

## Aitch Care Homes (London) Limited

# Newton 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 ●

# Summary of findings

## Overall summary

Newton House provides personal care and support to seven people with a learning disability, some of whom also have needs associated with autism. The service is operated by Aitch Care Homes (London) Limited under the brand 'The Regard Group'. Twenty-four hour support is provided by a team of staff.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People felt safe while supported by the staff team who made them feel reassured and relatives agreed with this. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. The registered manager had the knowledge to identify safeguarding concerns and acted on these appropriately. The service assessed personal and environmental risks to the safety of people, staff and visitors and took actions to minimise those risks.

The provider had employed skilled staff. They were knowledgeable and caring, making sure people received appropriate care and support. People received support that was individualised to their personal preferences and needs. Their needs were monitored and their support plans were reviewed regularly or as changes occurred. People received their prescribed medicine safely and on time. We found a minor issue with the storage of medicine but it was rectified promptly.

Staff had ongoing support, supervision and appraisals. They felt supported by the registered manager and maintained good team work. People received care and support that was personalised to meet their individual needs. People were able to continue their usual daily activities and access the local community to enhance social activities. Staff understood the needs of the people and we saw care was provided with kindness and consideration.

People and relatives were complimentary of the staff and the support and care they provided. The recruitment and selection process helped to ensure people were supported by suitable staff of good character. There were sufficient numbers of staff on each shift. The service ensured there were enough qualified and knowledgeable staff to meet people's needs at all times. People's rights to confidentiality, dignity and privacy were respected. Staff supported and encouraged people to develop and maintain their independence wherever possible. Relatives were complimentary of the service and the way their family members were supported.

People were given a nutritious and balanced diet and hot and cold drinks and snacks were available between meals. People had their healthcare needs identified and were able to access healthcare

professionals such as their GP. The registered manager and staff team knew how to access specialist professional help when needed. People were supported in the least restrictive way possible to have maximum choice and control of their lives. The policies and systems in the service supported this practice.

We observed a calm and relaxed atmosphere during our inspection. People were treated kindly and with respect. Staff were happy in their jobs and there was a good team spirit. The registered manager had quality assurance systems in place to monitor the quality of care being delivered and the running of the service. They promoted a positive culture in the service and ensured people were at the centre of the staff team's attention.

Staff felt the registered manager was approachable and considerate. They had good communication, worked well together and supported each other, which benefitted the people who use the service. The registered manager had quality assurance systems in place to monitor the running of the service and the quality of the service being delivered. The registered manager was able to identify issues and improvements necessary and took actions promptly to address these. They praised the staff team for their hard work and appreciated their contribution to ensure people received the best care and support.

Further information is in the detailed findings in the full report.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Newton 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.

This inspection took place on 07 January 2019 and was unannounced. This was a comprehensive inspection carried out by one inspector.

We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted seven community professionals and received feedback from three.

During the inspection we spoke with two people who use the service and two relatives. In addition, we spoke with the locality manager, the registered manager after the inspection and spoke to three staff. We looked at records relating to the management of the service including three people's care plans and associated records. We reviewed two recruitment records, incident and accident records, quality assurance records, health and safety information, safeguarding and policies relating to the running of the service.

# Is the service safe?

## Our findings

The service continued to provide safe care and support to people. People felt safe in the service and liked the staff who supported them and relatives agreed. People could speak with staff if they were worried. Staff knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management. They were also aware they could contact outside agencies such as the local authority or police should the need arise. The registered manager understood their responsibilities in regard to safeguarding people who use the service and reporting concerns to external professionals accordingly.

The registered manager ensured medicine was managed safely. Staff did not administer medicines to people unless they were trained to do so. Staff provided support to people with medicine according to the support plan. The registered manager reviewed medicine record information for any errors. We looked at medicine administration record (MAR) sheets for all people using the service and did not find any gaps. We reviewed medicine stock and found three medicines past their expiry date. We noted this to the senior staff and the locality manager. After the inspection, the registered manager informed us how they addressed the expired medicine issue and confirmed this would not happen again.

People were protected from risks associated with their health and the care they received. The registered manager assessed the risks and took action to mitigate them. People's support plans had detailed guidelines to ensure staff supported them appropriately. They included personal care, communication, emotional and behavioural support. Support plans provided guidance for staff on how to minimise the risk without restricting people or their independence. Information about risks and needs were kept under review and staff reported any changes promptly.

The registered manager had recruitment procedures in place to ensure suitable staff were employed. They included a health check and a Disclosure and Barring Service check to confirm candidates did not have a criminal conviction that prevented them from working with vulnerable adults. Additionally, value-based interviews were designed to establish if candidates had the appropriate attitude and principles. People who use the service were also involved in the recruitment process. Their feedback was taken into account in making decisions whether potential candidates were suitable to work at the service. We found one query regarding evidence of conduct and noted this to the locality manager. The registered manager provided information after the inspection.

The registered manager had a system for recording accidents and incidents and information was recorded in detail with appropriate actions taken to reduce the risks. They reviewed this information for trends and triggers, and to look for ways to reduce the risk of reoccurrence. Regular contact and communication within the staff team provided opportunities for the service to learn from past events and put measures in place to ensure everyone's safety. The service supported people who may become distressed and show behaviour that challenged, and the staff responded well to incidents of this kind. The registered manager explained they would also discuss with the team any ideas for improvements or if things could have been done differently.

The registered manager and the staff team assessed personal and environmental risks to the safety of people, staff and visitors and took action to minimise those risks. For example, weekly water temperature checks, fire safety checks and any hazards in the service as part of their daily work. The provider monitored other risks and we saw an up to date portable electrical equipment safety test log, fire risk assessment and legionella risk assessment review. The valves on the hot water system, designed to protect people from the risk of scalding, had to be checked to make sure they were functioning properly. The registered manager assured us the contracting service was doing it and they were waiting for the date it was carried out. Emergency plans were in place and were followed, including emergency procedures in case of a fire or severe weather. Staff carried out regular fire drills to help people and staff become familiar with procedures to follow in case of fire. Each person also had a personal emergency evacuation plan guiding staff how best to support them in emergency situations. Staff ensured the service was clean and used appropriate personal protective equipment to help protect people from the risks relating to cross infection.

The registered manager determined the number of staff required by the commissioned hours for each person and the needs of the people using the service. The rota scheduling was done four weeks in advance to ensure each shift was covered. The registered manager placed a particular importance on people's activities to ensure they were able to fulfil their interests. If there were staff absences or shortages, they ensured the activities missed that day were rearranged or an alternative was sought.

## Is the service effective?

### Our findings

The service continued to provide effective care and support to people. People were supported by a staff team that knew them well and understood their needs. People and relatives spoke positively about staff and told us they were skilled and able to meet their needs. Each support plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. The support plans were kept under review and amended when changes occurred or new information came to light. Professionals felt the service and the registered manager worked together well with others to improve people's wellbeing and health. They said, "Our resident has severe autism, staff have training in communication and approach. [The person] has been able to enhance their understanding, improve skills and shows great respect to staff."

People stated they felt the staff had the skills to support them. We reviewed the latest training information provided to us which recorded mandatory training. Where training was out of date, the registered manager would book staff to complete refresher training. Where necessary, the registered manager provided additional training to ensure staff maintained good knowledge and skills. Staff felt they received enough training to help them carry out their roles effectively. Staff thought the team worked together and communicated with each other well within the service to ensure people were looked after well. Relatives thought the staff had the training and skills they needed when providing support to their family members. Community professionals thought the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One professional said, "I've been really impressed by them. The registered manager will seek support and help when it is needed."

People were supported by staff who had regular supervisions (one to one meetings) with their line manager. In addition, the annual appraisals gave staff the chance to discuss their learning and development plan and raise concerns related to health and safety. Staff felt they could approach the registered manager or other senior staff at any time to discuss various topics or ask for advice. The registered manager took appropriate disciplinary action if they needed to address poor performance. All staff completed the Care Certificate as part of their role and induction. This is a set of 15 standards that new health and social care workers need to complete during their induction period.

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's rights to make their own decisions were protected. Throughout our inspection we saw staff asking for consent and permission from people before providing any assistance. People's decisions were respected. Staff received training in the Mental Capacity Act 2005 (MCA). Staff knew it was important to communicate with the person and ensure they always had a choice and the right to make decisions about their care and support. The locality manager demonstrated a good understanding of mental capacity considerations ensuring people could make their own decisions. It was evident people were involved in their care and support. However, we noted to the locality manager some consent forms were signed by the family members but they did not have a legal right to do that. We discussed this with the locality manager who



assured us this would be reviewed to ensure records were in line with MCA legal framework.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager ensured applications were made to the funding authorities for the required annual reviews of any DoLS assessments and authorisations.

Staff involved people, their families and other professionals to ensure people received effective health care support. The service communicated with and involved social workers and care managers, the GP, psychiatrists and other professionals to make sure people's health needs were met. Records confirmed people had access to health and social care professionals and attended appointments when required. People had regular health and medicine reviews with their GP. They also had separate health plans which described the support they needed to stay healthy and the professionals involved.

Every week the staff and people made a menu for the next week putting people's meal preferences together. People told us they enjoyed the food at the service. They were able to make choices about what they had to eat which supported and followed their cultural preferences. People could participate in meal preparations together with staff. The staff were aware of people's dietary needs and preferences. During our inspection we observed snacks and drinks were available whenever people wanted them and people confirmed it. The design of the premises remained suitable for the needs of the people using the service and contributed to making it a homely environment.

## Is the service caring?

### Our findings

The service continued to provide caring and kind support to people. Staff showed skill when working with people and it was obvious they knew them well. People were comfortable with staff and responded positively to them. People felt they were treated with compassion and kindness by the staff team and the registered manager. One person said, "[Staff] are good and I like them" and the other person added, "They are helpful and kind." Relatives agreed staff were caring when they supported their family members. The relatives also agreed staff knew how their family members liked things done and supported them well. Professionals were complementary of the service and agreed the staff were caring and kind. One professional said, "Staff I have observed were friendly and respectful. I really like it. They are really proactive in helping people with behaviours and strategies to cope with it." Another added, "Yes, staff put the residents at the centre and understand them very well, knowing when they are well, unhappy, happy, funny and serious."

Staff understood the importance of treating people with dignity and of respecting their privacy. For example, knocking on their doors, respecting their wishes for time alone and preserving dignity during personal care. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, personal interests and dietary requirements. These needs were recorded in detail in people's support plans. Staff understood the need to treat people as individuals, respect their choices and provide support when needed. People who use the service and staff had friendly relationships. People's families were welcomed to visit the service whenever they wanted to. They confirmed staff were happy at the service and the atmosphere in the service was good. The registered manager was complimentary of the staff's conduct towards people and support to each other.

Staff were allocated as dedicated key workers to people to ensure individuals were helped to express their views. This also ensured staff could offer continuous support in the service and keep up to date with people's changing needs, support or wishes. Each person had regular sessions to meet with their key worker, spend time together and discuss any issues or matters they had.

Staff knew people's individual communication skills, abilities and preferences. People's records included detailed information about their personal circumstances and how they wished to be supported. The staff were aware of different ways of communicating with people, for example, pictures, objects of reference and Makaton or gestures. By recognising different people's communication skills, staff supported people to express their views and be actively involved in making decisions about their care and support.

People were encouraged to be as independent as possible. Staff understood little things or tasks were important to people. They encouraged their independence by giving people choices and involving them in day to day tasks. Staff were there to help if someone needed assistance. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their support plan and support as necessary.

The service kept any private and confidential information relating to the care and treatment of people

securely. Staff were aware of confidential information sharing and discussed it only with relevant people such as professionals or family with people's permission.

## Is the service responsive?

### Our findings

The service continued to provide responsive care and support to people. People received support that was individualised to their personal preferences, needs and cultural identities. Care records contained detailed support plans and risk assessments personalised to each person's needs. Support plans clearly explained how people would like to receive their care, treatment and support. For example, the support plan described what was important to the person, likes and dislikes and behaviour patterns. There were clear guidelines of how to support the person when they became distressed or anxious, and triggers to avoid this. There were also clear guidelines to explain people's expressions or behaviours and what it meant they wanted staff to understand. Relatives felt involved and well informed about their family member's life. The service used written diaries called "Personal Daily Outcomes" capturing the needs and wants of people on a daily basis covering all aspects of the person's well-being and development. The information would be collated and reviewed by the key worker and the person on a regular basis. It would be used to identify achievements, involvement, development of any changes that may be needed. The registered manager then provided feedback and implemented actions as necessary.

Staff used shift handovers to inform the staff team about any tasks to complete and what was going on in the service. The registered manager and staff used a communication book to record important information and any actions to take that would help manage risks associated with people's care and support. This ensured important events and actions were not missed and there would not be a negative effect on people's care and support. Professionals felt the service was responsive to people's changing needs and worked well together to ensure people were supported appropriately.

We looked at whether the service was compliant with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Records indicated whether people had disabilities or sensory impairments. There was some guidance in communicating with people in a manner they could understand. For example, when staff speak to the person to ensure they speak clearly, or ensure face to face communication. We discussed the five steps of AIS with the locality manager. They said they would review people's communication needs with the registered manager to ensure the information was highlighted and in line with the guidance when applicable. This would ensure all information presented was in a format people would be able to receive and understand.

People had a range of activities they could be involved in and staff ensured they got out of the house regularly. People were supported to follow their interests and take part in social activities like exercises, sports sessions and day services. The service had a sensory room and trampoline for people to use. Where possible the service provided access to local events to enhance social activities for all people. This took into account their individual interests and links with different communities. During our inspection we were told a planned activity had to be cancelled but the staff ensured it was rearranged for another day. We observed some people were going out to the cinema instead.

There had been no formal complaints in the last 12 months. The locality manager felt the registered

manager knew how to handle complaints and concerns. They said they would use any complaint as an opportunity to improve the service and ensure those involved felt happy with the outcomes. We saw the registered manager addressed issues and concerns promptly to ensure people were happy and safe. Staff knew how to report concerns or issues to the registered manager to be addressed and keep people informed of action taken. The registered manager added, "We encourage people that they can complain anywhere. We would look at how we could improve things and we always apologise to people so they can see we do take things seriously".

# Is the service well-led?

## Our findings

The service continued to be well-led. It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place and there was one. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. At the time of our inspection, the registered manager was off on leave. We were supported by the staff team and the locality (area) manager.

There was a pleasant and calm environment at the service where people were respected and involved. We saw people and staff had good and kind relationships with good communication between each other. We observed staff were patient and respectful towards people and had friendly and fun interactions. The service worked in partnership with different professionals to ensure people were looked after well and staff maintained their skills and knowledge.

Staff were positive about the management of the service and the support they received to do their jobs. Staff felt the management were good leaders and there were opportunities to discuss issues or ask for advice and support. The registered manager felt supported by her senior managers. They said, "They have been brilliant to me and understood me. [The provider] are very good at supporting people and encouraging positive working environment." The staff team had regular meetings and day to day communications. The team discussed various topics in the team meetings including the support and care of people who use the service, policies and procedures, tasks and actions to complete as well as any issues and ideas. The provider carried out an annual survey of people who use the service and relatives in May 2018 to find out what was working well and not so well. Specific training was identified for staff to complete and this was actioned. Responses from the surveys were positive and demonstrated the service worked well.

The staff carried out daily checks including those for cleaning, service management and people's care to make sure tasks were completed. When necessary they took actions and the service was left in good order. The registered manager carried out checks and audits to monitor the quality of care and support. They analysed information recorded through those checks to identify any trends and patterns that could inform learning to improve the service and prevent future incidents from occurring. Where we identified some issues with medicine storage, the registered manager reviewed the recording and auditing process and made changes promptly. The registered manager worked alongside staff and observed them in practice regularly. They communicated to people who use the service to ensure they were happy with their care and support. The registered manager also ensured staff members knew their work was appreciated and valued. People benefitted from a staff team that were happy in their work.

The service worked with health and social care professionals to achieve the best care for people they supported. One professional said, "The service really thinks things through how best to support people and what is useful or not to their behaviours." Another one added, "Yes, the manager is very proactive and has kept all parties informed of changes and ways of working within the team. Paperwork reflects commitment and forward planning." Relatives said, "[The registered manager] is very good and is good at sorting things out. Staff are on top of things and nothing concerns me at the moment" and "Overall, we've been very happy

with the staff we met. [The registered manager] keeps in touch with us for any issues." One of the people who use the service was also part of the 'residents' forum'. People who use the services of the provider met up regularly to discuss various topics such as ideas for activities, issues, staff support and to help shape the services they received.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. Staff understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided. The registered manager encouraged open and transparent communication in the service. They valued how staff worked well together as a team to ensure people received the care and support they needed. They said, "The commitment we have from staff is brilliant. They would sort things out when needed. We have a pretty good team."