters that the person had worked regularly at the home, knew people well and was competent to administer medication.

We discussed this concern with the manager of another service, present during our visit. We received an undertaking to provide more balanced cover for the morning in question. We were told that arrangements would be made to ensure medication was administered safely and people were supported by someone who knew them until they left the home for day time activities.

Throughout our visit there were two staff on duty to attend to people's needs. This meant that plans for one person to go out could be implemented.

##### Our judgement

The provider is compliant with this outcome but, to maintain this, we have suggested some improvements are made.

People receive support from sufficient staff to meet their needs. Arrangements for monitoring the mix of skills and experience of staff on duty could be improved.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

There are moderate concerns with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

During our visit on 16 January 2011, we did not speak with people directly about how they felt staff were supported.

##### Other evidence

Records of a check completed by a manager from another service (in December), confirmed what we identified from records and observations during our visit. These showed that staff did not all receive supervision in accordance with the company's own standards. (Supervision is needed so that staff performance, development and training needs can be monitored.)

Records for one staff member, in post since August 2010, did not show that they had received a probationary report from their manager at the end of their first six months in post. This meant there was no record showing they were carrying out their duties to an acceptable standard or plans for their future development. They had been given a 'supervision contract' in October 2011 and had received only one supervision, also in October 2011. We were not able to locate any other records that showed more supervision was offered.

Training records were seen for three staff. One folder had not been updated with evidence of any training since 2010. The manager of another service confirmed to us that they planned to ensure bookings were made within five days of our visit where staff needed updates to their training.

Staff meetings took place infrequently. There was one record confirming that a staff

meeting had taken place in 2011. A further record was only dated in part and did not show in which year the meeting had taken place. We were shown information indicating that a manager for another service had identified this as a shortfall and had convened a staff meeting in December 2011.

**Our judgement**

The provider is not compliant with this outcome. Improvements are needed.

Staff have made efforts to ensure people receive consistent care but they have done this without appropriate support.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

During our visit on 16 January 2011, we did not speak with people directly about how they felt the quality of the service was monitored.

##### Other evidence

Systems for monitoring safety, for example by fire point testing and practising evacuation, had been maintained by staff who had taken responsibility for monitoring what they could.

However, the provider had not always identified the extent of shortfalls and improvements that needed to be made. For example, we identified shortfalls in evidence of staff support (for a period of over a year,) and a lack of guidance around decision making and acceptable levels of authorisation for expenditure incurred on behalf of people living in the home.

There were also concerns that some policy guidance issued by the provider to support staff in their work, was reviewed in the middle of 2011 and continued to quote standards that were no longer applicable to services. This was despite the provider having declared compliance with the standards that now apply and were introduced in April 2011.

Before August last year there was no operations director in post who could make regular checks on the service and ensure that necessary improvements were made. Following our visit we received copies of information showing that checks and

monitoring of the service had improved following this appointment.

**Our judgement**

The provider is not compliant with this outcome. Improvements are needed.

Although improving, systems for monitoring the quality of the service have been insufficiently robust to identify and address shortfalls promptly. However, staff have made efforts to ensure that people receive consistent care.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<b>Why we have concerns:</b> Staff understand and respond effectively to difficult behaviours and support people well with their personal care. The actions staff need to take to support people safely could be more clearly specified.	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	<b>Why we have concerns:</b> People receive support from sufficient staff to meet their needs. Arrangements for monitoring the mix of skills and experience of staff on duty could be improved.	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

## Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p><b>How the regulation is not being met:</b> People are usually treated with dignity although staff need to be more aware of what is appropriate.</p> <p>The provider cannot consistently show that all decisions are made in people's best interests, where they are unable to understand the choices available to them.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p><b>How the regulation is not being met:</b> Staff have made efforts to meet people's needs in a consistent manner but have not been properly supported and supervised in their roles.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p><b>How the regulation is not being met:</b> Although improving, systems for monitoring the quality of the service have been insufficiently robust to identify and address shortfalls promptly. However, staff have made efforts to ensure that people receive consistent care.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
<b>Further copies from</b>	03000 616161 / <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>
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