Ms Jennifer Jonas

Newhaven

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Newhaven is registered to provide accommodation and care for a maximum of two adults who have autism and/or learning disabilities. At the time of our inspection there were two people living in the home.

The home did not have a registered manager in post. There was an acting manager who had submitted an application to become 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 and associated Regulations about how the service is run.

We found that whilst risks to people's health and wellbeing had been identified, the risk assessments were not reviewed or updated. Environmental risks that had been identified as posing a risk to people had not been managed.

There was a safe recruitment process in place which ensured that only suitable staff were recruited to work in the home. Appropriate references had been sought and all staff had been police checked.

Medicines were stored and administered safely in the home and people received their medicines as prescribed.

The service was not operating in line with the principles of the Mental Capacity Act 2005. People had not received a mental capacity assessment so it was unclear what choices people could make for themselves.

Risks around people's nutritional needs had been identified but were not managed effectively. However, prompt referrals were made to the relevant healthcare professionals where there were concerns about people's health or wellbeing.

Staff were caring and had the necessary training to carry out their role. People were supported to make choices about their daily life and staff communicated with people according to their needs. People were supported to maintain relationships with their relatives and visitors were welcome in the home. People were able to access a range of activities and were supported to pursue their interests.

There was a complaints procedure in place and people were supported if they needed to make a complaint.

Staff felt supported by the management and the manager was approachable and open to discussion. There was open and frequent communication between the manager and the staff.

Systems were in place to monitor the quality of the service and would highlight the areas that needed improvement. Action was not always taken to address the concerns raised in the audit.

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.

Whilst risks to people's health and welfare were identified, appropriate actions were not always taken to mitigate risks.

Staff had a good understanding of what constituted abuse and knew how to report concerns.

Safe recruitment practices were in place to ensure that suitable staff were employed.

Medicines were managed and administered safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Mental capacity assessments had not been carried out where necessary.

Risks around nutritional needs had been identified but were not managed effectively.

Staff received training relevant to their role and felt supported by the management.

Is the service caring?

Good

The service was caring.

People were not always involved in their care planning.

Staff were caring and had fostered good relationships with people living in the home.

People were treated with respect and their privacy and dignity was promoted.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care plans and risk assessments were not regularly reviewed or updated.

People were not always involved in planning their care.

People were supported to follow their interests and could access a range of activities.

People were supported to raise a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Weekly and monthly management checks were not always carried out.

Action plans which highlighted areas for improvement were not addressed.

Manager was approachable and would listen to concerns.

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 unannounced inspection took place on 19 and 20 July 2016 and was undertaken by two inspectors.

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 improvements they plan to make. We also looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During the inspection we observed the care that was being provided to people and spoke with the manager, two members of staff and two people's relatives.

We looked at the care records of both people living in the home and their medication records.

We also looked at a selection of records that related to the management of the service.

Good

Is the service safe?

Our findings

People were not able to tell us directly whether they felt safe. During our inspection we saw that people appeared comfortable in the company of staff. People's relatives we spoke with felt that their family members were safe.

One person's relative told us "Definitely, we feel [Name] is 100 percent safe, they have got things in place for [Name]."

We saw that risk assessments were in place for people living in the home. We noted from people's care records that the service used generic risk assessments in certain areas such as accessing the community. This meant that the risk assessments were not always individualised and therefore action was not tailored to meet individual needs.

The service did not always take action in response to their own risk assessments. We saw that one person had a risk assessment in place about a person's health condition. The risk assessment detailed how to minimise and manage the risk of the person sustaining an injury during a seizure. It stated that furniture in the home should have rounded edges but we noted that there was furniture such as coffee tables with sharp edges. Although there was no evidence that this person had come to any harm, there was a potential risk in the event of a seizure.

We noted that the risk assessments had been written over two years ago and were not always routinely reviewed. We spoke with the manager about this and they said that they are in the process of updating everyone's care plans and risk assessments.

Staff we spoke with demonstrated that they had a good understanding of what constituted abuse. Staff were able to identify the different types of abuse and the potential signs of abuse. Staff told us that they would report any concerns to their manager or the senior management team. We saw from the staff training matrix that all staff had attended training in safeguarding.

One person's relative we spoke with had concerns about staff turnover, "The continuity can get lost, generally speaking [staff] are lovely. [Name's] day to day care needs are met." One person's relative told us that they had seen that their relative had lost their "enthusiasm" due to regular changes in staff.

We noted that people required one to one staffing levels for most of their waking hours. We discussed with the manager how staffing levels were adjusted to meet people's needs. For example, when going out or attending an appointment. We looked at the staff rotas and could see sufficient numbers of staff were deployed to ensure that people were safe whether in or outside of the home. We noted that people required one to one staffing levels for most of their waking hours. We discussed with the manager how staffing levels were adjusted to meet people's needs. For example, when going out or attending an appointment.

We saw that there was safe and appropriate recruitment checks in place. Safe practices around the

recruitment of staff ensured that only people suitable to work at the home were employed. All staff had been police checked by the Disclosure and Barring Service and references had been sought before people started working in the home.

Medicines were stored and administered safely in the home. We saw from staff training records that staff had training in how to administer medicines appropriately. The manager told us that staff would be supervised administering medicines on occasions. This was to monitor staff's competency in the safe administration of medicines. We looked at people's Medicine Administration Records (MAR). We noted that there were no gaps in the records where staff would sign to confirm that they had administered the medicine. We checked the stocks of medicines and found that they tallied with the amount that was stated on people's MAR charts.
External medicines were stored and maintained safely. We saw that staff placed a sticker on prescribed creams when the creams had been opened and what the use by date was. This ensured that the medicine was used with the specified timescale.

We saw that the manager completed monthly audits of the medicines. This was to ensure that staff administered the medicines as prescribed and that there were no discrepancies in the number of medicines.

Requires Improvement

Is the service effective?

Our findings

People living in the home were not able to speak with us directly. We saw that people did not always receive effective support in line with their care plan.

Staff had an awareness of how to support people with their nutritional intake. However, staff were unable to tell us the specific support needs of people as stated in their care plans around support at meal times. We saw in one person's care records that they required support from staff at meal times due to a risk of choking. The care plan specified that staff should sit with the person while they eat and cut their food up in to small pieces. The care plan also advised that the person should only have their glass half filled. During our observations we saw that during one meal time, the person did not have any staff sitting with them and that their food was not cut in to small pieces and they were given a full glass of drink. This meant that action had not been taken to minimise the risk of choking for this person.

We saw that people were given a choice of what they wanted to eat and were regularly offered drinks by staff. One member of staff we spoke to said that they offered people a choice of what to eat and that there was no set menu. People are able to choose on the day what they would like to eat. On the second day of our inspection we saw that people were eating their lunch outside with staff. People appeared to be enjoying their food and we heard a lot of talking and laughter.

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 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 the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the service was acting within the principles of the MCA and whether any authorisations to deprive a person of their liberty were being adhered to. We saw that DoLS applications had been submitted for everyone living in the home but these had not yet been authorised by the local authority. We noted that the service had not followed the principles of the MCA before judging whether a person was being deprived of their liberty. No mental capacity assessments or best interests decisions had been carried out. Therefore it was unclear what steps had been taken before judging that people needed to be deprived of their liberty. We spoke with the provider's general manager about this and they said that they would arrange for staff to have training in completing mental capacity assessments.

However, we saw that people were involved in making decisions about their care and staff we spoke with told us that they would contact the people's relatives if any best interests decisions needed to be made. One person's relative told us, "I'm involved in every aspect of [Name's] care."

Staff told us that they had a week long induction. This involved shadowing more experienced staff and completing training relevant to their role. We looked at the staff training records and saw that staff completed training in health and safety and the Mental Capacity Act 2005. Staff were also able to access specific training which gave them added knowledge about the conditions that people are living with. During our inspection we saw that some staff had attended training in epilepsy in the morning. Staff told us that they received one to one supervision and annual appraisals with the manager and we saw from staff records that this was taking place regularly.

People's relatives we spoke with felt that staff received enough training and had the correct skills for their job. One person's relative told us that they had been asked to give a presentation on autism to the staff. Another person's relative spoke about how effective staff were in their role, "95% of the time, yes."

We saw from people's care records that timely referrals were made to relevant healthcare professionals where concerns were identified. We noted in people's care records that staff will document people's appointments and what was discussed during the appointment.

Good

Is the service caring?

Our findings

People living in the home were not able to tell us directly whether the service was caring but we saw that staff treated people in a kind and caring manner.

One person's relative told us, "Staff are lovely with [Name]. They look [Name] in the eye, talk to [Name], explain things and [Name] has a big smile on [Name's] face." During our inspection we noted that people appeared to be relaxed in the presence of staff.

Staff spoke to people in a manner that was appropriate for their needs and wishes. We saw in one person's care record that they prefer to be spoken to in short sentences, which included key words. We saw that staff spoke to people using short sentences and we saw this put in practice.

People were involved in their care planning but staff did not always involve people's relatives. One person's relative we spoke with told us, "We're not really involved in reviewing care plans or support plans, this company doesn't seem to do that." Staff we spoke with told us that they do not contribute to the care planning and that this is completed by the manager.

During our inspection we saw that people were supported in making choices and decisions. We saw from people's care records that people liked to have structure to their day. The staff we spoke with told us that this minimised people's anxieties as they knew what to expect during the course of the day. We saw that people had a social story board that they added pictures to. This showed the activities that they would be doing that day. We saw staff completing this with people in the morning and the afternoon. One person's relative we spoke with told us, "The communication board is absolutely brilliant, it was the staff's idea."

People are supported in having links with the local community and are able to regularly access the local towns so they can go shopping. One person's relative we spoke with told us, "[Name] is taken shopping, staff got [Name] to try things on and [Name] was so happy after going out. This member of staff knows [Name] and will listen to [Name]." People are also supported to attend a day care centre.

We saw that people were treated with dignity and respect at all times. We saw that staff would knock on people's doors and wait for a response before they entered a person's room. Staff were able to tell us how they promote people's dignity when tending to people's personal care needs.

People's relatives were welcome to visit. One person's relative told us, "We're welcome anytime, always welcome."

Requires Improvement

Is the service responsive?

Our findings

People living in the home were not able to tell us directly whether the service was responsive. We saw that people received care that was individual to their needs and people were able to choose how they wished to spend their time. During our inspection we saw that staff continually assessed people's needs and ensured that people were where they wanted to be. We saw that if anyone needed anything then staff were responsive to people's needs.

People and their relatives were not routinely involved in planning their care and people's care records and risk assessments were not regularly reviewed. One person's relative told us, "It would be nice if we could go and have a meeting or review."

However, people's relatives told us that they felt able to speak with staff if they wanted to speak about their relative's care. One person's relative told us, "We can express things. If we have concerns about [Name's] care, then they have always been receptive and listened. Thing's I've said, they've put right."

We saw that two people had a hospital passport in their care records. This is a document that details the sometimes complex conditions that people are living with, their preferred way of communicating and other details such as their likes and dislikes. This gives hospital staff a detailed account of people's support needs so people can get the most effective treatment. Whilst the hospital passports were detailed and made good use of pictures, they had been written over two years ago and had not been reviewed. We spoke with the manager about this and they told us that they are in the process of reviewing and updating all of the documentation in people's care records. As the hospital passport was out of date, there was a risk that people's care will not be consistent should they need to access other services.

People are able to pursue their interests. For example, one person enjoyed swimming and staff would take them to the swimming pool. Relatives we spoke with said that staff supported people to access activities of their choice. We saw that one person was offered to go out for a walk during our inspection and another person was supported to put on a DVD of their choice.

People were supported to maintain their relationships with their relatives and people's relatives we spoke with told us that they receive regular phone calls from their family member and that visits home are facilitated by staff.

We saw that there was a complaints procedure in place which detailed the steps to be taken in the event of a complaint being received. We saw that there was also an easy read version of the procedure. Staff told us that they would support people to make a complaint by speaking to them about their concerns. Staff told us they would then pass on the complaint to the manager. We saw that no formal complaints had been received but the manager told us that they would address any complaints by meeting with the person making the complaint so they could listen to their concerns.

Requires Improvement

Is the service well-led?

Our findings

The service had a system in place to monitor quality, however, we found that it was not effective. The provider's general manager would carry out an in depth audit every three months. The general manager told us that they audited people's care packages, staff training and supervision and health and safety. We saw that the audits took place and that action plans clearly identified the areas for improvement and the date by which the improvements need to be made. We noted that there were numerous outstanding actions on various action plans. In an audit of people's care records in 2015, the action plan states that people's risk assessments need to be reviewed by January 2016. We noted that this had still not been completed.

People's relatives we spoke with said that they received satisfaction surveys to complete and we saw that regular surveys were sent out to relatives. We did not see any follow up to the concerns raised in the surveys or an action plan put in place.

There was an acting manager in post and at the time of our inspection they were waiting for their application to become the registered manager to be approved. We saw from the information that we held about the service that the manager reported notifiable events as required. When we spoke with the manager about this, they demonstrated a good understanding of what events they needed to report and to whom. The manager told us that they received regular supervision from their manager and felt supported in their role.

People's relatives we spoke with were positive about the way that the home was run. One person's relative we spoke with told us, "The manager is lovely and open. Always taken the time to speak to us. [Name] likes [Manager]." Another person's relative said, "It's well run, and a good team."

The manager told us that they continually assess staffs competence. They said that all staff completed a certificate in care and they observed and spoke with staff to assess their knowledge around the competencies required for the role. The manager told us that staff training enabled staff to gain a better understanding of people's sometimes complex care needs and ensured more effective care.

Staff we spoke with said that they enjoyed their work. They felt that the manager was approachable and that they would feel comfortable raising an issue with them. One member of staff we spoke with told us "We're supported by management, [they're] absolutely wonderful." We saw that regular staff meetings took place and areas such as staff training, changes in people's care and health and safety were discussed in the meetings.

The manager told us that they like to work alongside the staff with supporting people who lived in the home. We saw that the manager helped to support people and was visible throughout the day.