A Appleton
Newholme House

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

Overall summary

The inspection took place on 27 October 2015 and was unannounced.

Newholme House is a residential home registered to provide accommodation with personal care for 18 older people, some who may have dementia. The home is in a residential setting and rooms, both single and shared are on two floors. There were 11 people using the service on the day of our inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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 service had appropriate systems in place to keep people safe and staff followed these guidelines when

Summary of findings

they supported people. There were sufficient numbers of care staff available to meet people's care needs and people received their medicine as prescribed and on time.

The provider had a robust recruitment process in place to protect people from the risk of avoidable harm. Staff had been recruited safely with the skills and knowledge to provide care and support to people.

People's health and emotional needs were assessed, monitored and met in order for them to live well. The service was individualised and person centred. The service worked closely with relevant health care professionals. People received the support they needed to have a healthy diet that met their individual needs.

People were treated with kindness, compassion and warmth by staff who knew them well and who listened to their views and preferences. Their dignity and well-being was respected.

People were able to raise concerns and give their views and opinions and these were listened to and acted upon. Staff received guidance about people's care from up to date information about their changing needs.

There was a strong manager who was visible in the service and worked well together with the team. People were well cared for by staff who were supported and valued.

Management systems were in place to check and audit the quality of the service. The views of people were taken into account to make improvements and develop the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were enough staff with the correct skills who were recruited safely and who understood how to provide people with safe care.

People were safe and staff understood what they needed to do to protect people from abuse.

Systems and procedures to identify risks were followed so that those risks to their health and wellbeing were minimised.

People received their medicines safely.

Good

Is the service effective?
The service was effective.

People's day to day personal and health needs were met through on-going assessment and staff knew how to provide good care.

Staff received effective support and training to provide them with the information they needed to carry out their roles and responsibilities.

Systems were in place to make sure the rights of people who may lack capacity to make decisions were protected. The Deprivation of Liberty Safeguards (DoLS) was in place and appropriately implemented.

Good

Is the service caring?
The service was caring.

Staff treated people individually and provided care and support with kindness and courtesy.

People were treated with respect and their privacy and dignity were maintained.

Staff were warm, caring and friendly and committed to the people they cared for.

Good

Is the service responsive?
The service was responsive.

People were involved in discussing their personal, health and social care needs with the staff. They had choice in their daily lives and their independence was encouraged.

Staff understood people's interests and actively supported them to take part in activities that were meaningful to them.

There were processes in place to deal with any concerns and complaints appropriately.

People's needs were met by staff who understood and followed guidance about their health and social care needs.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

The service was managed by a strong and effective team who demonstrated a commitment to providing a good quality service.

Concerns and issues could be raised and talked about in an open way.

Staff received the support and guidance they needed to provide good care and support.

There were systems in place to seek the views of people who used the service and use their feedback to make improvements.

Newholme House

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 27 October 2015 and was unannounced. The inspection team consisted of two inspectors.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law.

During the inspection we spoke with six people who used the service and two people's relatives. We also received information from a health care professional who regularly visited the service. We used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the registered manager, the provider, the cook, housekeeper and four care staff.

We looked at four people's care records and six staff recruitment files and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "I was always nervous at home but I'm not scared living here." Another said; "I have a choice about where I live in the home. I have a bell which I can pull day and night and they [staff] come very quickly." A family member told us, "When my [relative] first arrived, she was nervous and unsettled, the manager asked me for a recording of my voice onto a tele-care device to reassure them and help them settle in the home and feel safe."

Staff understood how to protect people from harm and how they would deal with any concerns should they hear or see any abuse taking place. They were confident that the registered manager would deal with any safeguarding issues quickly in order to keep people safe. We saw that the registered manager recorded and dealt with safeguarding concerns and sent notifications to us in a timely way.

There were systems in place for assessing and managing risks. The records we looked at showed us that the manager identified and measured the level of risk to people so that this could be managed safely. These risks included if people might need to use a hoist or to be assisted to move, if they are prone to falls, their ability to eat and drink, their weight and diet, care of their skin and personal care. People and their relatives were involved in decision making about risks to their health and wellbeing.

In one of the care plans reviewed we saw an activity risk assessment which had been completed with regard to one person's personal preferences. They were supported to understand the risks and safety issues and to make informed choices and decisions about the risks involved.

People were safe in the service as there were arrangements in place to manage and maintain the premises and the equipment both internally and externally. We saw that health and safety, maintenance including slings, hoists and beds, fire drills, accidents and incidents were all recorded and the necessary action taken. People's emergency evacuation plans were being updated by the registered manager and new safety equipment had been purchased. The staff knew what to do in emergency situations and further training was arranged to keep staff up to date with current good practice.

We observed that staff supported people to walk and move around the building safely, maintaining their independence through prompts and encouraging words whilst they were walking. Improvements had been made to the garden area, which was decked and ramped so that people could access this safely and easily.

There were sufficient staff on duty to meet people's needs. We saw that staff were not rushed and assisted people in a timely and unhurried way. The manager explained how they assessed staffing levels based on the needs and occupancy levels in the service. They explained that although the numbers of people using the service were less than usual, they had maintained the amount of staff to ensure people still had a good level of service. The staff had a good mix of skills and experience to meet people's individual needs.

Recruitment processes were in place for the safe employment of staff. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. These checks included taking up references and checking that the member of staff was not prohibited from working with people who required care and support.

However, we found in two of the staff files we looked at that gaps in their employment history had not been recorded. The registered manager was able to demonstrate that they had explored reasons for the gaps in the applicant's previous work history. However, a written record was not kept of these discussions, which providers were required to do. The registered manager gave assurances that the written record would be updated and later confirmed that this had been completed for all staff.

Medicines were given to people in a safe and appropriate way. We observed a senior member of care staff carrying out the medicine round and they were competent at administrating people's medicine. They did this in a dignified manner, speaking to people about what medicine they were having and supported them in taking it.

There were appropriate facilities to store medicines that required specific storage, such as medicines that required to be kept in a fridge. Medicines were safely stored and administered from a lockable trolley.

Records relating to medicines were completed accurately and stored securely. People's individual medicine administration record sheets had their photograph and name displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of

Good

Is the service safe?

people receiving the wrong medicines. Where medicines were prescribed on an as required basis, clear written instructions were in place for staff to follow. This meant that staff knew when as required medicines should be given and when they should not.

Good

Is the service effective?

Our findings

One person told us, “They always ask permission to do my personal care. I do feel they protect my dignity and they always knock on the door before they come in.” Another person said, “They are very good with my personal care. They always knock. When getting dressed I tell them what I want to wear and they pull it out for me.”

For people who could not communicate their needs verbally, staff understood their facial expressions and body language to make sure people’s needs were met. Staff had the skills and knowledge to meet people’s care and health needs and to support them in a respectful way. A relative told us, “The staff seem very aware of people’s independence and dignity.”

People received care and support from staff that knew them well and were aware of their needs and individual personalities. We saw staff assisting different people during the day to move and transfer from armchairs to wheelchairs and they did this confidently and respectfully assuring the person as they went along.

There was a structured induction programme for staff in preparation for their role. This included training in the necessary skills for the role, shadowing experienced staff and getting to know people’s needs and how they liked them to be met.

The staff told us that good training and support was arranged for them by the manager. Training included safeguarding adults from abuse, dementia care, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards which was completed online but practical training was undertaken such as moving and handling and health and fire safety. All care staff had a level two certificate in what is now known as the Qualifications and Credit Framework (QCF) Other staff were completing the new Care Certificate courses to improve their skills and knowledge.

Staff received appropriate individual and group supervision and had the opportunity for learning and development. The registered manager had completed the ‘My Home Life’ programme (a UK-wide initiative that promotes quality of life and delivers positive change in care homes for older people) run by Age UK and Essex County Council. The registered manager followed through the principles of this programme by running group supervision sessions using reflective practice whereby staff were able to think about their behaviour and approach and how this affected people who used the service. Staff were able to be effective in their role as they were supported and respected and had the opportunity to improve their practice.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We saw that systems were in place to protect the rights of people who may lack capacity to make particular decisions and, where appropriate, for decisions to be made a person’s best interests. For example we saw that for one person, who could not make decisions for themselves, that a mental capacity assessment had been completed to give them their medicines to keep them well without their knowledge. This had been agreed in their best interests. People’s capacity to make day-to-day or significant decisions was taken into consideration when supporting them.

The manager had made appropriate DoLS referrals to the local authority where required to protect people’s best interests. Records and discussions with staff showed that they had received training in MCA 2005 and DoLS but in order to keep staff aware of their responsibilities, refresher training had been planned.

Staff demonstrated that they understood the requirements of the Acts by their interaction and behaviour with people which we observed throughout the inspection. For example, during lunch time we saw a staff member discreetly ask a person for consent to wipe their mouth and take their napkin off. Staff were heard throughout the day to ask consent when assisting people with everyday tasks.

We saw people had been consulted and consented, where able, to their plans of care. Person centred support plans were developed with each person which involved consultation with all interested parties who were acting in the individual's best interest. One person told us, “I’m definitely in control of my life and am asked everything.” Where people did not have any family, advocacy services were available (where an independent person is used to provide support) to help them make decisions.

Discussions had taken place with people and their families in relation to making important decisions such as whether

Good

Is the service effective?

they wanted to be actively resuscitated in the event of a cardiac arrest. We saw that a 'Do Not Actively Resuscitate (DNAR) order had been completed in some people's care files.

People liked the food provided. The menu was planned a month in advance with regular favourites and new dishes added for people to try. The different meals on offer provided a balanced diet and the cook knew people's favourite food as well as their individual dietary needs. One person told us, "The cooks are really nice and I really enjoy the food. There are always at least two choices." Another person said, "I'm very fussy about my food but the food here is very good. I don't like mince so they will make me fish instead." Another person told us, "If we don't like the choices on offer the cook will always make us something else."

Meal times were arranged in two sittings. This gave people a choice of times that they ate and staff could be available to help those who required assistance with eating to be fully supported without being disturbed. People had a choice of where they wanted to take their meals, whether in their room, at the dining table, in the lounge, and who they would like to sit with.

We observed people over lunch time. The atmosphere in the lounge and dining room was relaxed and unhurried. People were given time to enjoy their food. The staff spoke with people whilst assisting them and maintained good eye contact engaging them in the meal time activity. They enjoyed the options available and not everyone had the same meal. There was a sufficient amount for people to eat and drinks were offered during and after lunch. One family member said "The food here is fantastic; [relative] thinks it's really lovely and they are very accommodating, very thoughtful."

Risks to people's nutritional health were assessed, recorded and monitored so that they maintained a healthy lifestyle and wellbeing. When risks were identified, people were referred to relevant healthcare professionals such as the dietician or GP.

People's day to day health needs were met through on-going assessment and the involvement of people themselves, their family and clinical and community professionals such as the district nursing service, dietician, occupational therapist, and optician and GP service. One health care professional we contacted told us, "The manager and staff know each person individually, and their personal needs, background history, including family situations and their likes and dislikes. People are treated with respect, dignity and understanding."

The registered manager told us that they had a good network of professionals who came to the home as and when required. Referrals made to healthcare professionals were quickly responded to and the treatment and care provided was effective because the system for providing an individualised service was available to each person who lived at the service.

Good

Is the service caring?

Our findings

During our inspection, we spent time observing staff and people who used the service together. There was a calm and relaxed atmosphere. One person told us about what she had noticed, "When I see the carers with people who need more help than me, what I see is them coaxing people. The carers are very gentle and it's reassuring for me." Another person said, "I liked the look of the place from the outset. I put myself in here and I'm still here. I'm very happy here. If I wasn't I would move. I think the carers are very nice, I get on well with all of them."

We were told by people who used the service that the staff were kind and caring. A relative told us that in their opinion they couldn't wish for better. They said, "This place is ideal, it's like a family. The girls are lovely; my [relative] is very happy and has settled in well, they really do care."

The staff checked regularly that people they were supporting were OK. They spoke to them as they went past or helped them with a task or activity. We observed touch being used appropriately by staff members which provided reassurance and security to people.

The staff spoke about people and to people in a respectful and knowledgeable way. They called people by their preferred names when talking with them and when referring to them in conversation with other staff.

Staff knew the social history of people who used the service, what they liked and their preferences.

Subsequently, staff could engage in conversation with people which made them smile, made them laugh and made them remember their past. Staff spoke warmly and with compassion when speaking with us about people who used the service.

All of the interactions we saw were warm, caring and friendly. The staff supported people in a way that maintained their dignity and privacy. For example, support with personal care was offered discreetly and quietly to one person. For another person, who was distressed and needed reassurance, distraction techniques such as talking to them about something different or steering them gently away from a potential situation were used by staff which helped them to maintain their composure and dignity.

The service maintained good contact with relatives, friends and the community. They organised events such as coffee mornings, visits to the local community centre, invited people in from the local sheltered housing scheme nearby. Relatives were visiting on the day of our inspection. They were positive about the communication they had with the registered manager and staff and felt informed and involved in their relatives care. One relative told us, "The staff know my [relative] very well and pick up even the smallest of signs that might show they are unwell and deal with it. They always let me know. I know that they are very well cared for."

A health care professional said, "The service is welcoming and friendly. If I needed a home for my parents to be cared for in, I would choose here."

Good

Is the service responsive?

Our findings

For people who could talk with us, they told us that they had been involved in discussing their needs and wishes with the staff. One person said, "When I came here I was very unwell and I thought I was going to meet my maker. A member of staff would come and sit with me for a lot of the time and it made me feel really cared for." When the upstairs of the service was decorated recently, a person told us they picked the colour for their room, "I was pleased to have been consulted and picked the colour to reflect my personal preferences and I am very pleased with it."

The records we saw were written in a clear and accessible way. They contained a photograph of the person and sufficient information about their health and social care needs, preferences and their background history for staff to respond and meet their needs appropriately. People's mobility, falls, continence, moving and repositioning, personal grooming and dietary requirements were detailed in order that staff could respond to their needs appropriately. Staff received guidance about people's care from up to date information about their changing needs.

Staff involved people in their care and helped them to maintain their physical and emotional independence. People were encouraged to make choices and decisions about everyday tasks, activities and important decisions in their lives. Decisions people made were listened to and respected and the staff and registered manager communicated with people in a respectful and non-judgemental way.

We saw that records reflected the person centred approach that the service had. For example, we saw that life history work 'Remember who I am' was being updated so that who people were as individuals was central to providing care and support. One example we saw was in the night care section of one person's care plan, it read, "[Person] likes to sleep with a tissue in their hand."

People's faith was acknowledged and they were assisted to attend a religious venue of their choice. Preferred Place of Care documents were in the files we looked at which showed where people wished to spend the last days of their life.

The care plans were reviewed on a monthly basis so that staff had up-to-date information on the care and support people required. Staff were actively updated about any day to day changes to people's needs in handovers between shift changes. The handover notes were written in a respectful and personalised way.

Care staff were knowledgeable about the care needs of the people they supported. They had a good understanding of how people preferred to spend their time and what they liked to do. Staff communicated well with people who used the service talking to them about day to day tasks, asking their views and opinion on things that mattered to them such as knitting or going out for a walk and talking about specific interests including their past.

People were supported to engage in social activities of their choice and a range of leisure interests were on offer. Staff undertook group activities such as exercise classes, ball games in the lounge and bingo sessions. Two support workers had been employed to spend one to one time with people to enable them to tell their life story. This provided company and engagement with people and reduced social isolation. For people who were unable to tell staff about their history, relatives were engaged in this process. One person told us, "We do exercises once a week, it's very nice." Another person said, "If I want to go out I can, they will organise a special wheelchair taxi for me." Everyone told us they enjoyed the garden, particularly the birds in the aviary and the fish pond.

People from the community visited the service including musical groups, theatre productions and individual performers. People were encouraged to participate in activities such as bingo, crafts and quizzes. Clothes were available for people to try on and purchase. A hairdresser visited every week for people who wanted their hair done. We saw people reading newspapers, knitting and chatting with each other and staff sitting with people who needed one to one time talking about things that interested them.

The service operated a clear complaints procedure for recording and responding to concerns. People told us that they could speak to the staff or the manager if they had a complaint to make. The registered manager told us that they dealt with comments and complaints as and when they happened but, if they were easily solved, did not record them. We saw that the registered manager had dealt with complaints appropriately and they did not have any outstanding. One person provided an example of how staff had dealt with her concerns. They said, "There was an incident in the past about a member of staff who has gone

Good

Is the service responsive?

now. I spoke to [the manager] about it and she dealt with it very well. I think there is good communication here."
Another person told us, "The manager is a very nice person, you can say anything to them and they listen. All in all I'm a happy bunny."

Good

Is the service well-led?

Our findings

The service had a clear vision and philosophy and was meeting their aims of providing a 'friendly, informal environment where people could relax and enjoy their later years.'

There was a well-established and strong registered manager in post who was supported by an administrator and a consistent team of care, housekeeping and maintenance staff with on-going support and involvement from the provider. One relative said, “They are a good team who work well together.”

The registered manager was very visible in the service. They had established good working patterns and had clear expectations of how the service was run and delivered. One staff member said, “The manager is a good role model.” The manager’s small office was in the centre of the service and was a place for people who used the service and visitors to chat as they went by and talk to the registered manager at any time.

We saw that staff understood their role and responsibilities and what was expected of them and worked well with the registered manager, other staff and visiting professionals. Staff told us they enjoyed working at Newholme House and felt part of a valued team. A member of staff said, “I love my work here, people are so friendly and everyone gets on.” Another said, “I couldn’t work for a better manager, best place ever.”

Staff, people who used the service and relatives were involved in the development of the service. As a small service, meetings and regular communication took place with people and their families on an on-going basis. However, there were opportunities to meet with people who used the service and their relatives more formally which were recorded. The most recent meeting was in December 2014. Food, activities and pets had been discussed. The registered manager told us that a programme of refurbishment had taken place during 2015 which had taken priority but that meeting with people who used the service and relatives would be resumed again, with one planned for November 2015.

A satisfaction survey was undertaken in July 2014 and July 2015 for people who used the service, their relatives and the staff. Overall, the response was positive and improvements had been undertaken as a result such as the refurbishment during 2015. Where improvements could not easily be completed for example due to the age (Victorian) and layout of the building, the service had an honest dialogue with people who used the service and relatives about these challenges.

Care plans were available to the staff and were put away after use so that they were not left on display. Staff handover from one shift to the other was undertaken privately. People could be confident that information discussed about them and held by the service was kept confidential.

Staff received constructive feedback through supervision, direct observations and in team meetings. We saw these were all recorded. Staff felt confident to air their views and concerns and the manager listened, responded to issues with documented action plans and proposed changes in response.

The manager undertook audits which included care plans, health and safety and fire drills, medicine management training, competency checks of staff on a weekly, monthly and annual basis as needed. They measured and reviewed the delivery of care and used current guidance to inform good practice, their decision making and improvements to people’s care and wellbeing.