

Achieve Together Limited

Newton House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Newton House is a residential care home providing personal care and support for up to seven people with a learning disability, some of whom also have needs associated with autism. Twenty-four hour support is provided by a team of staff. At the time of inspection six people were living in the service.

People's experience of using this service and what we found

Right Support

- ☐ The registered person did not use safe recruitment procedures to ensure people were supported by staff who were of good character, suitable for their role and had appropriate experience.
- ☐ We have made a recommendation about the management of some medicines.
- ☐ We have made a recommendation that ongoing staff training be updated in line with the latest best practice guidelines for social care staff.
- ☐ The registered manager and the staff team supported people to have the maximum possible choice, control and independence, and they had control over their own lives.
- ☐ Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.
- ☐ People were supported by staff to pursue their interests and achieve their aspirations and goals.
- ☐ The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.
- ☐ People had a choice about their living environment and were able to personalise their rooms.
- ☐ Staff supported people to take part in activities and pursue their interests in their local area.
- ☐ Staff enabled people to access specialist health and social care support in the community.
- ☐ Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.
- ☐ Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

- ☐ Staff promoted equality and diversity in their support for people. They understood people's diverse needs and provided appropriate care.
- ☐ People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- ☐ Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and

enabled people to take positive risks.

- ☐ Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- ☐ The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- ☐ People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.
- ☐ We observed people had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols. They could interact comfortably with staff and the registered manager in their care and support because staff had the necessary skills to understand them.
- ☐ People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.
- ☐ People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Right culture

- ☐ The registered person did not always follow their quality assurance policy effectively so they could assess, monitor and mitigate any risks relating the health, safety and welfare of people using services, the service and others.
- ☐ People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.
- ☐ People received good quality care, support and treatment because competent and caring staff and the registered manager could meet their needs and wishes. Staff knew and understood people well and were responsive.
- ☐ People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.
- ☐ The registered manager and staff placed people's wishes, needs and rights at the heart of everything they did.
- ☐ People and those important to them were involved in planning their care. Relatives felt included and well informed about their family member. They felt the service provided great support and care to people.
- ☐ The service sought views from people and those important to them, and other professionals about the quality of the service. Staff valued and acted upon people's views.
- ☐ The registered manager and staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and positive culture in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for the service under the previous provider was good, published on 15 February 2019.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to recruitment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Newton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors carried out the inspection.

Service and service type

Newton house is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We observed the people who use the service and staff interactions and support. People who use the service who were unable to talk with us used different ways of communicating including using Makaton, pictures, photos, symbols, objects and their body language.

We spoke with the registered manager and received feedback from five staff. We reviewed a range of records. This included four people's care records and all people's medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, quality assurance, maintenance and incidents/accidents, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found such as staff information, further training data, premises and quality assurance records. We spoke with five relatives of the people who use the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

The last rating for the service under the previous provider was good. At this inspection this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Recruitment and staffing

- The registered person did not always ensure all required recruitment checks and information were gathered before staff started work. An HR department was completing the pre-employment checks before staff were made available to work. However, these checks were not in line with all the requirements of the regulations.
- In three files, the information on evidence of conduct was not sought from a previous employment working in health and social care. It also did not include information of the verified reasons why the previous employment ended.
- We raised this with the registered manager, and some of the information was provided after the inspection. However, it was still not sufficient to be in line with the regulation.
- Failing to obtain all required recruitment information could place people at risk of receiving care from unsuitable staff.

The registered person had not obtained all the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment files included a declaration of health and a Disclosure and Barring Service (DBS) check. A DBS check confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults.
- Additionally, interviews were designed to establish if candidates had the appropriate attitude and values.
- The service had enough staff, including for one-to-one support for people, to take part in activities and visits how and when they wanted.
- The registered manager reviewed staffing numbers regularly. The numbers and skills of staff matched the needs of people using the service and were adjusted if more staff were needed. The registered manager worked with staff team to help them and observe practice at the same time.
- The registered manager said they planned the staffing numbers according to people's activities, appointments, and other tasks to complete.
- People's records contained clear, essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- People were supported by staff to receive and store their medicine that they required. However, some of the medicine management records needed reviewing and adjusting according to provider's policy and current best practice guidance. For example, using medication administration record (MAR) sheets when giving homely remedies, 'as required' (PRN) medicines protocols and consultations with GPs in regard to commencing and reviewing homely remedies.
- We reviewed medicine storage, medicine records for people and MAR sheets. In the storage, we found one bottle open without the required date and one bottle of vitamins past the due date. We showed this to the staff to ensure it was disposed of correctly. The registered manager confirmed it was done.
- People had homely remedies used PRN medicines to help manage their conditions. Some of the protocols did not always contain clear information specific to the person, such as symptoms to look out for that they may need the medicine and how people expressed themselves when in pain. However, the staff and the management team knew people well and were aware of their needs. For example, we observed how staff identified that one person needed some medicine using their preferred method of communication. The person was able to receive their medicine to help them ease the ailment.
- After the inspection, the registered manager informed us that copies of the PRN protocol forms have been sent to a clinical lead at the local surgery for review and feedback.
- One person has had PRN medicine to help with managing pain on two consecutive occasions. The front page of the MAR sheet was signed however, on the back of the MAR sheet, no entries had been made to record the reasons for giving it, how much had been given, the outcome and whether the medicine was effective.
- When homely remedies were administered, this was recorded in a separate book, even though the policy said to record it on MAR sheet. We also asked to see records of any consultations with people's doctors such as GP before any of the homely remedies had commenced. However, the registered manager was not able to provide this evidence. Provider's policy stated the process to follow when people who use the service would take the homely remedies and how to record that. After the inspection, the registered manager informed us they were in touch with GP to change the process for managing homely remedies completely and work with them to establish the process.

We recommend the provider considers current guidance on managing 'homely remedies' used as PRN medicine and take action to update their policy and records accordingly.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The registered manager understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Assessing risk, safety monitoring and management

- The provider monitored other risks such as fire and legionella. We looked at various assessments and noted there were seven valves on the hot water system, designed to protect people from the risk of scalding, that had to be checked to make sure they were functioning properly. We did not receive sufficient information to show all of them were serviced.
- Otherwise, staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. There was a service emergency plan in place to ensure people were supported in the event of an emergency.
- The staff also monitored and recorded other general environmental risks, such as water temperatures, fire exits and slip and trip hazards as they went about their work.
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.

- Risk assessments were consistent and clear and the guidance that staff should take to mitigate risks was accurately recorded. For example, people had risk assessments in place for falls and mobility. Information about risks and needs were kept under review and staff reported any changes promptly.
- People had individualised fire risk assessments and emergency evacuation plans in place.
- The registered manager had a positive view about risk management and encouraged staff to work the same way. They said, "We have a 'can do' attitude, and we take on board that people can make unwise decisions...we don't want to over-risk assess people...We want them to have variety in their lives, and enjoy a thrill of life. We see it as the same risks we would have and then we look at extra hazards [to assess]".
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because the registered manager and staff managed risks to minimise restrictions.
- Staff assessed people's sensory needs and met them. They also monitored people's behaviours so they could identify triggers. This way they could help and support people manage their behaviours more effectively and prevent unnecessary periods of distress or being anxious.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to keep them safe. The registered manager confirmed they did not use any restrictive practices in the service.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because the registered manager and the staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Relatives felt the people were safe at the service and looked after well. They said, "100%! I couldn't be happier for [person] to be there!", "Yes, [person] is safe...nothing worries me" and "Nothing worries me... it's lovely there."
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- The registered manager understood their responsibilities in regard to safeguarding people who use the service and reporting concerns to external professionals accordingly.
- Staff were confident they would be taken seriously if they raised concerns with the management.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitted people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.
- All relevant staff had completed food hygiene and infection control training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- Incidents and accidents were recorded and reported to ensure that harm to people was appropriately documented and reviewed.
- The registered manager explained how incidents and accidents would be investigated and how learning with the findings with staff to think of ways to prevent recurrence. They said, "Part of the governance and support, we discuss it during team meetings. We look at those [incidents/accidents] anyway and what can we learn from it. I encourage staff to ask questions and how would they have dealt with it, what we could do better next time. It should be a learning thing from many situations."
- There was evidence that the management team investigated incidents and accidents appropriately and identified themes and trends. Actions were then taken to mitigate the risk of the incident or accident reoccurring.
- The service worked with professionals to help them support people to manage their wellbeing and behaviours to achieve positive outcomes.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. When things went wrong, staff apologised and gave people honest information and suitable support.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The last rating for the service under the previous provider was good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were person centred and contained information covering a summary of daily routines, including how the person would like their care to be carried out and relevant assessments of people's communication support and sensory needs.
- People's care plans were reviewed every six months or sooner depending on the needs of the person. This ensured they were accurate, up to date and reflected the current needs and preferences of people. People, those important to them and staff reviewed plans regularly together.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.
- People's daily notes accurately recorded the care people received but did not always reflect their emotional and psychological well-being. We raised this with the registered manager. They said the people would choose how they felt that day using pictures and description of it, and sometimes they chose not to indicate that. The registered manager said they would ask staff to ensure people's decisions for this were recorded.
- Relatives spoke positively about staff and told us they were skilled and able to meet their needs. They said, "I think they are pretty good...[person's] got better and better [over time]" and "From what I see of him, [staff] come across as very professional. [Person] is happy to see them and [staff] are very good if there is a problem or an incident, they let me know."

Staff support: induction, training, skills and experience

- We reviewed staff training records of the provider's mandatory training. This showed that staff received training at the time of inspection. The registered manager was overseeing and booking training where necessary. The senior management also oversaw the training by generating monthly reports to ensure staff were up to date.
- However, the provider's policy for how often the staff should update or refresh their mandatory training was not always in line with the current best practice guidelines for ongoing social care staff training. For example, current Skills for Care practice guidelines state basic life support training and moving and handling should be updated annually. The provider's practice was to update staff training in basic life support every two years; moving and handling every two years and online learning every three years. Medication support and positive behaviour support online training was to be updated every two years but guidance says it should be annually.
- The current Skills for Care guidance states the provider should assess the knowledge and competence at least annually and provide learning and development opportunities at least every three years for a number

of mandatory training topics. However, it was not always clear if this was done regularly.

We recommend the provider reviews and brings the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

- We observed staff supported people with confidence and knowledge of their needs that had achieved good outcomes.
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice.
- The service had clear procedures for team working and peer support that promoted good quality care and support.
- Staff felt they received enough training to help them carry out their roles effectively. Staff thought the team worked together and communicated with each other well within the service to ensure people were looked after well. Relatives thought the staff had the training and skills they needed when providing support to their family members.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. The provider introduced a new programme, which was a new approach to staff development. This was used to support and encourage staff to recognise their development needs and to provide support for those seeking a career in the care sector.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals as much as possible. Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Information about people's dietary needs including any special dietary requirements had been recorded in their care files.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating. Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- Food and drinks provided at each visit was documented within the daily care notes to monitor people's intake

Adapting service, design, decoration to meet people's needs

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People were able to move around the home easily without any restrictions.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home as much as possible. The environment was homely and stimulating.
- The service had a big garden and other areas for people to spend some time on their own if they wanted to. For example, we observed people used a sensory room to relax and another person was using a trampoline as part of their daily routine.

Supporting people to live healthier lives, access healthcare services and support

- People had health actions plans and care passports that health and social care professionals could use to ensure people received support in the way they needed and wanted.
- People played an active role in maintaining their own health and wellbeing.
- People were supported to attend annual health checks, screening and primary care services.
- Multi-disciplinary team professionals were involved in and made aware of support plans to improve as

people's care when needed.

- Staff worked well with other services and professionals. People were referred in a timely way to health care professionals to support their wellbeing and help them to live healthy lives.
- Relatives agreed that they were kept informed about any changes with people's health and wellbeing.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- During this inspection we saw that people's care records provided care workers with detailed information in respect of the decisions people were able to make independently.
- Within people's care plans, it documented if the person has capacity and if they require any support with making decisions.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was documented.
- The registered manager said they regularly reviewed the topic of MCA and how people should be always supported to make their own decisions. They said, "I help staff understand about making decisions – use the five principles [on the hand]. Have they explored all options; right to refuse; with the ring finger being the best interest for the person, it goes to the heart - to ensure it is in the best interest for people."
- We observed staff helped people make choices and decisions, using their preferred method of communication. This was done in a respectful manner.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. People continued to be involved in all the decisions about their care and support.
- All staff received training regarding the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

The last rating for the service under the previous provider was good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language and means of communication which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people. They were calm, focussed and attentive to people's emotions and support needs, such as sensory sensitivities.
- People were valued by the registered manager and staff who showed genuine interest in their well-being and quality of life.
- Staff members showed warmth and respect when interacting with people.
- Relatives said, "The staff know [person] well and can talk about [their] likes, dislikes and activities [person] gets involved in...[person] is encouraged to be involved in all of reviews including MCA, care planning and all other reviews about [the person]" and "To be honest we are very grateful [person] is settled there; it's a real blessing and [person] can do things [person] likes".

Supporting people to express their views and be involved in making decisions about their care

- We observed people were given time to listen, process information and respond to staff and other professionals.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. We observed staff supported people to express their views using their preferred method of communication.
- People were enabled to make choices for themselves, and staff ensured they had the information they needed and accommodated their wishes.
- Staff supported people to maintain links with those that are important to them.
- Relatives said they felt included in supporting people and being involved in the management of their care and support.
- Staff were allocated as dedicated key workers to people to ensure individuals were helped to express their views. This also ensured staff could offer continuous support in the service and keep up to date with people's changing needs, support or wishes. Each person had regular sessions to meet with their key worker, spend time together and discuss any issues or matters they had.
- Care plans were created and amended with people, their relatives and relevant professionals, including the Local Authority.
- The registered manager reviewed people's care plans and risk assessments bi-annually or whenever people's needs changed. This ensured they were accurate and reflected people's current needs and

preferences.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff knew when people needed their space and privacy and respected this.
- We observed staff ensured people's privacy and dignity were maintained. People were supported to make own choices and maintain independence as much as possible.
- Relatives agreed people were treated with respect and dignity. One relative added, "I'm very happy where [person] is and staff are always friendly; they keep communication with me; I cannot ask for anymore...they are fantastic!"
- The staff continued to encourage people to be as independent as possible. Staff understood little things were important to people and they were involved in day to day tasks. Staff were there to help if someone needed assistance.
- People's abilities were kept under review and any changes were noted in their support plan and support as necessary.
- The service kept any private and confidential information relating to the care and treatment of people securely. Staff were aware of confidential information sharing and discussed it only with relevant people such as professionals or family with people's permission.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

The last rating for the service under the previous provider was good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records contained detailed descriptions of people's life histories and preferences. Understanding people's history, helped staff develop meaningful relationships with them.
- Support plans included specific information about the people's needs and what staff could do to provide the right care.
- Any changes to people's care was updated on their care plan and staff were notified of the changes through the online system.
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff offered choices tailored to individual people using a communication method appropriate to that person.
- The service met the needs people using the service, including those with needs related to protected characteristics.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them and recording this in their care plans for staff to be aware of how to support the person in the most appropriate way including the approach to use for different situations.
- For example, one person's care plan stated, "Needs pictorial support to understand written communication... Need support to read all correspondence... I can write my name and will copy dot to dot letter if I have the patience at that time."
- Staff spoken to were aware of the individual needs of people and felt they had enough information to support the person effectively.
- We observed staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. During inspection we observed people were out and about to various activities.
- Staff provided person-centred support with self-care and everyday living skills to people.
- People were able to stay in regular contact with friends and family.
- The registered manager said during lockdown and pandemic, they worked with staff team together to ensure people were still able to enjoy activities. It pushed them to be inventive and creative about it so that people were offered something different regularly.
- Staff ensured adjustments were made so that people could participate in activities they wanted to. People were supported by staff to try new things and to develop their skills.
- Staff helped people to have freedom of choice and control over what they did. Staff also supported people to plan their day using different equipment, for example, a board planner with different activity images so the person could choose an activity they liked to do that day.
- Relatives said they started receiving information about activities done in a format of a newsletter for each person. They said it was such a great way to see how their family member was doing and what they have been up to.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. There had been no formal complaints in the last 12 months.
- The registered manager told us about a recent concern a relative raised. Although it was not a formal complaint, however, the feedback was taken on board and the registered manager took action immediately.
- The registered manager explained the process of handling a complaint if it was raised. They also said they learned from any complaints, reviewing the effects on people, families, and the service. They would review the practice and discuss how they could do better next time.
- Relatives said, "Yes, I've got all the information from [registered manager] but I don't think I will have to raise the complaint" and "I would pick up the phone and speak to [the manager]. Or I would call [provider] and speak to the area manager; but never had to do it".

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The last rating for the service under the previous provider was good. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Senior staff did not understand and demonstrate full compliance with regulatory and legislative requirements.
- The registered manager did not ensure some of the issues we found on the inspection, were identified through their own quality monitoring systems. For example, missing recruitment information for staff suitability; discrepancies with medicine management and auditing.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and the management of the staff team. However, the issues we found, indicated the registered manager did not always have an oversight of these areas identified.

The registered person did not operate an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services registered with the CQC are required to notify us of significant events and other incidents that happen in the service, without delay.
- The registered manager ensured CQC was consistently notified of reportable events without delay.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. Therefore, staff delivered good quality support consistently.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Other governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Where we noted some areas to review, the registered manager provided prompt response of action taken.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager continued to promote a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say. We saw they and people knew each other well.

- The registered manager worked directly with people and led by example. They promoted equality and diversity in all aspects of the running of the service.
- Relatives said, "[The registered manager] is wonderful, she really knows the people, and has best interest [for people]" and "The manager is absolutely brilliant, she is really good with [person]".
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. The staff put people's needs and wishes at the heart of everything they did.
- Staff felt able to raise concerns with the registered manager without fear of what might happen as a result. The staff said, "I have never worked in the service being so responsive and caring as Newton House...We have the best manager in the whole of Berkshire!" and "Yes [the service is managed well] and the manager is very knowledgeable with strong leadership skills"
- The registered manager praised the staff team saying, "They are wonderful. My responsibility is to shape this team into the best team they can be. I've got a team that can work together well. I want them to feel supported in the workplace...Priority to me is for staff to know they are valued. I have to stop and think how I felt when I started...do they know what it's like and what to do. People teach me just as much as I teach them. We have a mix and it works well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We discussed the requirements of the duty of candour and what incidents were required to be notified to the Care Quality Commission. The registered manager understood their responsibilities.
- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager and staff demonstrated a shared responsibility for promoting people's wellbeing, safety, and security. It was clear they wanted to help people achieve positive outcomes and live life to the full. They promoted a positive, caring and inclusive culture within the service.
- The registered manager and provider sought feedback from people and those important to them, staff and used the feedback to develop the service.
- The registered manager worked alongside staff to continue learning about the service and helped them observe daily practice and pick up any issues. The registered manager had an open-door policy and would welcome any feedback of how to maintain a good service.
- Staff had staff team meetings to ensure any items arising from day to day running of the service and others' feedback were shared with the staff team.
- The registered manager proactively worked with the staff team, families and professionals to ensure people were able to achieve their goals that had positive effects on people.

Working in partnership with others

- The service had well-established partnership working with outside organisations and in the service. Where necessary, external health and social care professionals had been consulted or kept up to date with developments such as GP's, dietician, mental health team and the local authority.
- The service also ensured their internal teams were working together to ensure better outcomes for people and improve their health and well-being where necessary.
- The service had good links with the local community and the service worked in partnership to improve people's wellbeing and ensure they were involved as fully as possible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).</p> <p>Regulation 17 (1)(2)(a)(b)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not operate effective recruitment procedures to ensure people were safe from risks of being cared for by inappropriate and unfit staff. Not all information specified in Schedule 3 was available.</p> <p>Regulation 19 (1) (2) (3)</p>