Care Quality Commission

Inspection Report

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

Taverham, Norwich, NR8 6LG

Tel: 01603868880

Date of Inspection: 10 June 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✗ Action needed

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. At the time of this inspection there were three people living at the home. There was a manager in post but the person was not registered with the Care Quality Commission.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

We reviewed the information relatives sent to the provider, expressing their views about the service.

What people told us and what we found

We spoke with two people living in the home. However, because of anxiety around strangers it was not easy to gather people's views verbally. For this reason we listened to how staff interacted with people and looked at notes from 'service users' meetings. We also looked at the results of surveys of relatives who had responded with their views about the service.

We asked one person what they thought about the home. They said it was "...good." Records from meetings showed that people were asked about what they wanted to do and to eat. Staff had training to help them understand how to support people with making informed decisions and what to do if people could not make informed decisions about their own care and treatment. Relatives' surveys showed that they felt the care was good or very good and that the manager gave them time for discussions if they had any concerns.

People were able to move around the home freely and use any of the communal areas or their own rooms. The safety and maintenance of the home was checked regularly.

Staff understood people's needs. There were enough of them to support people consistently and to assist people with their chosen activities. Plans to reorganise the starting times for staff shifts had been made so that people's preferred routines were better met.

There were some systems for monitoring the quality and safety of the service. However, there was no evidence of consultation with people living and working in the home as part of this and some assessments of risks to ensure the safety of people living and working in the home had not been updated.

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

What we have told the provider to do

We have asked the provider to send us a report by 17 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at plans of care for three of the people using this service. These showed that people were asked about their agreement to their care plans and signed them where possible. We also noted that discussions with another person had taken place about how their health care and medicines were managed and that they were able to take responsibility for some of this for themselves.

Members of the management team were able to tell us when an assessment of someone's capacity to make decisions and understand what was happening would be assessed. We also noted from training records, that staff had received training to enable them to understand the Mental Capacity Act and safeguards to ensure people were not deprived of their liberty. This training was renewed regularly and, where it was overdue, other dates had been arranged. This helped show that, where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with people using the service but were unable to gather their views about this standard. This was because people had communication difficulties or were anxious in the presence of strangers. One other person was out of the home during most of our visit. However, meetings between staff and people living in the home showed that they were asked whether they had any concerns. We also noted the results of the last survey of relatives of people living in the home. Everyone who responded rated care as either good or very good.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Each person had a folder containing an assessment of their needs and a 'pen picture' summarising these, together with their preferences. There were individual plans of care showing how people's needs were to be met. These included clear guidance about people's routines. These were important as most people using the service needed to have structured plans in place for reassurance and to avoid anxiety. Staff spoken with told us that they felt the plans were clear about how people's needs were to be met

The provider may find it useful to note that one entry in daily records showed that someone had been subject to sanction and had not been given supper due to their behaviour. We found that this had happened in another service owned by the provider, before the person moved to 331 Fakenham Road. The manager told us how this had been addressed.

Notes showed that people had access to other professionals who would help the staff team to meet their needs. This included referrals to speech and language therapy, the dietician, and appointments with psychiatric services.

There were arrangements in place to deal with foreseeable emergencies. We found that care plans contained guidance for staff about how to respond in specified emergencies. This included for example, where one person who used the community independently may fail to return to the service, and the route for raising concerns about any escalating agitation.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drink. One person told us that the food was good. We also noted in records of meetings between staff and people living in the home, that they were able to raise suggestions for menus and to help with shopping.

Daily records showed that people had a variety of food and drink during the course of the week. People's care plans also recorded what they did not like and what their preferences for food and drink were. We found that people's weights were monitored to ensure that any unintended weight loss or gain would be recognised and could be addressed. Staff were trying to encourage one person to make healthy choices, particularly around snacks and treats so that the person was supported with good nutrition.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We did not gather the views of people about what they felt about the safety of their home. People either found it difficult to express themselves or were anxious with strangers. One person was out of the home during most of our visit. The relatives' survey showed that two out of three respondents felt the internal cleanliness and external appearance of the home was average and one felt it was very good. Information within care records showed that people had been involved in discussions about an agreed colour scheme for decorating one of the shared areas.

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

We found that there were checks upon the safety of the home and records indicating any necessary repairs were reported. We noted that there were no obvious concerns for fire safety. Since our last scheduled inspection, devices had been fitted to fire doors to ensure they would close properly in the event of fire and were not propped open. This meant any outbreak of fire would be properly contained.

People using the home had access to a lounge, dining area and quiet lounge in addition to their own rooms. During our visit we saw people making use of these freely. We noted that access to one bathroom was restricted after 10pm due to the disruption this presented to people living in the home. However, records showed that the reasons for the restriction had been explained to the person and agreed with their representatives. People who were able to manage them safely had keys to their own room or to the home.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

One person said, "Yes", when we asked if they liked the staff at the home. People either found it difficult to express themselves or were anxious with strangers. One person was out of the home during most of our visit. This meant it was difficult to gather people's views directly about staffing levels. All relatives who responded to surveys said that staff treated people living in the home politely and respected their privacy. None of the relatives who responded expressed any concerns about the way they or the people living in the home were treated by the staff and manager. This helped to demonstrate that staff understood their roles.

We spoke with two of the staff working in the home as well as the manager. There were enough qualified, skilled and experienced staff to meet people's needs.

We were given consistent information about people's needs and how they were supported. We were also told about the training that staff had access to. Staff felt that this enabled them to do their jobs effectively and that there were opportunities to update training when it was needed. This was confirmed by 'paper' records showing the training that staff had completed or been booked on for the future and by the training information held on the computer.

The manager told us about changes to the start times for duty rosters so that these would better meet the needs of people living in the home and enable them to get to their chosen activities more promptly. These were to be introduced after our inspection. Staff confirmed this and that they felt it would suit people's needs. Our discussions showed that consideration was also being given to changes in allocated duties so that support could be delivered by someone of the same gender if this was a person's preference.

We asked staff whether they felt there were sufficient of them to meet people's needs. They confirmed that this was the case and that they felt able to support people effectively. There were vacancies for people living in the home but staffing hours had been adjusted accordingly. There was also a mix of younger and more mature staff and we were told that this helped the staff team meet the variety of needs of people living in the home. During our inspection we noted that one to one support was given to someone who needed this.

Assessing and monitoring the quality of service provision ✖ Action needed

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 not meeting this standard.

The provider's system for regularly assessing and monitoring the quality of service that people received was not wholly effective.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We noted that 'line' management arrangements for the service had changed. There had been a period of four months where the provider had no Senior Services Manager in place. We also noted that there were changes of management within the home and that the home's manager had only been in post since the end of March 2013. We concluded that this meant there had been a need to prioritise how improvements in the quality of the service were assessed and made.

There were two reports since December 2012, looking at systems and safety within the home, compiled by the Senior Services Manager on behalf of the provider. These showed that a variety of aspects of the service were checked. The first of these reports reflected that some training was overdue and that more staff were needed. The manager confirmed that, since assuming responsibility for managing the service in March 2013, arrangements had been made to address these issues. We saw that the required training had been arranged when we checked records. Staff informed us that there were sufficient staff on duty to meet the needs of people using the service. We noted that the incoming manager had prioritised work since March, to include updating plans of care for individuals and for ensuring that shortfalls identified in staff supervision and appraisal were addressed.

There were records showing monthly checks were made of health and safety within the home to ensure people were protected from some risks. However, we found that the assessments of risks had not been updated to take account of changes. For example, there were risk assessments regarding the likelihood and severity of behaviour which challenged and could place people living or working in the home at risk. These had not been updated since December 2012 to reflect changes that had taken place within the home and the increased risks identified in daily records and incident reports. They also contained instructions to staff to escalate matters to someone who was no longer employed at the service. However, individual assessments within care plans did contain clearer information about reporting and escalation.

There was an assessment of risk for fire safety, relating to the use of internal fire doors. This had not been updated to take into account the fitting of devices for closing doors in the event of a fire and how these were to be maintained to manage risks to people living and working in the home.

The incoming manager was unable to locate any surveys of people living in the home to assess their views about the quality of the service. Records of service users' meetings showed that they were asked about food and whether they had any complaints but that there was no evidence of surveys asking for their views about the standard of care. Information from the provider's head office indicated that managers were responsible for carrying out surveys of people living in their homes but the provider's monitoring systems had not identified this shortfall.

We noted that people's relatives were asked for their views. However, there was no evidence of consultation with others acting on behalf of people, for example staff and social workers, to assess their views about the support offered and how services could be improved.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010** **Assessing and monitoring the quality of service provision**
	How the regulation was not being met: Service users and others were not fully protected against the risks of unsafe or inappropriate care in the way risks were assessed and managed. The provider did not regularly seek the views of service users, others acting on their behalf, and of staff to come to an informed view about the standard of care and treatment. Regulation 10(1) (b) and 10(2) (e)

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 by 17 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

Contact us

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