

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

New Boundaries Group - 331 Fakenham Road

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Date of Publication: January 2014

We followed up on our inspection of 10 June 2013 to check that action had been taken to meet the following standard(s). We have not revisited New Boundaries Group - 331 Fakenham Road as part of this review because New Boundaries Group - 331 Fakenham Road were able to demonstrate that they were meeting the standards without the need for a visit. This is what we found:

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	New Boundaries Community Services Limited
Overview of the service	New Boundaries Group - 331 Fakenham Road, is run by New Boundaries Community Services Limited. It provides care and support to a maximum of five people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this follow up review

Why we carried out this review

We carried out an inspection on 10 June 2013 and published a report setting out our judgements. We asked the provider to send us a report of the changes they would make to comply with the standards they were not meeting.

We have followed up to make sure that the necessary changes have been made and found the provider is now meeting the standard(s) included within this report. This report should be read in conjunction with the full inspection report.

We have not revisited New Boundaries Group - 331 Fakenham Road as part of this review because New Boundaries Group - 331 Fakenham Road were able to demonstrate that they were meeting the standards without the need for a visit.

How we carried out this review

We reviewed information given to us by the provider.

We have not revisited New Boundaries Group - 331 Fakenham Road as part of this review.

What we found about the standards we followed up

When we inspected this service on 10 June 2013, we found that systems for monitoring and assessing the quality of the service were not wholly effective. Some monitoring had taken place but we found that risk assessments had not been updated promptly following changes. People living in and working at the home had not been regularly asked for their views so their comments could be taken into account in improving the service.

After the inspection we received updates showing improvements that had been made in monitoring and checking service quality. The information included details of actions the manager needed to take to improve. We were also provided with a schedule for ensuring that people living in the home, relatives, staff and other professionals were asked for their views so that they could be taken into account in improvements.

We concluded that actions had been taken to ensure people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We also concluded that the provider had taken action to ensure systems for monitoring the quality and safety of the service people received were more effective.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard reviewed

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

When we inspected this service on 10 June 2013, we found that systems for monitoring and assessing the quality of the service were not wholly effective. There had been a period of four months without any senior services manager in post as well as changes of management within the service.

There was no evidence of people using the service being surveyed for their views. Information from the provider's head office indicated that managers were responsible for carrying out annual surveys of people living in their homes. The provider's monitoring systems had not identified this shortfall. There was no evidence that staff or other professionals had been consulted for their views.

There were monthly checks on health and safety within the home. However, some assessments of risk contained guidance for escalating concerns to someone who was no longer employed by the provider. The provider's systems for monitoring the quality of the service had not identified this issue.

After the inspection in June 2013 we received regular updates about improvements that had been made. In the absence of a senior services manager, the provider undertook to audit the service quality. An operations manager was appointed and submitted evidence to us of further regular checks on the quality of the service and how these were to be completed quarterly.

The reports we saw included details of actions the manager needed to take to improve. Deadlines for achieving these improvements were included with priorities based on risk. More regular monitoring allowed for checking that actions had been taken by the due date.

We were also given a schedule for sending out and collating surveys. This included people living in the home, their relatives, staff and other professionals. This demonstrated to us there were arrangements to ensure people's views could be taken into account so improvements could be made to the running of the service.

The operations manager had been in regular contact with us since being appointed. They

kept us up to date with proposals for strengthening the management structure across the provider's services. This included information about changes in the way the quality of services will be monitored and checked in future, with an increased role for service managers. There was also information confirming that the operations manager will be looking more specifically for evidence of compliance with regulations so that any shortfalls can be identified and addressed without waiting for an inspection by the Care Quality Commission to identify them.

We concluded that actions had been taken to ensure people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We also concluded that the provider had taken action to increase the effectiveness of systems for monitoring the quality of the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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