Allied Care (Mental Health) Limited

Newhaven

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 27 June 2016 and was unannounced.

Newhaven is a residential care home which provides care and support for up to seven people with a variety of mental health needs. At the time of our inspection there were six people living at the service.

Newhaven is a terraced three storey home. All bedrooms were single occupancy. There was a communal lounge, kitchen, separate dining room and a garden, which included a designated smoking area. There was one bathroom, a shower room and four toilets.

There was a manager in post, who was in the process of applying to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run. The manager was not available during our visit; however, the area manager was on site and offered assistance.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People told us they felt safe at the home.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place and reviewed monthly. Where someone was identified as being, at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required.

Accidents and incidents were accurately recorded and were assessed to identify patterns and triggers. Records were detailed and included actions taken following accidents and incidents. Reference was also made to behaviours, observations and other issues that may have led to an accident or incident.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely.

Staffing numbers were adequate to meet the needs of people living at the home. The provider used a dependency tool to determine staff allocation. This information was reviewed following incidents, where new behaviours were observed which might increase or change people's dependency level.

Safe staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the MCA and DoLS. People at the service had capacity and the staff sought people's consent about arrangements for their

care.

Staff were skilled in working with people who had mental health needs. Training included mental health awareness, behaviour management, schizophrenia, bi-polar, depression, personality disorder and obsessive-compulsive disorder.

Food was produced using fresh ingredients, to a high standard and offered good choice. People could choose to eat in the dining room or other areas of the home. Drinks were provided at regular intervals and on request.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed and people received regular health checks.

Staff were caring, knew people well, and treated people in a dignified and respectful way. Staff acknowledged people's privacy. People commented that staff were understanding of their mental health needs and provided support during periods of distress. Staff had positive working relationships with people.

Care was provided to people based on their individual needs and was person-centred. People were fully involved in the assessment of their needs and in care planning to meet those needs. Staff had a good knowledge of people's changing needs and action was taken to review care needs.

Staff listened and acted on what people said and there were opportunities for people to contribute to how the service was organised. People knew how to raise any concerns. The views of people, relatives, health and social care professionals were sought as part of the quality assurance process.

Quality assurance systems were in place to regularly review and improve the quality of the service that was provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's risks were assessed. These were subject to regular review and contained sufficient detail to guide staff.

Staff had received safeguarding training and knew how to recognise and report abuse.

There were sufficient numbers of staff to make sure that people were safe and their needs were met.

Medicines were stored and administered in accordance with best-practice guidelines.

Is the service effective?

Good

The service was effective.

Staff were trained in topics, which were relevant to the specific needs of the people living at the home and supported through regular supervision.

People were supported to maintain good health and had regular contact with health care professionals.

People were provided with a balanced diet and had ready access to food and drinks.

The home had Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) policies and procedures in place. Staff received training in MCA and DoLS, which they followed to ensure people's consent was gained in line with this legislation.

Is the service caring?

Good

The service was caring.

People were treated with kindness and dignity by staff who took time to speak and listen to them.

Staff were understanding of people's mental health needs.

Staff acknowledged people's privacy.

People were consulted about their care and had opportunities to maintain and develop their independence.

Is the service responsive?

Good

The service was responsive.

People received care, which was personalised and responsive to their needs.

There were structured and meaningful activities for people to take part in.

People were able to express concerns and feedback was encouraged.

Is the service well-led?

Good

The service was well led.

People had the benefit of a well-led care service, where the culture and the management style of the service were positive.

The manager sought the views of people, relatives, staff and professionals regarding the quality of the service and to check if improvements needed to be made.

There were a number of systems for checking and auditing the safety and quality of the service.

Newhaven

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 June 2016 and was unannounced. One inspector undertook the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the manager sent to us. A notification is information about important events, which the provider is required to send to us by law. We used all this information to decide which areas to focus on during the inspection.

During the inspection, we spoke with three people who lived at the service. We also spoke with three care staff and the area manager. We spent time observing people in the communal living areas. Following the visit, we also contacted two health care professionals to seek their views.

We looked at the care plans and associated records for three people. We reviewed other records, including the manager's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for three staff were reviewed, which included checks on newly appointed staff and staff supervision records.

The service was last inspected on 27 August 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "This is my home, staff are supportive. I am safe." Another person told us, "I feel very safe".

A senior occupational therapist, referring to one person, told us, "The care package for this client is comprehensive. He receives a lot of 1-1 time throughout the day and night. He is escorted to places in the community partly because he is not orientated to where he lives, and he does not have the skills to find his way back to the home. The staff are well trained and have in place plans to keep him safe, and to manage his challenging behaviour; I feel that the service is safe."

The service had policies and procedures regarding the safeguarding of people, which included details about the definitions of what constituted abuse, how to recognise abuse and how to report any suspected abuse. There was a copy of the local authority safeguarding procedures on a notice board in the office so staff had details of how to report any safeguarding concerns. Staff had received training in safeguarding procedures. They had a good knowledge of what abuse was and knew what action to take. Staff were able to identify a range of types of abuse including physical, institutional, sexual, racial, financial and verbal. Without exception staff told us they would keep the person safe, observe the person, give them 1:1 if required, talk to their manager and if needed report their concerns to the Care Quality Commission and/or the local authority safeguarding team.

Staff said they felt comfortable referring any concerns they had to the manager if needed. The area manager was able to explain the process, which would be followed if a concern were raised.

Before people moved to the home an assessment was completed. This looked at the person's support needs and any potential risks to their health, safety or welfare. Where risks were identified, these had been assessed and actions were in place to mitigate them. Staff were aware of how to manage the risks associated with people's care needs and how to support them safely. Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required. Where a person's mobility had deteriorated, their risk assessment reflected their changing needs.

People's care plans provided instructions to staff on how they were to mitigate people's risks to ensure people's continued safety. Risks to people had been assessed in areas including mental and physical health, alcohol abuse, self-neglect, and self-harm. We saw that people were allocated a keyworker who they met on a weekly basis or whenever needed. Preventative measures were identified within people's risk assessments which; included their attendance at their one to one keyworker sessions to discuss current issues and any changes to their care needs.

During a recent quarterly environment audit, the area manager had identified a list of works that required to be completed. The area manager acknowledged the bathrooms were not inviting and required a complete overhaul. The area manager was aware of a recent leak to the bathroom, resulting in dampness. The

shower room had a small area of built up mould. Both the bathroom and shower room required attention. A bath tub needed replacing due to a visible chip and crack which would make it difficult to ensure the areas were effectively cleaned. The flooring in both the bathroom and shower room had visible stains and a small area of mould. The area manager showed the inspector an action plan with reasonable time scales for completion. The maintenance person was asked to visit the service and meet the inspector to verify what works were to be completed. Therefore we were satisfied that this was an area for improvement that had been identified and steps were being taken to make necessary improvements. People told us, "It's not ideal, but they [manager] are working on it", "I don't like using the bathroom, but it's not been like it for long, they are putting it right".

Risks arising from the premises or equipment were monitored and checks were carried out to promote safety. For example, for the gas heating, electrical wiring, fire safety equipment and alarms, Legionella and electrical appliances, to ensure they were operating effectively and safely. The service had a fire risk assessment, which included guidance for staff, on how to support people to evacuate the premises in an emergency.

Staff had undergone pre- employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff underwent a practical assessment and role related interview before being appointed.
Daily staffing needs were analysed by the manager. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely. Staff told us there was always enough staff to respond immediately when people required support, which we observed in practice. Between Monday to Sunday, there were two staff members on from 8am to 8pmand one member of staff on either 8am to 4pm or 8am to 5pm. The manager worked Monday to Friday between 8am to 4pm. At night, there was one waking member of staff, in case of an emergency from 8pm to 8am. The service also had a 24 hour on call system in case additional staff were needed. Rotas we reviewed confirmed there were sufficient staff to meet people's needs safely. The rota included details of staff on annual leave or training. Shifts had been arranged to ensure that known absences were covered.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed medicines being administered and staff did so safely and in line with the prescription instructions. Medication Administration Records (MAR) were in place and had been correctly completed to demonstrate medicines had been given as prescribed. Medicines were locked away as appropriate. All staff were trained to administer medicines. The manager completed an observation of staff to ensure they were competent in the administration of medicines. We checked a sample of the medicines and stock levels and found these matched the records kept.

Good

Is the service effective?

Our findings

People told us they were supported by staff who were skilled in working with people with mental health needs. For example, one person said, "They [staff] quite simply know me. I have control over my life." Another person told us, "I make the decisions that affect me." People said they discussed their care needs with staff members who had been assigned to support them.

A senior occupational therapist, referring to one person, told us, "My patient considers the care home his home, and the staff meet his personal needs, social needs, and health care needs well. He is encouraged to be as independent as possible in all areas of his life. It is effective in keeping him safe, and other residents' safe, and ensuring that he receives the appropriate physical health care needs and mental health care needs. He is very settled and relates to staff members, and he is more interacting with other residents."

Staff received training, supervision and appraisal of their work so they had the skills and knowledge to look after people effectively. This included specialised training in mental health awareness, behaviour management and various mental health diagnoses such as bi-polar, schizophrenia and obsessive-compulsive disorder. This training provided staff with the knowledge they needed to support people effectively.

Newly appointed staff received an induction training programme to prepare for work at the service. The area manager told us this was comprehensive and covered the aims, objectives and purpose of the service. It also included an induction checklist to confirm staff were instructed in areas such as lone working, the care of people and staff conduct.

Staff confirmed they completed the induction and that the induction involved observation and assessment of their competency. Staff also enrolled for the Care Certificate, which is a nationally recognised qualification from Skills for Care. This Certificate covers 15 standards of health and social care and are work based awards that are achieved through assessment and training.

The manager maintained a spreadsheet record of staff training in courses considered mandatory to provide effective care and recorded when staff had completed these. This allowed the manager to monitor this training and to check when it needed to be updated. These courses included infection control, moving and handling, fire safety, first aid, health and safety, promoting dignity, equal opportunities and food hygiene.

Staff told us the training they received was of a good standard and that the manager encouraged staff to attend training courses. Therefore, staff were supported to achieve further qualifications to enhance their skills and knowledge.

Staff confirmed they received regular supervision which allowed them to discuss their work, training and future plans with their line manager. Staff said they found the supervision sessions useful. Records of staff supervision and annual appraisals of their work were maintained and covered the care of people, training and updates on relevant legislation. Regular supervision allowed the manager to monitor staff competency

and knowledge and respond to any improvements needed.

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. Staff were trained in the MCA and had signed to acknowledge they had read and understood the provider's MCA policy. The area manager demonstrated a clear understanding of the MCA.

We checked whether the service was working within the principles of the MCA. The area manager told us that people using the service had capacity to make decisions about their care and treatment. However, if they had any concerns regarding someone's ability to make decisions they would work with the person, their relatives, if appropriate, and any health and social care professionals to ensure appropriate capacity assessments were undertaken. Staff told us they had received training on the MCA 2005 and understood the need to gain consent when supporting people.

People were supported to have a balanced diet. We saw that people had individual weekly menu plans which they planned with staff on Sundays. Staff told us there were some people who catered for themselves and there were other people who had meals prepared for them. Staff told us they assisted people with shopping and encouraged them to eat a healthy diet.

People's nutritional needs were assessed and recorded on a nutritional risk assessment; these included a risk score indicating if further action was needed. Nutritional assessments were repeated at intervals for those identified at risk of weight loss. The Malnutrition Universal Screening Tool (MUST) tool was used. This tool identifies whether a person was malnourished or at risk of becoming malnourished. People who were at risk were weighed on a monthly basis and referrals or advice was sought where people were identified as being at risk. A record of people's weight was also maintained, so any weight loss or gain could be identified. Where weight loss was identified this was followed up with the person's GP and recorded in their care records.

Records showed staff supported people with their health care needs. The service had links with local health care services, including GPs, community nurses and mental health services.

Care records showed people's mental health and physical health care needs were assessed with corresponding care plans of how to support people with these needs. Arrangements had been made for people to have specialist assessments and treatment where needed such as for eye care, dental care and mental health conditions such as schizophrenia.

Staff told us that some people needed support to arrange and attend health care appointments, such as with their GP. Staff told us that this support ranged from providing reassurance when people made their appointments over the telephone, to attending the appointments with the person to ensure people arrived safely. People explained how staff helped them with their health care needs. Records showed staff either contacted health care services when people exhibited symptoms of illness or supported the person to contact health care services; to ensure they received the right health care checks and treatment.

Good

Is the service caring?

Our findings

People told us that the service was caring. One person told us, "The staff are caring". Another person told us, "I have lived here a number of years and the staff bend over backwards. They want to help you. They do care, they are kind and they always show me respect." Another person told us, "I love the staff, they are my family."

A senior occupational therapist told us, "I feel that the staff at Newhaven are caring, and they spend time with my patient, and take him on holiday to visit relatives in the North. They give him time to express his feelings, and encourage him to keep in touch with his immediate family, and try to meet his requests with places he wishes to visit. I feel that they do spend quality time with him."

People were supported to be independent where possible. This included cooking, tidying their rooms and doing their laundry Staff told us that it was important to encourage people in order to help prepare them for independent living. This also included visiting the GP and independently travelling to attend activities. One person told us, "Staff help me to arrange my appointments and manage my money". People were given information about the service in the form of an information leaflet, this leaflet outlined the standard of care to expect and the services and facilities provided at the home.

People and their family were involved in the care which they received. Minutes of reviews sampled showed family members in attendance at meetings. Relatives were also encouraged to be involved in people's care and were sent annual questionnaires for feedback and suggestions. We have written about this in the 'Well Led' section of this report. Family and friends were able to visit without restriction. A member of staff told us they maintained relationships with people's families and made them feel comfortable when they came to visit.

The area manager told us that no person living at Newhaven was without support from relatives, friends or advocacy services to represent them. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. Information was provided to people in the form of advocacy leaflets and telephone numbers.

We spent time observing care practices in the communal area of the home. We observed staff maintain people's privacy and they knocked before entering people's bedrooms. People's care plans contained guidance for staff on how to maintain people's dignity while supporting them with personal care tasks.

Staff knew how to support people; they understood, and were able to describe the individual needs of people who used the service. For example, the time people liked to wake up and go to bed and the types of food they liked and disliked. Staff knew how to ensure that people received care and support in a dignified way and which maintained their privacy. For example, they knocked on people's bedroom doors' before entering and kept bedroom doors closed when they were supporting people. One person told us, "Staff respect my privacy; they knock on my door before coming in."

People we saw were well presented and looked comfortable with staff. We observed staff talking to people in a polite and respectful manner and staff interacted with people at every opportunity. We saw people were assisted by staff in a patient and friendly way. We saw and heard that people had a good rapport with staff.

The service had a calm and positive atmosphere. People's rooms were personalised with possessions such as pictures, family photographs and bedding of their choice. People were able to bring in their own furniture to make their room feel more familiar and homely. Staff had a good understanding of people's needs and individual likes, dislikes, and understood the importance of building relationships with people.

Good

Is the service responsive?

Our findings

People using the service and their relatives were involved in reviews of their care and support. The extent to which people were involved depended on the complexity of their needs. People were assessed to receive care and treatment that met their needs and support plans documented clear guidance for staff on how people 'scare needs should be met. Support plans and risk assessments were reviewed on a regular basis to ensure this. Records showed that people were assigned keyworkers to give individual and focused support.

A senior occupational therapist told us, "I feel the staff are responsive and are always available if a visit is to be made. They are very responsive to new ideas and to the care and treatment of my patient."

Each person had a personal profile in place, which provided important information about the person such as date of birth, gender, ethnicity, religion, next of kin and family details and contact information for healthcare specialists. Personal profiles also provided information on the person's diagnosis and support requirements, for example, support required to promote independence and help with personal care.

We saw care files were well organised and easy to follow and included support plans and risk assessments. We looked at three people's care files and saw their health care and support needs had been assessed before they moved into the home. The care files we looked at included individual support plans addressing a range of needs such as communication, personal hygiene, nutrition and physical needs. They included, people's life histories to assist staff in communicating with them and supporting them.

Daily progress notes were maintained to record the care and support delivered to people to ensure people's individual needs were met. Support plans were reviewed on a monthly basis and documented clear guidance for staff on how people's health needs should be met. We saw that some relatives of people who used the service were involved in the planning of their care, and that their key workers and relevant healthcare professionals were also involved in the care planning process.

Support plans were person centred and identified people's choices and preferences. For example, the activities people liked to do such as Bingo, going to the pub, gardening and what their favourite foods were. Support plans recorded that one person liked spending time on their own and would say 'time to go' when they wanted to do this. Another person liked to have fizzy drinks and cakes as part of their dietary plan. This allowed staff to be fully aware of people's individual needs and preferences.

Staff knew people well and remembered things that were important to them so that they received person centred care. Staff we spoke with demonstrated a good knowledge of people's preferences within their daily routines. For example, what time they liked to wake up and go to bed and their preferred time to shower. Staff communicated effectively with each other at handover meetings and with other services to make sure people received the right care and support.

Handover records sampled, showed entries were completed by staff three times day between 8am and 8pm. Handover records demonstrated that when staffing teams changed shift, people's needs were discussed

such as behaviour or their mood. This helped ensure people's needs were monitored and that all staff were aware of any changing needs. At handover, a nominated staff member on each shift, recorded what each person had done that day. It detailed what else was planned, a reminder for staff to read the house diary for appointments and the name of the staff member who was nominated to administer medication. It stated which staff were supporting people to cook their meals, which staff were supporting people checking toiletry supplies and do their agreed tasks of hoovering, dusting and other general house cleaning tasks.

Staff sought to enhance people's independence and involvement in the community and involve them in the way the service was run. For example, people were supported to take part in cooking, cleaning and to manage their own laundry. Support and encouragement was given to people to access community facilities. The majority of people living at Newhaven had been assessed as being able to access the community safely and independently.

Records were kept of activities undertaken by people such as shopping trips and visiting relatives. We observed people going out independently, visiting the bank, going to the gym and socialising with each other or spending time in their rooms.

The service's complaints procedure was displayed in the hall so people could access information about how to make a complaint as well as information about how any complaint would be dealt with. The complaints procedure was displayed in written and pictorial format to ensure it could be understood and met people's individual communication needs. Details of advocacy services people may wish to use if they needed support in making a complaint were also on display. Records sampled, showed us the last complaint made was on 15 April 2015. This complaint was dealt with within the timescale stipulated in the complaints policy and to the satisfaction of the complainant.

People said the staff listened to their views and said they knew they could use the complaints procedure if they needed to. A person was able to give an example of how they have done this and how their concerns were resolved.

Good

Is the service well-led?

Our findings

People we spoke with were positive about the care and support they received and the way in which the service was managed. People told us they thought the service was well run. One person told us, "The manager is lovely". Another told us, "The manager is well organised, she gets the job done."

A senior occupational therapist told us, "There has been a number of changes; with the manager at the home, three managers in the last two to three years. Everyone seems to be very efficient and eager and I think they are well managed higher up in the company."

Quality assurance systems were in place to regularly review the quality of the service that was provided. The manager and area manager carried out these audits. There was an audit schedule for aspects of care such as medicines, activities, care plans, finance checks, accident and incidents, health and safety and infection control. Records demonstrated that information from the audits was used to improve the home. Where issues were found, a clear action plan was implemented to make improvements. For example, risk assessments that needed reviewing were identified and particular care plans needed reviewing and updating.

Records demonstrated that people, their relatives and professionals were contacted to hold the reviews and update plans where needed. Specific incidents were recorded collectively such as falls, medication errors and finance errors so any trends could be identified and appropriate action taken.

Staff meetings were held monthly and this ensured that staff had the opportunity to discuss any changes to the running of the home and to give feedback on the care that individual people received. Discussion points were mainly around shift changes, legislation updates, policy and procedure updates.

Staff said they felt valued and listened to. Staff felt they received support from their colleagues and that there was an open, transparent atmosphere.

Staff were aware of the whistleblowing policy and knew how to raise a complaint or concern anonymously. The area manager felt confident that staff would report any concerns to them. Staff said they felt valued, that the manager was approachable and they felt able to raise any concerns, which would be acted upon. We were told there was a stable staff group at the home, that staff knew people well and that people received a good and consistent service.

Three staff we spoke to told us, "I feel supported, if there is anything I am unsure of, I can ask her [manager]." Another staff member said, "I feel part of a team here. If I had an issue; I know I can talk to my manager." Another staff member told us, "I get on with the manager; she is approachable and is making positive changes".

People, relatives and professionals were asked for feedback annually through a survey. The last survey was in June 2016. At the time of our visit, the area manager told us, they were still awaiting more feedback from

relatives and professionals. The survey completed by people included people's views on the manner of staff, whether people felt listened to and if they knew how to make a complaint. The area manager told us that people completed these with support from staff. The responses from the last survey were all positive.

The area manager described the vision and values of the home. They told us, the ethos of the home was to provide outstanding care by skilled, professional staff. Overall staff said their focus was to ensure the quality of care provided and that people and their relatives were happy. We observed these values demonstrated in practice by staff during the provision of care and support to people.