

Ms Lynda Martin

The Newlyn Residential Home

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

This inspection took place on 15 March 2017 and was unannounced.

The Newlyn Residential Home is a care home for older people who require residential care. It is registered for 13 people. On the day of the inspection there were 10 people living at the service. The service, in a residential area of Ramsgate, provides residential accommodation and communal areas over three floors. Some bedrooms have en-suite bathrooms, with shared bathrooms and toilets for the rest of the rooms. The service is run by the registered provider and a manager. Both were present on the day of the inspection. The registered provider is a 'registered person' who has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first inspection of this service under this provider.

People were protected from the risks of abuse, discrimination and avoidable harm. Risks to people were assessed and there was guidance for staff on how to reduce risks. People said they felt safe living at the service. Staff were confident that any concerns raised would be investigated to ensure people were kept safe. They knew how to whistle blow and take concerns to agencies outside of the service.

Recruitment processes were followed to make sure staff employed were of good character. There were sufficient staff on each shift and this was regularly reviewed by the provider. There were contingency plans to cover a shortage of staff in an emergency.

People received their medicines safely and on time. Medicines were stored, managed and disposed of safely and in line with guidance. The management team worked closely with their local pharmacist.

People received effective care from staff who had the knowledge and skills to carry out their roles. The provider was aware that some staff were due to refresh their training, as their training had lapsed, and courses were booked as needed to meet this. Staff were knowledgeable and were able to tell us how they put their training into practice.

Staff knew the importance of giving people choices and gaining people's consent. Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications for DoLS had been made in line with guidance.

People were offered a choice of healthy meals. People's comments about the food were all positive. Staff monitored people's weights to make sure they remained as healthy as possible. People were supported to maintain good health and were referred to health professionals when needed. People told us that staff helped them with appointments to see the doctor and other health professionals and that they were well supported with their health needs.

People told us they were treated with kindness, compassion, dignity and respect. Their privacy and dignity were respected. Staff knew people well and spoke with them in a patient, kind, and caring way.

People's confidentiality was respected and their records were stored securely. Staff understood that it was their responsibility to ensure confidential information was treated appropriately and with respect to retain people's trust and confidence.

People and their relatives were involved in planning their care and support. People received care and support that was individual to them and their needs and preferences. The provider had identified shortfalls with the care plans and sought advice from the relevant health professionals. They were following this guidance and developing new, more detailed care plans. This did not have an impact on people as staff knew people and their needs and preferences very well.

People told us they were supported to follow their interests and take part in meaningful social activities. An activities person attended the service five days a week and people said how much they enjoyed this.

People knew how to complain or raise concerns and were confident they would be listened to by the provider. The provider had a complaints policy and procedure, a copy was given to each person at the service.

The management team worked with staff each day and encouraged an open and transparent culture. Staff had confidence in the management team. People, their relatives, staff and health professionals were encouraged to feedback any ideas to aid developing the service.

Regular and effective audits were completed. Action was taken when shortfalls were identified. Notifications had been submitted to CQC in line with guidance.

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 were protected from the risks of abuse and avoidable harm. Risks to people were assessed and there was guidance for staff on how to reduce risks.

Recruitment processes were followed to make sure staff employed were of good character. There were sufficient staff on each shift and this was regularly reviewed.

People received their medicines safely and on time. Medicines were stored, managed and disposed of safely.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles.

Staff knew the importance of giving people choices and gaining people's consent. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were offered a choice of healthy meals. People were supported to maintain good health and were referred to health professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, compassion, dignity and respect.

Staff knew people and their relatives well.

People's confidentiality was respected and their records were stored securely.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning their care and support. People received care and support that was individual to them and their needs and preferences.

People were supported to follow their interests and take part in meaningful social activities.

People and their relatives knew how to complain or raise concerns.

Is the service well-led?

The service was well-led.

People, visitors and staff felt the service was well-led.

The management team encouraged an open and transparent culture. Staff had confidence in the management team.

People, their relatives, staff and health professionals were involved in developing the service.

Regular and effective audits were completed. Action was taken when shortfalls were identified. Notifications had been submitted to CQC in line with guidance.

Good ●

The Newlyn Residential Home

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.

The inspection took place on 15 March 2017 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider was not given the opportunity to complete a Provider Information Return (PIR) because we inspected the service before we requested a PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service. We looked at notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas of the service and talked to ten people who lived there and two visitors. Conversations took place with people in their own rooms and in communal areas. During our inspection we observed how staff spoke with and engaged with people. We spoke with staff, the manager and the provider.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed three care plans and associated risk assessments. We looked at a range of other records, including safety checks, staff files and records about how the quality of the service was monitored and managed.

This was the first inspection of this service under this provider.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person commented, "I couldn't be in a more comfortable place. I feel very safe".

People were protected from the risks of abuse and discrimination. Staff knew what to do if they suspected any incidents of abuse. Staff were aware of the provider's whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff were confident the provider would listen to their concerns and take the appropriate action to make sure people were protected and kept safe. Staff had completed training about keeping people safe and this was confirmed by the training records. Staff told us about different types of abuse, what signs to look for and who they would report concerns to.

Accidents and incidents were recorded and monitored to check for any pattern so that further action could be taken. For example, when a person had not been able to use a call bell at night they agreed to have a special sound monitor put by their bedside. This meant that staff could hear the person if they needed anything during the night. Staff told us that this had worked well. The provider knew what should be reported in line with current guidance. When there had been notifiable incidents these had been consistently reported to CQC and / or the local authority.

Risks to people had been assessed. When people had difficulty moving around the service there was guidance for staff about what people could do independently. This included what level of support people needed and any equipment, such as walking frames, they needed to help them stay as independent and safe as possible. Furniture was positioned to allow clear movement around the service. Staff had training and guidance on how to move people safely. We observed how staff supported people to move around the service and saw that people were supported to move safely. Some people used a stand aid, this was a piece of equipment designed to help people stand up from a seated position. One person told us, "I feel safe with the stand aid. The staff are trained to use it". A member of staff commented, "The stand aid is such a simple thing but very effective".

Risks to people's skin, such as the development of pressure areas, had been assessed. The provider and staff worked with other health professionals to help keep people's skin healthy. When people were at risk of developing pressure areas special equipment, including mattresses and cushions, were used to help prevent this. This equipment was regularly checked to make sure it was set correctly and working properly.

People told us there were enough staff to support them when they needed it. Staff said they had time to spend with people and were not rushed during the inspection. The provider monitored the staffing levels to make sure there were enough staff, with the right experience and skills, on each shift to meet people's needs and keep them safe. The staff duty rotas showed there were consistent numbers of staff throughout the day and night shifts to provide support. The provider and manager worked at the service each day and were available on an 'on call basis' as an emergency contact for staff out of hours. A member of staff said, "The owner and manager are here every day. We know they are only on the end of the phone if we need them at

any time". People said they slept well at night and felt confident staff would be there if they used their call bell.

The provider had recruitment and disciplinary policies and procedures which were followed. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. These checks included written references and a full employment history. Discussions held at interview were recorded and held on staff files. Staff told us they had checks carried out before they started working at the service. Staff had a job description, contract and an employee handbook to make sure they had access to the information they needed. Disclosure and Barring Service (DBS) criminal record checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People's medicines were managed safely. People told us they were happy for staff to administer their medicines so they did not have to worry about remembering to take them at the right time. One person said, "Staff always make sure you understand what you are taking and why". Staff were trained to give people their medicines and their competency was regularly assessed by the provider. Staff told us that sometimes people refused their medicines and they used a 'three approach method'. This meant going away and returning with a different approach to encourage people to have their medicines. One member of staff commented, "You have to adapt to situations and that works OK". Another member of staff said, "It is about taking your time with people and letting them have their medicines at their own pace".

Staff made sure people had taken their medicines before they signed the medicines record. The medicines given to people were accurately recorded. People's medicines were regularly reviewed by their doctor to make sure they were still suitable. Medicines were administered from a trolley which was clean, tidy and not over-stocked. Staff checked the temperatures of the medicines storage area to make sure medicines worked as they were meant to.

People had a personal emergency evacuation plan which set out their specific physical and communication needs, and any special equipment they needed, to ensure they could be safely evacuated from the service in an emergency. The provider was updating these with a list of each person's current medicines so the information could be handed to health professionals in an emergency.

Is the service effective?

Our findings

People told us that staff supported them when they needed them. People had confidence in the staff. People said they enjoyed the food and commented, "We have lovely home-cooked meals" and "The meals are super and there is lots of choice".

People received effective care from staff who were trained in their roles. When staff began working at the service they completed an induction. New staff shadowed experienced colleagues to get to know people, their preferences and routines.

Staff completed training to keep them up to date with current best practice. For example, we observed staff safely using techniques they had learnt on moving and handling training to support people to stand from a chair. A record of the training undertaken was kept by the provider. The provider was aware that some staff were due to refresh their training, as their training had lapsed, and courses were being booked as needed to meet this. We spoke with staff and they told us they were now completing regular training and that it helped to make sure they could provide safe and effective support. One member of staff commented, "[The provider] will keep our training updated but not overload us at any one time". Specialist training, in topics such as dementia and end of life care, were provided to support staff in meeting people's needs effectively. The provider worked with staff each day to monitor staff competency. Staff were supported to complete additional training, such as vocational qualifications, to aid their personal development. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they have the ability to carry out their role to the required standard.

Staff told us that they felt supported by the provider and manager. The management team coached and mentored staff through regular one to one supervision. Staff told us that they undertook regular formal supervision and were able to discuss matters of concern and interest to them on these occasions. Staff had an annual appraisal to look at their performance and to talk about career development for the next year. Staff told us that they all worked very closely as a team and that if they had any worries or concerns they would speak to the management team at the time and not wait for a formal meeting. Staff told us that they communicated effectively. The management team worked with the staff team each day and told us that there was an open culture where people and staff could speak their minds without any fear of reprisal.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff told us that when people needed support from their relatives or advocates this was provided. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by

supporting people or by speaking on their behalf. When people did not have the capacity to make complex decisions, meetings were held with the person, their representatives and health professionals to make sure decisions were being made in the person's best interest.

During the inspection people were supported to make day to day decisions, such as, where they wished to go, what food and drinks they would like and whether they wanted to be involved in activities at the service. People told us that they got up and went to bed when they chose to. One person said, "I get up at 05:00am to feed the cat". They told us the cat was their responsibility and they very much enjoyed this as they had always been a pet owner.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 were being met. The provider, manager and staff understood their responsibilities in relation to DoLS. Applications for DoLS had been made in line with guidance.

People told us they enjoyed a choice of healthy food and drinks. They said, "The food is always good", "I think we all eat well" and "We get fresh vegetables with our meals. The food is good". Meals were a social time and people sat together laughing and chatting. The food looked appetising and people ate well. Staff were attentive to people's needs at mealtimes and provided support, when it was needed, in a way that did not compromise their dignity or independence.

Hot and cold drinks were offered to people throughout the day. Staff were observant and noticed when people were not drinking enough. Staff gently encouraged people to drink and offered them choices of different drinks. Staff knew people's preferences and some people had their drinks in mugs whilst others had a cup and saucer.

Staff monitored people's weights to make sure they remained as healthy as possible. When staff had a concern they contacted health professionals, such as dieticians, for advice and followed any guidance given. For example, some people had their meals fortified with full fat milk, cream, cheese and other high fat products to help them stay at a healthy weight. When people were on 'soft diets' they were well presented with each food item pureed separately so that people could see and taste the individual foods. Staff spoke with people about maintaining a healthy weight. For example, when a person was losing weight and choosing not to eat much of their lunchtime meal staff discussed the option of having their main meal at tea-time. The person said they would like to do that. They had begun to increase their weight and staff told us they seemed to have a much better appetite.

People had access to specialist health professionals when they needed it. People told us that when they needed a doctor the staff supported them to see one. People said they had regular visits from the optician, dentist and chiropodist to help them stay as healthy as possible. Staff worked closely with health professionals, such as community nursing teams, Parkinson's nurses and GPs. Staff monitored people's health and took prompt action when they noticed any changes.

Is the service caring?

Our findings

People said they were happy living at The Newlyn Residential Home and that the staff were kind and caring. People told us, "I am very happy here", "All the staff are very, very nice" and, "All the staff are good. They do things for us if we need it". People were encouraged to personalise their rooms with their own belongings, such as, photographs, furniture, pictures and ornaments, to help them feel at home.

Staff spoke with people in a gentle, compassionate and kind way and showed a genuine interest in what people had to say. Staff knew people well. Staff told us about people and their loved ones and this included people's backgrounds and their preferences. Staff spoke with people about people and things that were important to them. People told us the staff knew how to support them and that their needs were met. They said they had good relationships with the staff and one person commented, "The staff are brilliant they are always polite".

People maintained friendships and relationships and told us their loved ones were able to visit when they wanted to and there were no restrictions. People's privacy and dignity was respected. Staff told us how they promoted people's dignity, such as, making sure doors were closed and people were covered up during personal care. When people chose to spend time in their own room staff respected their request for privacy. Staff checked on people to make sure they had everything they needed. Staff treated people with respect. People were referred to by their preferred names and were relaxed in the company of staff.

People and their loved ones were involved in making day to day decisions about their care and support. People told us they felt listened to and that their views were taken into account. People said, "If we are worried about anything staff will always come and have a chat and put our mind at ease" and "This is the best home I've been in". People told us they chose what time to get up and go to bed and this was respected by staff. One person commented, "If there is something good on telly I stay up late".

People's confidentiality was respected, conversations about people's care were held privately and records were stored securely. People who needed support to make important choices were supported by their families, solicitor or their care manager. Information was made available about advocacy services if it was needed. Staff understood that it was their responsibility to ensure confidential information was treated appropriately and with respect to retain people's trust and confidence.

Staff encouraged and supported people to remain as independent as possible for as long as they wanted. Staff explained to us what each person was able to do for themselves and what support was needed. One person told us, "I can look after all my personal needs I just have a little help in the shower". Some people continued to do light housework including laying tables and dusting. One person enjoyed hanging the washing out in the garden and was supported by staff to do this each day. A number of people regularly went to the pub for lunch with the support of the activities staff. One person told us about their recent trip out, "I like to smell the sea and see something new. It gives me something interesting to come back and talk about".

People's choices and preferences for their end of life were recorded and kept under review to make sure their care and support was provided in the way they had chosen. People's religious and cultural needs and preferences were recorded and respected. Arrangements were made for visiting clergy so people could follow their beliefs.

Is the service responsive?

Our findings

People told us they received care and support when they needed it and that staff were responsive to their needs. People knew how to complain and felt comfortable to do so. One person commented, "If I did have a complaint I would talk to one of the girls".

When people were thinking of moving into The Newlyn Residential Home a pre-assessment was completed so the provider could check they could meet people's needs. From this information a care plan was developed to give staff the guidance they needed to look after the person in the way they preferred.

People had a care plan written with them and their relatives which centred on them, their preferences and wishes. Information that was important to people, such as, their life histories, likes and dislikes, and any preferred routines was recorded. People told us they had a care plan and that staff gave them the support they needed. People said, "Oh yes, I know staff have notes about what I need. I get everything I need and only have to ask" and "I wouldn't want to be anywhere else and am very well looked after by the girls". Care plans contained information about people's health needs and risk assessments were in place and applicable for each person. Care plans included what people could do for themselves to help them maintain as much independence as possible. The provider had recognised that people's care plans had not been kept up to date and needed to be more detailed and that this was an area for improvement. They had obtained guidance about care planning from the local Clinical Commissioning Group's Clinical Nurse Specialist for Older People. They had begun to take action to address this and were in the process of rewriting all the care plans with people, their loved ones and staff. This did not have an impact on people as staff knew people and their needs and preferences very well. We spoke to staff about the people they were supporting and they knew them and their families well. Staff were able to tell us about what people used to do for a living and how they liked to spend their time. Staff told us about one person's meal time preferences and about another person's preferences to keep busy and how they were supported. During the inspection staff noticed a person's footwear not fitting properly and told us they had contacted their relative to arrange for some more sandals to be brought in for them.

The new care plans were more detailed and gave staff guidance on what support people needed and how they preferred the support to be given. The provider had introduced a keyworker monthly review. Each person had a keyworker – this was a member of staff who was allocated to take the lead in co-ordinating someone's care. A report was written each month which noted changes to people's health and any involvement of health professionals.

Staff communicated well and held a handover at the beginning of each shift to make sure they were up to date with any changes to people's needs. Staff told us they were informed of any changes quickly.

People were supported to follow their interests and take part in social activities. An activities person visited the service every weekday for two hours. They told us they always offered two activities each time and spoke with people about what they would like to do. They said they went to see anyone in their room to see if they wanted to join in any part of the session. People told us they had made cards, had sing songs,

armchair exercises, quizzes and various crafts. During the inspection people enjoyed painting flower pots and decorating clay animals. Staff actively encouraged people when they were finding anything difficult. One staff member sat with a person and said, "The more you use your arm the better it will be, we can put a tray on your lap if it is easier for you". They brought the person a tray which made the activity easier for them. There was a singing session which people really enjoyed. We observed one person, who had been reserved throughout the morning, thoroughly enjoy the singing and their face lit up as they remembered all the words to the songs.

Staff were proactive in suggesting ideas to keep people active and engage them in meaningful activities. One person had a doll which appeared to give her great joy and a sense of purpose. Staff told us they had suggested this and that the person's family had brought it in. Staff provided adult colouring books which people said they really enjoyed. One person commented, "I really enjoy adult colouring; I've always got a pencil in my hand it keeps me out of mischief".

People told us they had no complaints and knew how to complain if they needed to. They said they would not hesitate to speak with the provider or staff if they had any concerns or worries. One person said, "I certainly have nothing to complain about here. [The provider] and staff look after me very well. I get everything I need" and another person commented, "I can't grumble about anything. They [staff] would soon know if I wasn't happy!" They said they would be listened to and that action would be taken to address their concerns. The provider's complaints policy was displayed in the service. Any complaints or compliments received were shared with staff and used as a learning opportunity.

Is the service well-led?

Our findings

People and staff told us the service was well led. People said, "If I needed anything [the provider] would sort it out or would find someone that could" and "If I had a problem I would talk to [the provider]". Visitors commented, "It has really changed; it is so much better. People and staff seem so much happier and relaxed" and "It seems a bit more upbeat here now".

People knew the staff and management by name and said they could rely on staff to support them. A board showing photographs of staff was displayed in the service and was being updated with new photos. There was clear signage around the service to remind people where important rooms were.

The management team worked cohesively with the staff each day, providing advice and guidance. The manager told us they promoted an 'open door policy' to encourage staff to share thoughts and ideas. There were regular staff meetings held to give staff the opportunity to voice their opinions and discuss the service. Minutes of the meetings, including any actions needed, were taken so that all the staff were aware of discussions. Staff told us they were able to give honest views and discuss any concerns and that the provider listened and responded. Staff were aware of the whistle-blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly.

There was an open and transparent culture where people, relatives, visiting health professionals and staff could contribute ideas for the service. People were actively involved in suggesting improvements to develop the service. People told us they felt their ideas or concerns were listened to. The provider explained that they did not hold resident's meetings as it was difficult for people to all be involved at the same time due to their complex needs. Instead they spoke with people on a one to one basis to obtain their views and ideas on the quality of the service they received. People told us these conversations took place and a number of people told us of plans to buy a greenhouse which they were looking forward to. Others told us of decorating the service and being involved in choosing colours.

A suggestions box was used to obtain feedback from visitors, health professionals and staff. Also quality surveys were sent to ask views on whether the provider delivered a safe, effective, caring, responsive and well-led service. The provider was collating the responses from the most recent surveys. We looked the responses that had been received and they were very positive about the changes that had happened since the provider had been there. Comments from relatives included, 'All the staff are very friendly and the care they give [my loved one] is 100%' and 'I wouldn't want [my loved one] to be anywhere else'. Staff had noted, 'I feel like [the provider] is going to make the appropriate changes that staff suggest' and 'Due to new management things are improved. Residents are getting a better selection of food. Things are looking up'.

The provider had a clear vision about the quality of service they required staff to provide which staff understood. They spoke passionately about their desire to provide compassionate and high quality care and showed a genuine concern for people's well-being. The management team led by example and supported staff to provide the level of service they expected. There was a clear and open dialogue between people, staff and the management team. Staff and management spoke with each other in a respectful and

kind way. The provider and staff knew people well, were sensitive and compassionate and had a good understanding of the people they cared for. The provider and staff worked closely with health professionals to support joined up care. These included GPs and community nurses.

Staff understood what was expected of them and their roles and responsibilities. Staff told us they were happy in their work and felt supported by the provider and manager. Staff said, "The whole atmosphere is much nicer and we don't feel in fear of saying things. [The provider] listens to what we have to say. We work as a team and that gives the best service to the residents" and "It is much more relaxed; a totally different atmosphere with the new owner".

The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

Regular quality checks were completed on key things, such as, fire safety equipment, hot water temperatures, hoists, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.