

Avocet Trust

Newtondale

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

This announced inspection was carried out on 13 September 2018. We contacted the service on 12 September 2018 to give notice of our visit because this is a small service and the person living there is often out during the day. We needed to be sure people would be available when we visited.

Newtondale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides personal care and accommodation for one person with a learning disability and/or autism.

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 on-going 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.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Systems and processes were in place to keep people safe and risks associated with the person's care needs had been assessed. There were sufficient staff to meet the person's needs and staff recruitment processes and procedures were robust.

Staff received appropriate induction, supervision and training to provide safe and effective care. The registered manager worked in partnership with healthcare professionals and other organisations to meet the person's needs.

Observations showed staff were compassionate, kind and caring and had developed good relationships with the person using the service. Staff knew the person well and promoted their dignity and respected their privacy. Care plans detailed and provided staff with guidance on how to meet the individual's needs. The person using the service was provided with the care, support and equipment they needed to maintain their

independence.

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and procedures in the service supported this practice.

Medicines were managed safely and the individual's nutritional needs were met. A range of activities were available for the person to participate in. The person using the service was supported to maintain relationships that were important to them.

The registered provider had a procedure for receiving and responding to complaints about the service. Staff spoken with were fully aware of their responsibilities in supporting people if they needed to complain about the service they received. The person using the service had access to an advocate.

The provider and registered manager consistently monitored the quality of the service and made changes to improve and develop the service, taking into account people's needs and views. The person knew the registered manager and was confident in approaching them. Staff told us the registered manager was approachable and listened.

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 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 has improved to Good.

Newtondale

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.

A comprehensive inspection took place on 13 September 2018 and was announced. The inspection was carried out by an adult social care inspector.

We used the information the provider sent us in 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.

Prior to the inspection we reviewed information we held about the service and requested feedback from other stakeholders. These included the local Healthwatch, the local authority safeguarding team and local authority commissioning and contracts department. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On the day of the inspection one person was living at Newtondale. We spoke with the registered manager, two care staff and the person using the service.

We looked at one person's care plan reviewed medication administration records. The recruitment records, supervision, appraisal and training documents for three staff members were also looked at. We reviewed documents and records that related to the management of the service. This included audits, maintenance records, risk assessments and policies and procedures.



Our findings

At our last inspection in April 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

The person using the service told us they felt safe and staff supported them to keep safe when they accessed activities and the local community. They told us, "Safe, of course I am, they look after me."

A visiting healthcare professional told us they had been visiting the service for several years and had always found the person to be relaxed and comfortable in the presence of staff.

Systems continues to ensure safeguarding incidents were addressed. Staff were trained in this area and had a positive understanding of their responsibilities to keep people safe.

Risk assessments provided appropriate guidance for staff to minimise and manage risks and keep people safe. Care files contained risk assessments for all areas where a need had been identified.

Accidents and incidents were recorded and reviewed by the registered manager and senior management team to identify any emerging trends that may need further scrutiny.

Medicines for the person using the service were managed safely at the last inspection and continued to be so. A check of records confirmed the person continued to receive their medicines as prescribed.

There were sufficient staff on duty during our inspection to meet the person's needs. They said, "I always have a staff here for me, all the time."

Robust recruitment and selection procedures continued to be followed.

Maintenance safety certificates for utilities and equipment was up to date and ensured the premises were safe. The person had personal safety documentation for evacuating them from the building in an emergency, including positive motivators to encourage their cooperation. Fire safety and equipment checks had been regularly carried out and staff had received fire safety training. This meant the person using the service was kept safe from the risk of harm.

The service was clean, tidy and odour free throughout.

Our findings

At our last inspection in April 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

A visiting healthcare professional told us, "In all the time I have been coming here I have never come across any staff who hasn't had the skills and qualities to support my patient's needs. They all know them so well and are kind and caring."

Appropriate healthcare professionals had been included in assessing and planning people's care and treatment to ensure this was in line with best practice. The person's care records included guidance from appropriate agencies to ensure their needs were met.

Strong links with health professionals were maintained and ensured people received effective healthcare and annual health checks. A health action plan was in place detailing specific health needs and clear guidance for staff about monitoring and improving people's health and wellbeing.

Communication plans were found to be person centred and guided staff in how the person communicated and detailed their role in promoting effective communication. Throughout the inspection we saw information was available in a variety of formats for people, including the use of symbols, pictorial documents and photographs.

The person using the service told us they were involved in the planning of menus for each day's meals and they helped staff to prepare and cook meals of their choice. They said "I go shopping with staff to buy my food, I really like fish." Staff offered advice about healthy eating choices.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager continued to have a good understanding of MCA and legislation was adhered to. Staff were knowledgeable about the processes and were able to give examples of when best interests were used, when people were unable to consent to medical interventions.

The service provided a homely, personalised environment for the person living there. Furniture and décor

had been chosen by the person. The registered manager monitored how the building met the person's needs and when their needs changed, adaptations were made to enable them to maintain their independence.

Staff continued to be provided with a range of training to give them the skills and knowledge to provide people's support. One staff member told us, "They provide us with lots of training both during our induction and afterwards. We are also able to put ourselves forward for any further training we may have an interest in. It is really good and we have covered lots of topics." Records we looked at confirmed this.

Staff continued to be supported to receive regular supervision and appraisal and attended regular staff meetings. They were provided with handovers where they were updated on people's care and support needs.

Our findings

At our last inspection in April 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

We observed the person using the service was relaxed and confident around staff working in the service and the registered manager. Staff described in detail how they respected the person's individuality and how they supported them to stay in touch with their friends and maintain their interests.

Staff were attentive to the person's needs and spent time with them, involving them in decision making and planning activities for the day. The person responded positively towards staff engaging in cheerful banter and enjoying the verbal interaction.

Staff were mindful of respecting the person's privacy and dignity. The person looked well cared for and well presented in their appearance.

Staff demonstrated an understanding of discrimination or prejudice-free supports. They showed a positive regard for what was important and mattered to people. People were supported to live according to their wishes and values and had access to advocacy services. An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known. The person using the service told us staff sat and spoke to them about their care and what they wanted and supported them to achieve this.

Personalised programmes and flexible staffing arrangements supported people's independence. Staff had an excellent understanding of the person's personality, qualities, attributes, how they communicated and expressed themselves, their strengths and areas they required support in.

Staff were knowledgeable about the person's progress, achievements and interests. For example, a recent deterioration in their health had been quickly identified and referrals made to relevant professionals to identify the cause.

Our findings

At our last inspection in April 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

The person using the service told us staff were responsive to their wishes. They said they made choices about their life including the activities they followed within their home and in the local community. They gave an example of going to the cinema with staff to see two films they had wanted to see as they enjoyed singing. During our inspection we saw the person followed activities of their choice with support from staff.

The care plans were reviewed regularly to ensure that information remained current and provided up to date information for the staff team.

The registered manager was aware of the Accessible Information Standard and care plans contained information about the person's preferred method of communication. Details of whether the person could communicate their needs around requiring assistance or making decisions was also included. The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they are able to understand, plus any communication support they need when receiving healthcare services.

Although the person using the service was not approaching the end of their life, staff had a good understanding of what care and support people might need when this time came. An end of life care plan was in place for this.

People knew who they could talk to if they were unhappy. The person using the service told us they could speak to the registered manager or staff about anything and they would, "sort it". Staff we spoke with told us they would be confident supporting the person if they wished to raise a complaint.

The provider continued to have a procedure for receiving and responding to complaints about the service although no complaints had been received since our last inspection. Copies of this was available in an easy to read format within the service. Staff spoken with were fully aware of their responsibilities in dealing with complaints and bringing this information to the attention of senior staff and the registered manager.

Since the last inspection staff had continued to respond well to the person's behavioural needs and care plans were based on a positive, proactive approach and best practice guidance.



Our findings

At our last inspection in April 2016, we rated this key question 'Requires Improvement'. At this inspection the service has improved to 'Good'. The quality assurance system has been further developed and embedded into the practice of the service.

The person using the service told us, "I like living here it is good." A visiting healthcare professional told us the service was well run and staff were helpful.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw the person using the service knew the registered manager and was confident approaching them. People told us they could speak to the registered manager if they had any concerns or wanted any changes to their support. The registered manager was supported by a senior carer and roles were clearly defined, to provide consistent care and support to meet people's needs.

The service was built around best practice in supporting people who have a learning disability or autism; including Registering the Right Support. The service was a small home for single occupancy in a residential area and the person was an active part of their local community.

The provider had systems to monitor the quality of the service. These included visits by the senior management team and quality assurance manager to assess the service. The registered manager was committed to providing a high-quality service to people. We saw the registered manager and staff within the service carried out checks and audits of the service to monitor good standards were being maintained. Medication, care records and the safety of the environment were checked to ensure people received safe care to meet their needs.

The registered manager and staff in the service continued to work with local health and social care agencies to ensure people continued to receive the support they required as their needs changed.

Registered providers of health and social care services are required by law to notify us of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their

liberty. The registered manager ensured all notifications of significant events had been provided to us in a timely way.