

Eastern Care Ltd

Newton House

Inspection report

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21 March 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Newton House is an care home for 26 people with mental health needs and/or learning disabilities. The home provides services for people from the Asian communities. People are accommodated in one 20-bedded house and two three-bedroomed houses. At the time of our inspection there were 15 people using the service.

People's experience of using this service:

- People told us they were safe at the home. A person said, "Everybody here is kind to me and looks after me and that makes me feel safe." Staff knew how to protect people from harm.
- The home was well-staffed and extra staff were put on duty if people needed more support. People were involved in recruiting new staff and their views listened to.
- The home was clean and tidy. People said this was always the case and they praised the cleaning staff for their hard work.
- People and relatives said the home provided good food. A person said, "The food is very nice and there is variety. Every day we have lamb or chicken or fish and lots of other dishes."
- People's medical needs were met. The home had a regular GP who knew people well. If people needed specialist healthcare, staff referred them to the relevant professionals.
- The staff were caring and kind. A person told us, "This is a caring home and all the staff are good." The person then turned to the registered manager and gave them a hug to show their appreciation of them.
- Staff valued people, respected their religious beliefs, and celebrated important events in their lives, for example, their birthdays, Eid, Diwali, Christmas, and New Year.
- Staff provided personalised care and people were encouraged to lead active lives. People attended colleges and places of worship, shopped with staff, and went to the cinema and local restaurants.
- The home had a welcoming and friendly atmosphere and people said they felt part of a family living there. The managers and staff consulted with people daily about their care and sought their views on the running of the home.
- The provider and registered manager carried out quality checks to ensure the home was running well. They identified areas for improvement and acted to address these.

Rating at last inspection

At the last inspection we rated this service Good (report published on 27 September 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

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

Notice of inspection:

This inspection was unannounced and took place on 21 March 2019.

What we did:

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies.

During the inspection we spoke with four people using the service and two relatives. We also spoke with the registered manager, deputy manager, two care workers, and the housekeeper. We observed staff interacting with people and providing support and activities.

We looked at two people's care records. We also looked at other records relating to the management of the service including staffing, quality assurance, and accidents/incidents.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People told us they felt safe at the home and relatives said they had 'peace of mind' their family members were being cared for safely.
- A relative told us, "Every time I come here everything is fine and there are no problems so I don't have to worry about [person]."
- Staff knew how to keep people safe and contacted the local authority if they had concerns about the well-being of any of the people in the home.
- Safeguarding information was displayed prominently in the home to remind people, staff and visitors how to report any issues.

Assessing risk, safety monitoring and management

- People had risk assessments in place so staff knew how to support them safely. These covered areas including mobilising, nutrition and hydration, and going out into the community.
- One person's risk assessment for distressed behaviour needing improvement to ensure staff had the information they needed to support the person. The registered manager said he would review and update the risk assessment.
- Staff were knowledgeable about the areas where people were at risk and knew what to do to support them and keep them safe.

Staffing levels

- People told us staffing levels at the home were good. A person said, "There are always staff here if you need them. We are never left alone."
- Staffing levels were flexible and extra staff were put on duty if people were unwell or needed to go out to appointments.
- The provider had safe staff recruitment checks in place including obtaining references and criminal records clearance. When potential staff were interviewed people were invited to join interview panels to have a say in who worked at the home.

Using medicines safely

- Medicines were safely managed in the home. A person said, "Staff look after my medicines and come and tell me when it's time for them. I have them twice a day and the staff never forget."
- The home's contract pharmacist regularly inspected the home's medicines records and stocks to ensure they were in good order and kept securely.
- Healthcare commissioners audited the home's medicines in January 2019 as part of an initiative to prevent medicines wastage in care homes. The commissioners were satisfied with how medicines were kept.

- Staff were trained in the safe administration of medicines. They told us some people were on PRN ('as required') medicines for distressed behaviour but these were only used as a last resort if other interventions had not been successful.

Preventing and controlling infection

- The home was clean, tidy and fresh and people and relatives confirmed this was always the case. A person said, "The cleaning lady is very good. She works very hard." A relative told us, "The home and [person's] room are always very clean."
- Staff were trained in infection control and followed the provider's policies and procedures to keep people safe from the spread of infection. They used disposable gloves and aprons when providing personal care.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Managers assessed people's needs before they came to the home to ensure they could be met. A relative said, "They asked me all sorts of questions about [person] and told me how they could help them here. It has worked out so well as this is the right place for [person]."
- Staff used up-to-date policies and procedures based on current legislation and best practice standards to determine how people's needs would be met. Assessments covered people health and social care needs and were used as a basis for care plans and risk assessments.
- Assessments documentation needed up-dating to ensure the protected characteristics under the Equality Act were considered and recorded. The registered manager said this would be done.

Staff skills, knowledge and experience

- Staff were knowledgeable and confident in their roles and knew how to provide effective care to people.
- The home's training matrix showed staff had completed essential courses in care including the nationally-recognised Care Certificate and National Vocational Qualifications.
- Staff had additional training so they could meet people's specific needs. This included long-distance courses in mental health, learning disabilities, and dementia care which staff completed using workbooks.
- Staff said they preferred taught training as it gave them more opportunities to discuss their learning and ask questions if they didn't understand something. We discussed this with the registered manager who said he would review staff training to ensure it was fit for purpose.
- Staff said they were well-supported by the management team and had regular one-to-one supervision sessions and attended staff meetings. They said if there were ever unsure of anything they would ask the registered manager or deputy for advice.

Supporting people to eat and drink enough with choice in a balanced diet

- People said they liked the food provided and thought it was one of the best things about living at Newton House. A person said, "The food is very, very good. We have meat, fish and vegetarian dishes."
- Relatives also told us the food was good. A relative said, "They know what [person] likes and offer them choices. Every day the food is different. Since they've been here [person] has put on weight which they needed to do."
- People were involved in shopping for and preparing food. A person told us they made mango chutney with staff and enjoyed this activity.
- People's nutritional needs were met. Records showed that, where necessary, people were weighed and their food intake monitored. One person needed to gain weight and staff followed a diet sheet which advised how to add extra calories to Asian dishes.

- Staff were trained by the SALT (speech and language therapy) team in the use of 'thickeners' to reduce the risk of choking, although these were not being used at the time of our inspection visit.

Staff providing consistent, effective, timely care within and across organisations and supporting people to live healthier lives, access healthcare services and support

- People and relatives told us people's medical needs were met. One person said, "If I am unwell they take me to the GP and give me medicines." A relative said, "When [person] was ill the staff and the GP did everything they could to make them better."
- Staff said the home's GP was helpful and knew the people using the service well. The deputy said, "He comes out when we need him. Once he came in his lunch hour to see someone. We have an excellent relationship with him."
- The home had a named consultant who came out at least once a year to review the care of all the people using the service and re-assess their needs.
- People's medical needs were met. For example, one person, when newly-admitted, was referred to a range of healthcare professionals including an occupational therapist, a memory specialist, and a neurologist.

Adapting service, design, decoration to meet people's needs and supporting people to live healthier lives, access healthcare services and support

- The home was situated in an area of the city with good community facilities. There were shops, a park, and places of worship within easy walking distance.
- The home had bedrooms on the ground, first and second floors. There were stairs to access the upper floors with handrails fitted. People on these floors were able to manage the stairs. The registered manager said he had planning permission to fit a passenger lift and would do so if people's mobility changed in the future.
- People told us they could personalise their bedrooms. One person said, "I've got my own things in my room and I like how it is. I can go there if I want to be quiet."

Ensuring consent to care and treatment in line with law and guidance

- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities. The home took the required action to protect people's rights and ensure people received the care and support they needed.
- Staff were trained in the Mental Capacity Act 2005. Where appropriate they had referred people to the local authority for DoLS assessments. This told us people's rights were being protected.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- The staff were caring and kind. One person said, "The staff are so lovely and you can talk to them about anything." Another person told us, "This is a caring home and all the staff are good." The person then turned to the registered manager and gave them a hug to show their appreciation of them.
- A relative said the caring nature of the staff made their family member feel valued. They said, "They [the staff] look after [person] who is happier now they have come here. They feel at home." The relative also told us, "The staff are very nice to me too. They invite me to eat here and make me feel this is my home too."
- Staff had good relationships with the people using the service. We saw them reassure a person who was distressed. A staff member told us, "[Person] is beginning to trust us and to feel safe here." Another staff member said, "This is a really good home because we [the staff] care about the residents and they care about us."
- A person told us staff supported people to celebrate important events in their lives. They said, "On your birthday you have a cake and a spread of food and a party. It's the same at Eid, Diwali, Christmas and New Year."

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged people to make choices about what they wanted to do each day, for example with regard to meals, activities, outings, and timing of personal care.
- People, and relatives where appropriate, were involved in the writing and reviewing of people's risk assessments and care plans.
- One person had an advocate who came to the home to assist them in decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's culture and supported them with their faiths and religious requirements.
- Staff treated people with dignity and respect. They knocked before entering people's rooms and addressed people politely and courteously.
- Staff encouraged people to be independent. At the time of our inspection visit they were supporting one person to improve their mobility with regular exercise.
- Staff were trained in the GDPR (General Data Protection Regulation) and knew how to keep information about people confidential.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Personalised care

- People and relatives told us staff provided personalised care. A person said, "The staff know we very well now and what I like and don't like." A relative told us, "The staff look after people as individuals."
- Relatives told us people's well-being had improved since coming to the home. A relative said, "[Person] is settled here. It's the best they've ever been. They like it here and don't want to leave." Another relative told us their family member was more mobile and was no longer having falls since coming to the home.
- People were encouraged to lead active lives. A person told they attended college, went shopping with staff, attended their place of worship, and went for walks. Activities at the home included discussion groups, art and crafts, baking and trips out to the cinema and for meals.
- Each person had a pictorial care plan showing the activities they enjoyed so staff could support them with these. The home had a computer with internet access and people said they used this to contact family and friends.
- The home complied with the 'Accessible Information Standard' (AIS). The AIS aims to ensure people with a disability, impairment or sensory loss are provided with information that is accessible and easy to understand.
- Care plans included people's communication needs. They provided information on the languages people preferred to use, including Gujarati, English, Punjabi, and body language.

Improving care quality in response to complaints or concerns

- People said that if they had any complaints they would talk to the staff. One person said, "If I wasn't happy I would talk to [registered manager] or [deputy]." A relative said, "I can discuss anything with the staff and go to them with any problems."
- The provider's complaints procedure was displayed in the home and discussed with people at one-to-one and group meetings so they knew it was safe to speak out. Any complaints made were recorded with action taken and the outcome shared with the person making the complaint.

End of life care and support

- Staff were trained in end of life care and followed the provider's policies and procedures to ensure people were comfortable and pain-free at the end of their lives.
- Staff had previously provided end of life care, working closely with community nurses to ensure people's needs were met. They had provided comfort and care to families and assisted with funeral arrangements in line with people's cultural preferences.

Is the service well-led?

Our findings

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and relatives made many positive comments about the registered manager and deputy. A relative said, "They are such nice people. They run the home very well and there is nothing to complain about."
- The home had a welcoming and friendly atmosphere. A person said, "This is a unique home because everybody looks after everybody else. We are a family." A relative said, "When I come here the staff and residents make me feel part of the family and always offer me a drink and food."
- The registered manager was directly involved in people's care. During our inspection visit he gave a person a footbath. He told us, "If you care about people you must be prepared to help them with their personal care. If you can't do that you are not right to work in the care industry."
- We saw people had an excellent relationship with the registered manager. They sought him out and enjoyed banter and jokes with him. The deputy said, "He always makes time for people and if he's busy they know he will come and find them later."
- Staff told us that when the registered manager was away on holiday he contacted people using the service on his mobile phone to find out how they were and check the home was running smoothly in his absence.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff understood their roles and responsibilities and felt well supported by the managers. A staff member said "[Registered manager] and [deputy] are always there if we need them. They're either in the home or we can get them by telephone."
- Staff said communication within the home was good, and information about people's care was recorded in detail, allowing them to carry out their roles confidently.
- The provider and registered manager had systems in place to monitor the quality of the service and the care provided. The management team conducted quality checks and areas for improvement were identified and actions were taken to address these.
- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

Engaging and involving people using the service, the public and staff

- The registered manager and deputy spoke with people and staff every day to discuss the home and address any issues that arose.
- People were invited to monthly residents' meetings which we saw advertised in dining room. Minutes of

previous meetings showed people had the opportunity to share their views and make suggestions for improvements to the home and activities they would like to do.

- Residents' meetings were directly followed by staff meetings so staff could action what people wanted.
- People and visitors completed surveys to share their views on the home. The most recent responses, received in the last three months, showed a high level of satisfaction with the home. The one relative and five people who took part rated all aspects of the home as 'good' or 'excellent'. The visitor wrote the home had, 'An excellent team of caring professionals led by managers who really care.'

Continuous learning and improving care

- Staff meeting minutes showed good practice issues were discussed and staff updated on new arrangements for health and safety and infection control measures.
- The managers were open to continuous learning and improvement, and listened to what people, relatives, and staff had to say. For example, at the time of our inspection, discussions were taking place regarding the home's proposed refurbishment plan with people encouraged to make suggestions about how this should process.

Working in partnership with others

- The staff worked in partnership with other agencies including other health and social care professionals involved in people's care.
- Where appropriate, staff consulted with people's families and involved them in decision-making to ensure people had the care and support that was right for them and met their cultural and other needs.
- People felt part of the local community and used community facilities. The home was established in the area and staff said neighbours and shopkeepers greeted people and staff when they went out.