

Mr Danny So

Newhaven

Inspection report

5-7 Sunningdale Road
Wallasey
Merseyside
CH45 0LU

Tel: 01516396420
Website: www.newhavencare.com

Date of inspection visit:
25 October 2018
06 November 2018

Date of publication:
18 December 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection was carried out on 25 October 2018 and 6 November 2018. The first day of the inspection was unannounced.

Newhaven 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

Newhaven is registered to provide support for up to 16 people. At the time of our inspection 12 people were living there. At the time of the inspection the home was registered with CQC to provide services for older people. In fact, it provides services for people with a learning disability, many of whom are older people, as recorded within previous inspection reports. We discussed this with the registered manager during the first day of the inspection following which they submitted the relevant paperwork so that this could be rectified.

The home has a registered manager. 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 registered manager is also the provider and has worked at the home since it opened over 20 years ago.

At our last inspection of the home in June 2017 published in August 2017 the service was rated 'requires improvement overall'. At that inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of Regulations 12, safe care and treatment. This was because risks to the health and safety of service users had not been consistently assessed.

After that inspection the provider wrote to us to say what they would do to meet their legal requirements. At this inspection we identified that improvements had been made with regard to Regulation 12 and the provider was no longer in breach of this regulation. This was because risks to the health and safety of service users had been assessed and plans put into place to reduce known risks.

In June 2017 CQC published Registering the Right Support. This along with associated good practice guidance sets out the values and standards of support expected for services supporting people with a learning disability. At this inspection we assessed the service in line with this guidance.

During this inspection we found breaches in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider's systems were not always effective at monitoring and improving the service people received. In particular no system was in place for checking that the home was providing support to people in line with current best practice guidance for supporting people who have a learning disability.

We also found a breach of Regulation 18 of Care Quality Commission (Registration) Regulations 2009. This was because the provider had failed to notify us of incidents that had occurred in the home in accordance with our statutory requirements. This meant that we did not have all of the information needed to effectively monitor the service.

Newhaven did not always meet the values and principles of Registering the Right Support and associated guidance. Current good practice guidance encompasses the values of choice, independence, inclusion and living as ordinary a life as any citizen. The size and layout of Newhaven means it does not always operate or feel like an ordinary home.

Some of the practices within the home were institutional and not personalised for individuals. Examples of this included, some staff wearing uniforms, a large sign outside of the home and the use of plastic crockery for everyone.

Systems were in place for safeguarding people from the risk of abuse and reporting any concerns that arose and staff knew what action to take if they felt people were at risk of abuse. A system was also in place for raising concerns or complaints, a complaint received in the past year had been dealt with robustly by the registered manager.

People's medication was safely managed and they received it on time and as prescribed. Staff provided people with the support they needed to manage their physical and mental health care needs. This included supporting people to attend appointments and follow advice given by health professionals as well as ensuring people used equipment to meet their assessed needs.

People's care needs had been assessed and regularly reviewed. Where people required support, this was detailed in their care plans which provided guidance for staff on how to meet people's needs safely and well. Staff were aware of and followed this guidance.

Equipment and the building were monitored regularly to ensure they were safe. The building had adaptations and equipment to support people with their mobility and personal care. This included a hoist and a stair lift.

There were enough staff working at the home to meet people's care needs. The home had a stable staff team and did not use bank or agency staff, this helped to provide a consistent service for people. Systems were in place and followed to recruit staff and check they were suitable to work with people at risk of abuse or neglect.

Staff had received training to help them understand and meet the care needs of people living at the home. Staff told us they felt supported by senior staff at the home.

People were supported to take part in activities of their choice both at home and out and about in their wider community. People had a choice of meals and we saw that staff offered people support to eat, drink and monitor their nutritional needs.

It was evident from what people told us both verbally and non-verbally that they liked and trusted the staff team. Staff spent a lot of time interacting with people as well as meeting their care needs. Newhaven is a family run home and staff were clear that they tried to promote a family atmosphere. It was evident in meeting people and observing their daily lives that people felt comfortable and cared for.

The provider met the requirements of the Mental Capacity Act 2005. People were supported to make

choices and decisions for themselves. Where people lacked the capacity to make important decisions for themselves then the provider took steps to protect them. This included applying to the local authority for a Deprivation of Liberty Safeguard (DoLS) for the person. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Further information is in the detailed findings below.

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.

Systems were in place to monitor risks to people's safety and reduce the risk of these occurring.

Enough staff were available to support people in a safe, unrushed manner. Systems were in place to check new staff were suitable to work with people who may be vulnerable.

People's medication was safely managed.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to understand and meet people's needs.

People were supported to make decisions and choices for themselves. Where they were unable to do so the provider took steps to make decisions in the person's best interests or obtain legal protections for them.

People could choose their meals and received the support they needed with their nutrition.

Is the service caring?

Good ●

The service was caring.

Staff knew people well, treated them with respect and maintained people's dignity. They spent time interacting with people as well as meeting their care needs.

The home promoted a family atmosphere that was evident in interactions between people living and working there.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were not always supported in line with best practice guidance.

People received support to engage in activities of their choosing.

Care plans provided guidance to staff on how to meet people's needs and choices. These were followed by staff who were skilled at communicating with people.

Care plans provided guidance to staff on how to meet people's needs and choices. These were followed by staff who were skilled at communicating with people.

Complaints were listened to and dealt with.

Is the service well-led?

The service was not always well led.

Systems for checking the quality of the service were not always robust enough to ensure people were supported in line with best practice guidance.

Notifications of important information were not always sent to CQC by the provider.

The registered manager was experienced and promoted a family atmosphere within the home. Staff and people living there had confidence in the management team.

Requires Improvement 

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.

The inspection was carried out on 25 October 2018 and 6 November 2018. An Adult Social Care (ASC) inspector carried out the inspection and the first day was unannounced.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the provider. This included the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We spoke to the local authority to ask them to share any relevant information they held about the home.

During the inspection we looked around the premises and met with many of the people living at the home, four of whom we spoke individually with. We spoke with the registered manager, deputy manager and a member of care staff.

We also spent time observing the day to day care and support provided to people, looked at a range of records including medication records, care records for three of the people living there, training records and records relating to health and safety and quality assurance.

Is the service safe?

Our findings

At our last inspection of the home in June 2017 we found they were in breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the fire risk assessment and individual evacuation plans required updating. At this inspection we saw that these had been updated and the home had worked with the local fire service to meet improvements they had required in July 2017. We also found that risk assessments relating to individuals had been updated. This meant the home was no longer in breach of this regulation.

Policies were in place for guiding staff on how to identify and report any safeguarding adult's concerns that arose. One safeguarding referral had been made by the home in the past year, this had been investigated and unsubstantiated by social services. Staff were aware of safeguarding policies including how to identify possible incidents and told us that they would not hesitate to report these. They had received training in understanding safeguarding and had a policy in place to provide guidance if needed.

Staff were also aware of their whistleblowing policy and how to follow it if needed. This is when staff report something that they believe is wrong in the workplace and is in the public interest.

Risks to people's safety had been identified within their care plan and appropriate action recorded to minimise the risks occurring or causing harm. The home had a series of internal and external checks in place for the safety of the premises and equipment. This included checks of water temperatures, fire system, small electrical appliances and gas. Information on how to support people in an emergency was available. This included a fire evacuation plan and individual personal emergency evacuation plans for people.

Confidential records were secured either on a password controlled computer or a lockable office. These were accessible to staff who needed to read or add to people's records. Records we looked at were clear and up to date.

The home was clean and tidy during our inspection and appropriate personal protective equipment including gloves, aprons and hand soap were available for use.

We looked at how people's medication was stored, recorded and administered and found that this was generally well managed. Medication was managed so that stocks were kept to a minimum and people had their medication available. Locked storage was used along with additional locked storage for medication that may be subject to misuse.

We looked at a sample of medication including medications prescribed for 'as required' use, medication subject to misuse and prescribed to be taken / applied at different times of the week. Stocks tallied with records indicating people had received their medications as prescribed. We discussed with a senior member of staff making it clear on records where patches should be applied and ensuring a clear audit system was in use for medication including that subject to misuse. On the second day of the inspection both of these had been implemented.

Accidents had been recorded on an accident form and reviewed by senior staff. This helps to identify any patterns that emerged and put plans in place to reduce risks to people.

During the two days of our inspection we saw that there were sufficient staff available to provide people with the support they needed. The home employed twelve staff in total, many of whom have been there a number of years and knew people well. The registered manager explained that they never use agency or bank staff, this meant that people had consistency with staff who supported them. On both days of the inspection the registered manager and deputy manager were working at the home, in addition a senior carer and two care staff were also working along with a general domestic assistant. This meant sufficient staff were available to support people and accompany people if they wished to go out.

No new staff had been appointed to work at the home since our last inspection in June 2017. The registered manager explained that prior to appointing a new member of staff they would carry out a formal interview and checks including obtaining a Disclosure and Barring Service check, references and identification. A recruitment policy also outlined this process. These recruitment processes would help to check new staff were suitable to work with people who may be vulnerable.

Is the service effective?

Our findings

Prior to offering anyone a place to live at Newhaven senior staff obtained a copy of their assessment from social workers and /or health professionals. These assessments were initially used to establish whether the person could be supported at the home. A senior member of staff explained that in the past year they had not accepted several people as they did not think Newhaven would be a suitable place for them to live. In considering this they had taken into account the needs of the person and the needs of people currently living at the home. If a potential place was being offered to the person senior staff met with them and people important to their care. The person was then invited to make several visits to the home and to stay for a time. This meant that staff, the person and if involved, their relatives could assess whether Newhaven would be a suitable place for the person to live and whether their needs and choices could be met by living there.

Many of the staff working at Newhaven had worked there for many years and knew people well. This helped to create a 'family ethos' that the registered manager encouraged. Staff had undertaken a variety of training relevant to their role. We saw that training was supported and encouraged within the home with recent training courses including protection of vulnerable adults, end of life care, and understanding learning disabilities. These were six-week distance learning courses through a college and staff were supported by a visiting tutor. In addition, staff undertook in-house training in a variety of areas including infection control, health and safety, fire and manual handling. The training that staff completed helped to equip them with the skills and knowledge to support people safely and well.

Staff had six monthly appraisals with a senior member of staff, this provided them with opportunity to discuss their performance, any concerns they may have and any training needs they may have. A member of staff told us that they had always felt supported by senior staff working at Newhaven.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the 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 had the appropriate legal authority and were being met and found that they were.

People's capacity to understand and make decisions had been assessed. Where the person had been assessed as lacking the ability to make an important decision such as taking their medication or living in a

care home then a 'best interest' decision had been made involving relevant people. This included applying for DoLS for people who would benefit from them.

People had a choice of meals and we saw that plenty of drinks were available throughout the day. We also saw that people were comfortable asking for a drink or changing their mind about their lunchtime meal. One person told us, "We have hot chocolate at night. Coffee in the day, I love coffee."

On the first day of the inspection only the main meal served at each mealtime was being recorded. We discussed this with a senior member of staff and on the second day of the inspection all meals provided were being recorded. This means that there was clear information about the choices people were supported to make, it also meant that staff could monitor whether they were offering people the opportunity to eat healthy meals in line with best practice guidance.

People's nutritional needs had been assessed and where they required extra support to maintain their weight or ensure they had an adequate intake of food and drink then a care plan was in place for the person. Their nutritional intake and weight had been monitored and reviewed regularly to ensure any changes could be quickly noted and acted upon. Staff worked with health professionals to support people with their nutrition.

Some people required a thickening agent adding to their drinks, or their meals prepared in a certain way to enable them to swallow safely. Staff were aware of this and how to prepare food and fluids for the person. We saw that they consistently followed the guidance provided.

People told us that they received the support they needed with their health care. One person explained that staff encouraged them to keep moving to help manage a health condition. They also told us that they discussed upcoming health appointments with staff who attended with them and helped them express their views.

Some people had been assessed as needing equipment to support their health or remain safe such as a walking frame or pressure relieving cushion. Staff made sure these were used for people who needed their support and encouraged other people to make use of their equipment.

Records showed that people had been supported to access health professionals as needed. This included the GP, chiropodist, consultants and dieticians. Care plans were in place for people's individual health care needs and contained sufficient information to guide staff on how to meet these. Daily records showed that care plans had been followed and people's health monitored regularly.

Newhaven is based in a pair of converted semi-detached houses similar to other residential properties on the street. Accommodation is provided over the first two floors with a stair lift available for people to use if needed. Five of the bedrooms are shared rooms and a senior member of staff told us that people who share have done so for many years and enjoy sharing with a friend. Some bedrooms had been fitted with en-suite shower rooms.

Shared space included a large downstairs living and dining room with access to a paved, enclosed back garden. Aids and adaptations were provided to support people with their mobility and personal care. This included specialist chairs and beds, grab rails and accessible shower's.

Some of the bedrooms had window blinds fitted. These had continuous loops to open and close them and we asked a senior member of staff to carry out a risk assessment on these to establish whether they posed a

risk and break-free loops or other safety features should be fitted.

Is the service caring?

Our findings

One of the people living at Newhaven told us, "I like it here, I get on with all the staff." Another person said, "I am glad [this is my] home, I like it." A third person told us they had lived at Newhaven a long time and said, "They look after me, I like it."

We saw a number of very positive interactions between the people living at Newhaven and staff. It was evident that staff were skilled at understanding people's non-verbal communications and responded quickly and intuitively to people's non-verbal requests. For example, we saw staff supporting one person to go for a walk after they non-verbally asked to do so. Staff spent time reassuring people when needed, interacting with people and socialising with people throughout the day.

The people living at Newhaven spoke warmly of the staff team. People who used non-verbal communications showed by their reactions to staff that they felt safe, comfortable and happy in their company. Staff spoke warmly about the people they supported and had a very in-depth knowledge of people's history, their needs and choices.

The home had carried out a 'Dignity in Care' survey in 2017 and we looked at responses from two GPs. Both were positive about the service with one GP commenting, "One of the best organised homes with staff that do genuinely care."

The registered manager and staff told us that they felt Newhaven was a 'big family' and that being a family run home was a positive benefit for people living there. For example, a member of staff told us that Christmas and birthdays were always a special event and all staff bought everyone living there a small gift so everyone had a number of individual presents to open.

Staff had noted that one of the people living at the home appeared to have a 'dip' in their mood as the seasons turned to winter. They had discussed this and asked for a 'mood lamp' for the person. Staff were aware of this and told us how they used it every day to try to help the person. A second person who lived at the home had been unsettled prior to moving in and had remained so initially at Newhaven. Since then they had settled down and we saw staff supporting the person in a low-key manner whilst encouraging them to eat or interacting with them when the person showed they wanted company. These examples amongst others showed us that staff had a caring, thoughtful approach to supporting people.

People's personal information was stored confidentially in a locked office or on a password controlled computer.

Is the service responsive?

Our findings

The provider was not always following the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence, inclusion and enabling people to live as ordinary a life as any citizen.

For example, on the first day of the inspection one of the people living at the home was wearing a tabard to help protect their clothes. Rather than wearing an ordinary tabard that the person had maybe chosen and which suited their likes they were wearing a tabard labelled with the name of the home. We also noted that some staff wore a uniform and others did not. The registered manager explained that this was a choice staff made. The wearing of a uniform differentiates between support staff and people whose home it is and can create an institutional feeling rather than one of inclusion and promoting ordinary lifestyles. Similarly, a large sign outside of the house advertised Newhaven as a residential care home. Advertising people's home as a residential home for adults with a learning disability labels the building and the people living within it and provides information to the wider community that is not necessary.

Some of the practices we observed were institutional and not personalised to individuals. At lunchtime on the first day of the inspection everyone living at the home was given plastic crockery and glasses regardless of whether they needed these for safety reasons. Medication was placed on the table during the teatime meal and given out; this was disruptive and impacted on creating a sociable relaxed mealtime.

As a larger care home catering for up to 16 people Newhaven does not meet current best practice guidance for supporting people to live as ordinary a lifestyle as possible. The Department of Health states that best practice is for people with a learning disability to live in 'small, local, community based settings.' Although Newhaven is based in a local community and with some adaptation could be externally indistinguishable from other domestic houses in the area it remains a congregate setting whereby people share larger than average living spaces. In addition, to which some of the examples given above demonstrate that practices at the home need to be improved to ensure people are supported in a setting that promotes their right to live as far as possible as any ordinary citizen.

On the second day of the inspection we saw that the registered manager had taken some of our comments on board. This included, supporting people to use crockery and glasses suited to their needs, staff no longer wearing uniforms and people wearing tabards without the home's name on them. The registered manager also told us that they had changed their medication routines so that medication was given out following and not during mealtimes.

Although this showed us that the registered manager was responsive to new ideas and to making changes that would improve the service for people both on an individual and overall basis we did not see any evidence that they actively sought to remain responsive to meeting current best practice guidance.

We recommend that the service follow best practice for people with a learning disability to ensure the principles of choice, independence, inclusion and living as ordinary a life as any citizen are implemented

throughout the service they provide.

During the inspection we saw that staff were responsive to and anticipated people's individual needs. Staff responded quickly to requests for help and support. Examples of this included, one person who spent a lot of their day sitting in a chair, staff supported them to move around the living room when they non-verbally showed that they wanted to move. Another person could not walk and we saw that staff supported them by moving their easy chair around so they could sit nearer to a friend and watch a DVD.

One person told us they received the support they needed with their personal care, they explained, "I have a shower every morning." They also explained that the hairdresser visited regularly as they didn't like to go out to the hairdressers. Care records showed that people received the support they needed with their personal care.

Individual care plans were in place for the people living at Newhaven. These contained sufficient information to assess the person's needs and provide guidance to staff on how to support the person. Regular assessments had been undertaken for the person. These included assessing risks to the person's safety, nutrition and their health. Where an assessment identified the person required support, for example with their health, personal care or safety then a care plan was in place to guide staff. Information was also recorded about the things the person did and did not like and their communication methods. Care plans had been reviewed regularly to check the information was up to date and accurate.

During the inspection we heard one person planning a shopping trip with a member of staff. It was clear that they had discussed this before and had firm plans in place. We saw other people engaged in activities with staff such as using colouring books or watching a DVD. Records showed that people were supported to go out and about including to local shops, cinemas and places of interest. For example, on the second day of the inspection two people had gone to the cinema and out for their lunch.

Providers of care services have to have systems in place to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. At Newhaven care plans contained information on the ways the person communicated. Throughout the two days of our inspection we saw that staff understood people's verbal and non-verbal communication and responded in a way that was appropriate for the person.

People told us that they could make everyday decisions for themselves. One person told us, "When I want to go to bed I go." We saw that staff listened to and acted on people's verbal or non-verbal choices through our inspection. We saw people demonstrate verbally or non-verbally that they wanted something different or additional at mealtimes and this was understood and responded to by staff. We also heard one person discussing with staff when they wanted to go shopping and when they did not wish to attend a medical appointment. The member of staff listened to the person and reassured them that they would make sure their choices were respected.

One of the people living at Newhaven told us that if they were unhappy about anything they would talk to staff. They explained, "They sort me out, [deputy manager] listens all the time."

One complaint had been received by social services about the home in the past year. This related to the disposal of cigarette butts and the registered manager had responded robustly. This complaint had not been recorded in the complaints records held at the home. We discussed with a senior member of staff recording all concerns or complaints raised so that they could be monitored and audited. A copy of the complaints procedure was available and provided information on how to raise a complaint and how it

would be investigated.

Nobody living at Newhaven was currently receiving end of life care. A senior member of staff explained that if someone wished to remain in the home when they became in need of end of life care then staff would support them. She explained that previously staff had worked with health professionals, the person and if applicable their family to support people to stay at home. A member of staff explained that they had asked in the past for training in supporting people with end of life care and this had been arranged for them.

Is the service well-led?

Our findings

The provider had not notified the Care Quality Commission (CQC) of all incidents that had occurred in the home in accordance with our statutory requirements. This included not notifying CQC that two people had Deprivation of Liberty (DoLS) Safeguards in place and of a safeguarding referral that they had made to Wirral Social Services in April 2018 that was subsequently investigated and not substantiated. This meant that CQC were unable to accurately monitor information and risks regarding Newhaven.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We found the registered manager and senior staff responsive to discussions about how the service could further improve. On the second day of the inspection we found that a number of the issues we had discussed during the first day of the inspection had been acted upon. For example, we had observed that the lunch time meal on the first day of the inspection was chaotic. The registered manager and deputy manager along with staff were aware of this and all told us that this was not usual or how they usually supported people. We observed a second lunchtime meal and a teatime meal and saw that actions had been taken to make these more sociable and relaxed occasions.

This approach was reactive rather than pro-active. We did not see any evidence that the registered manager was pro-active in remaining up to date with current good practice guidance around supporting people with learning disabilities. We did not see any systems in place for assessing the quality of the service to check it was providing support in line with current best practice guidance. This meant that issues we have raised in this report had not been noted and acted upon until brought to the attention of senior staff.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the provider's systems were not always effective at monitoring and improving the service people received.

Systems were in place to ensure the quality of the service in other areas. This included, regular reviews of care files, health and safety and medication. Records were accurate, up to date and regularly reviewed and were stored confidentially.

Newhaven had a registered manager. 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 was managed by the registered manager who was also the owner and a deputy manager who had both worked at the home for over 20 years.

Newhaven is a family run business with both the registered manager and deputy manager having been part of the business since it opened over 20 years ago. They actively promoted a culture of providing a family-style atmosphere for people. Throughout the inspection we observed that this was evident in the

relationships people living there had with each other and staff.

People living at Newhaven told us that they liked the manager and deputy manager. One person said, "I am very happy to see [registered manager]." Another person told us, "I like [deputy manager] I always give her a hug." Some of the people living at Newhaven do not communicate verbally. We saw by their facial expressions and actions that they had a trusting positive relationship with staff including the registered and deputy managers. A member of staff told us that they found management at Newhaven, "Fantastic, supportive."

The registered manager was also the provider of this service and another service for adults with a learning disability in the local area. Both the provider and deputy manager at Newhaven worked closely with the registered manager of the other service in looking at ways to improve the quality of their service. They also worked with health and social care professionals who visited individual people living at the home.

We did not see any evidence that they worked more broadly in looking at ways to remain up to date or work in partnership with others to look at ways to continually improve their service. The Registered Managers Network in Wirral arrange regular 'registered manager' meetings. These can be attended by any care service manager or delegated member of staff. The meetings are a forum that care services can attend to build relationships with other care providers in their local area. It also has guest speakers who provide updates on changes to legislation and good practice guidance. The registered manager for this service had not attended any of these meetings since our last inspection.

Ratings from the last inspection were displayed within the home and on the provider's website as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not acted in line with regulatory requirements.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems were not always effective at monitoring and improving the service people received.