

Barchester Healthcare Homes Limited

Newton House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Newton House is registered to provide accommodation for up to 126 people requiring nursing or personal care, including people living with dementia. The home is purpose built and is divided into four discrete 'communities' or units. Watergate unit provides accommodation for people with general care needs, Somerby unit provides Nursing Care whilst Castlegate and Brownlow are reserved for people living with dementia. There were 88 people living in the home at the time of our inspection.

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

People living at the service told us they were happy and felt safe. Relatives were very positive about the care and experiences people were getting, and felt well informed, even during the periods of lockdown. One group of people having afternoon tea told us they liked living at Newton House "as all their friends were here". End of life care was particularly praised for the way in which the home managed to combine care with compassionate, safe visiting.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice and were seen to be very comprehensive for people with regard to Covid-19 Testing.

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

Rating at last inspection

The last rating for this service was Good (published 12 September 2017).

Why we inspected

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

We received concerns in relation to staffing and how this impacted on people's care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed from Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Newton House on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below

Newton House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection team consisted of one Inspector on-site, and an Assistant Inspector and an Inspector off site making telephone calls to staff to support the inspection. Additional support to make telephone calls to relatives was provided by an Expert by Experience, also off-site.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. This included feedback from the local authority.

During the inspection

We spoke with ten people who used the service and eleven relatives about their experience of the care provided. We spoke with eleven members of staff including the registered manager, team leaders, senior care workers, and care workers.

We reviewed a range of records. This included ten people's care records. Records relating to infection control and others relating to the management of the service, including staffing rotas both planned and actually worked.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We found staff knew how to recognise abuse and understood when the risk of abuse might occur. Systems and processes were robust, staff had been trained in these and knew where and how to raise concerns. They felt confident in their abilities to do this.

Assessing risk, safety monitoring and management

- Risk assessments were comprehensive, with clear prevention plans in place. People who had variable mental capacity had clear "best interests" decision making processes in place. These were also in place where the capacity to consent for Covid testing was required, with records of discussions taking place with relatives or representatives.

Staffing and recruitment

- Processes for recruiting staff safely were in place, and induction training had recommenced in a safe way. We found that staffing was based on a dependency tool, and when we reviewed the rotas, we were assured that there were safe levels of staff to be able to meet peoples needs. We spoke to staff about this and they told us that staffing changes had been positive.

Using medicines safely

- Medications were stored and administered safely.

Preventing and controlling infection

- There were infection control measures in place to preventing visitors from catching and spreading infections immediately upon entry to the building with separate pens to use for signing in, which were put in a separate receptacle to be sanitised. Hand sanitiser was available, and staff took the temperatures of anyone entering the building, before guiding them to a washroom for hand washing and sanitising. Masks were worn at all times by everyone.

- People were living in communities following shielding and social distancing rules as far as was practicable. This meant the provider was making sure infection outbreaks could be effectively prevented or managed.

- People were admitted safely into the service, with testing beforehand and a period of isolation once they had been admitted. Staff and residents were tested regularly in line with government guidance.

- The provider's infection prevention and control policies were up to date and were being reviewed as required in line with government guidance.

Learning lessons when things go wrong

- When a concern had recently been identified about staffing and skill mix, the registered manager and the provider had worked well with partner agencies to identify the root cause of the concern and had dealt with the problem carefully and sensitively. We spoke to service users, staff and relatives who had been affected by this issue. One service user told us once the issue had been identified the registered manager had acted very quickly to address the issues and now "I am very happy here, there's had to be some changes, but they are all for the better, and although some changes will take time to get used too, it is better." One staff member said "Its lovely now, like a family, I really enjoy coming to work now. We all pull together."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff and relatives told us they could raise any issues and they would be listened too. This was particularly important for relatives who had been, by reasons of government restrictions or distance, not able to physically see their relatives. One relative said, "I'm Happy". They praised the new manager who had; "Phoned last week and put my mind at ease. I feel better now". Another relative said, "I am happy staff have got [person] out of their room to sit with others, have lunch etc. they're putting on weight and eating which they wouldn't do at home."
- End of life care was considered by one relative to be "all absolutely amazing" "Can't fault them at all". "all staff are fabulous". Cared for "as if they were at home". "comfy, clean, looks contented". The relative was particularly grateful that they could visit the person daily.

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

- The provider and registered manager have demonstrated their ability to react to and address concerns in an open and transparent manner, and then after a period of investigation to deal with and appropriately address these.

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

- Managers and team Leaders were available, consistent, and lead by example. Staff felt respected, valued and supported. Their voices were heard and acted on. Legal and regulatory requirements were met.
- Staff understand their role and responsibilities, were motivated, and had confidence in their leaders and managers. They received constructive feedback about their performance. Managers could account for the actions, behaviours and performance of staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living in the service, relatives and staff all told us they felt they were listened too, and concerns

were acted upon. Relatives meetings had not been able to be held due to the restrictions, but some relatives had received and responded to questionnaires.

Continuous learning and improving care

- Opportunities were sought to find ways to improve care, and where face to face learning had not been possible, e-learning had been put in place.

Working in partnership with others

- The service has demonstrated, especially over the past months, a willingness and desire to work openly and honestly with a variety of agencies in order to address and resolve areas of concern and take these forwards. This has resulted in good links to local community resources which reflected the needs and preferences of the people who use the service.