Mrs C Cummings

# Newton House Care Home

## Inspection report

Shireoaks Road
Shireoaks
Worksop
Nottinghamshire
S81 8LX

Tel: 01909482960

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

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. The care home accommodates 12 people in one adapted building. At the time of the inspection 12 people were using the service. On the ground floor there is a large lounge, a dining area with a conservatory which opens onto a gated patio area with chairs and tables.

The home had an owner who was also the 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.'

At our last inspection we rated the service 'Good', with the well led domain rated as requires improvement, at this inspection we saw improvements had not been made and the safe domain also required improvement. This is the first time the service has been rated requires improvement.

The provider did not always notify us of events which reflected when people were at risk of harm. Audits had not been consistently completed and when audits had been done it was unclear if the actions had been followed up and the improvements made.

Medicines had been managed safety; however some documentation was not available to provide information to support people who had 'as required' medicine. During the day there were enough staff to support people's needs, however during the night there was concern in relation to meeting people's increased needs and we could not be sure there was enough staff throughout the night time. .

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were able to make their preferences known, which had been documented in the care records. People were encouraged to make choices about how they spent their day. There was a complaints procedure and people felt able to raise any concerns.

People had established relationships with staff and felt cared for. People told us staff treated them with dignity and respect. Relationships and friendship that were important to people were maintained. People were protected from the risk of infection and staff understood the precautions to take in using protective wear.

Risk assessments had been completed and guidance provided. The provider ensured appropriate checks before people worked at the service. The fire procedures had been completed and each person had their

own evacuation plan. People were able to personalise their space and people felt the home had a friendly feel.

We saw people had a choice of food and when required support and advice around health and nutrition had been considered. Support from health professionals was requested and available when needed. We saw that the previous rating was displayed in the reception of the home and on the website as required.

Staff felt supported and had been able get involved in projects to develop their knowledge. This had resulted in the home receiving some awards and praise from health care professionals

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we told the provider to take at the back of the full version of the 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?

**Requires Improvement**

The service was not always safe.

There was not always enough staff to support people's required needs during the night. Medicines were not always managed safely.
Risks had been assessed and guidance provided.
People were protected from the risk of infection.
Lessons had been learnt to drive improvements.

### Is the service effective?

**Good**

The service was effective
Staff had received training at induction and ongoing for their role.
Staff understood the support people required when making a decision and when required assessments had been completed.
People were offered a choice of nutritious food and their dietary needs had been met
People had access to health professionals when they needed them.
The environment had been considered to ensure it was personal and met people's needs.

### Is the service caring?

**Good**

The service was caring
People were treated with kindness and compassion by staff who knew them well.
People were encouraged to maintain relationships and their privacy and dignity was respected.
Visitors were welcomed and people's religious beliefs had been supported.

### Is the service responsive?

**Good**

The service was responsive
People were involved in their care planning to ensure it identified their preferences and met their needs
There were opportunities for people to be engaged in activities of interest to them on a regular basis.
People and relatives felt able to raise any concerns and

complaints if necessary.

## Is the service well-led?

**Requires Improvement**

The service was not always welled

The provider had not always competed audits and those completed did not identify how or if improvements had been made.
The provider had not always informed us about significant events as required.
People's views had been obtained, and actions taken to support improvements.
The providers rating had been displayed in the home and following our request, also placed on the website.
There was a positive culture within the home and staff felt well supported by the deputy and registered manager.

# Newton House Care Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 26 March 2018 and was unannounced. The inspection was completed by one inspector.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us at the inspection visit. We reviewed information from the local authority and other providers who had also inspected the home. For example, the fire service, infection control and the food standards agency.

We spoke with two people who used the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with three members of care staff, the activities coordinator who also does the cooking the deputy manager and the owner, who is also the registered manager. We looked at how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for two people to see if they were accurate and up to date. Systems the provider had were reviewed to ensure the quality of the service was continuously monitored and used to drive improvement. These included audits in relation to falls, the home enviorment and staffing, we also looked at surveys and meetings with staff and relatives.

Requires Improvement

# Is the service safe?

## Our findings

People told us there was enough staff during the day and they did not have to wait too long to receive their support. One person said, "Generally the staff come in good time. However, I have to wait at night more; I understand they have other people to support." At night there was only one staff member to support 12 people. The registered manager was available as a second person as they lived next door to the home. One staff member said, "I think we need another staff member at night, as it's hard." Some people required two staff to support them when they required assistance. We reviewed the care plans of two people who needed to be turned every two hours during the day and night. The moving and handling plans for these people stated, 'two carers required.' Another staff member said, "People's needs have increased and this has not been reflected in the night support and the staffing." They added, "The other night one person required personal care, they would have benefited from a shower, however this person requires two staff. So they had to have a wash instead." We discussed this with the registered manager. They agreed to review the staffing levels at night. They had also made plans to increase the staffing on a Saturday and Sunday morning from two staff to three to support people's care needs.

People and relatives told us they felt safe in the home. One relative said, "They are safer here than they were at home, I am not worrying now like I was." We saw staff had recently received training in safeguarding. One staff member told us, "It opened up different areas and the need to report more." Although we had no concerns in relation to safeguarding , we had not been informed of any incidents which may have occurred. We have reported on this in the well led section. We discussed these issues with the deputy and they reflected on their recent training, they said, "I didn't realise all the areas which needed to be reported, even if we have made the situation safe."

Medicines were not always administered in line with current guidance. For example, when people required medicine on an 'as required' basis there were no protocols provided. Some people had medicine for their anxiety; there was no guidance to reflect at what stage this medicine should be given. This meant we could not be sure medicine would be administered in a consistent way to support the person's anxiety. We saw prescribed medicine was given in a timely way and in line with the person's prescription. Medicines were stored correctly and the stock was checked to ensure there was enough medicine to meet people's needs. We saw how some people's medicine had been reviewed. For one person this had enabled them to be more engaged in conversations. This showed that medicines were reviewed to support peoples well being.

People's safety had been considered. We saw risk assessments covered all aspects of people's care. Some people required equipment to help them transfer, we saw when this equipment was used staff provided guidance and encouraged people to be part of the process. Comments like, 'Hold on to here' or 'Stand up are you ready to turn.' We saw when equipment was used it was checked and recorded that it was at the correct setting. For example, specialist mattresses. Other risk assessments reflected practices to ensure a person was safe at night. For example, the care plans noted, 'lower the bed to its lowest setting and place the foam pad used for protection at the side.'

Emergency plans had been developed and updated to reflect the support each person required to evacuate

the building in the case of an emergency. For example, a fire.

Lessons had been learnt and reflected in actions. For example, since the last inspection changes had been made to the large garden. Some people had become disorientated and tried to leave the garden. We saw a small patio area was available with direct access from the conservatory which had seating and fencing to keep people safe and secure. Some people could still access the larger garden, but each person's safety was assessed.

The staff and the domestic staff ensured the environment remained clean to reduce the risk of infections. Cleaning schedules were in place and these were followed. We saw staff used personal protective equipment for example gloves and aprons when completing personal care tasks or when serving food. The home had a five star rating from the food standards agency. This is the top rating and shows appropriate systems were in place to ensure hygiene levels.

Staff told us and records confirmed that checks were carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check and references to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

Good

# Is the service effective?

## Our findings

People's needs were supported with current guidance and standards. Some people had long term conditions. Guidance for these was included in the care plan and supported the care which was provided. For example, a person living with diabetes, their plan identified the actions relating to low or high blood sugars and the actions to take.

Staff received training which was in relation to their role. There was a matrix which was kept up to date and when refreshers were required these had been arranged. For example, medicines management was planned for April and we saw staff members who required this training had been allocated a place to attend.

Other staff members told us about their induction. Staff received training and shadowed with experienced staff until they felt confident to commence their role. All the staff members we spoke with commented on the training being face to face which they felt gave them the opportunity to ask questions and discuss with colleagues.

Staff had been involved in the 'React to Red Skin' campaign. This is a scheme which provided training to reduce the risk of sore skin. The tissue viability nurse in the local area had put the home forward for an award and they had won this in 2016, which reflected the work they had done in this area. A staff member said, "A pressure sore can happen in an hour, that's why we won the award as we act so quickly." A staff champion for the home discussed the campaign. They said, "The training is good and I cascade the information to the team through team meetings or email." Each staff member had their own email account, which was used to share information. They told us, "We have put in turn charts and ensured that people receive regular changes with a barrier cream." They added, "At our last training we were told about some cream which is waterproof which can be used in areas were moisture like sweat is a concern. It's good to know about this with the summer months coming." This meant people were protected from the risk of sore skin.

The home worked with a range of health care professionals. One relative said, "The staff are quick to recognise when my relative is unwell and act straight away." We saw how the staff had worked with the district nursing team when a person was at risk of a sore. The district nurse had provided some equipment to be placed on the person's feet. Staff kept detailed logs about the use of the equipment and the sore. However it was identified the equipment was making the sore worse. A different approach was then considered and the sore has now heeled. The district nurses are now using this as a practice example in their training. Other health care professionals had been consulted when required, for example speech and language teams or GP's. This meant people's wellbeing was considered.

There was a four weekly menu, which was reviewed with people to identify their dietary needs and preferences. Some people required a reduced sugar diet linked to their diabetes. The care staff making the meals checked with the deputy about these peoples blood level for the day and their diet was adjusted. People had a choice of breakfast items and twice a week had a cooked breakfast. Staff told us, when people first arrive they ask them and their family the things they enjoyed so this can be integrated into the menu.

There was black board which identified the meal for the day, we saw people referred to the board. Staff also told us pictures of food choices were also available if required. We observed the midday meal; people had a choice of condiments and accompanying items for example, gravy or sauce. Equipment was available to support people to remain independent and when people needed encouragement or assistance this was provided.

People were able to personalise their space. The home had a friendly and homely feel with a range of communal spaces. One space was a conservatory. This used to have a glass roof which made it cold in winter and too hot in the summer. At peoples request the roof had been replaced with one which made the space usable throughout the year.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw that assessments had been completed which were specific to the activity or decision. Where people lacked capacity we saw that best interest meetings had been completed and the relevant people consulted in relation to the decision. Applications relating to DoLS had been completed to the relevant authority and reviewed in relation to the timeframe. We saw people were offered choices and their independence promoted. For example, asking people for their consent before the staff gave support. Staff had received training on DoLS and MCA, one staff member said, "It was interesting how we need to consider each decision and wording things correctly or how you might help someone with their decision making." This meant people were supported with decisions and their consent.

Good

# Is the service caring?

## Our findings

People told us they felt cared for. One person said, "All the staff are very caring and friendly." A relative said, "It's a friendly home, you can see how kind the staff are when you watch them assisting people." We saw staff had developed relationships with people and knew them well. There were open conversations about people's life and we heard laughter with exchanges of jokes. One staff member said, "Its lovely here, just like a family. You get to know every single person as an individual. That way we can make it really person centred." We saw some people had memory boxes; they were used to promote conversation and had also been identified as a method to reduce some people's anxiety.

Staff knew the types of television programmes people enjoyed and the radio stations people listened to. During the inspection visit music was played in the dining area during the meal and the craft making sessions. The choice of music was decided by the people using these areas. One relative told us, "Since coming here [name] has put on weight and their mood has lifted. They have lots of company and always something to do."

In the reception area of the home there was an identity board. This showed pictures of the care staff to support people to become familiar with their faces and names. A daily newspaper had been delivered and we saw some people looked at this. People chose what they wished to wear and they each had their own style. One staff member said, "[Name] always wears an apron, they like to keep their tissues in the front pocket. They have lots of different colours so we can match them to their outfits."

People's dignity was respected. One person said, "Staff always knock on my door before entering and consider my privacy when I receive care." We saw when staff spoke with people this was at each person's own pace. They were asked their consent before any support was provided. For example, moving from one room to another or to receive any personal care.

We saw one staff member had been awarded the 'Unsung hero award' and the District nursing services had put the home forward for 'Best care home' in the north west. Any awards which had been won by the home were displayed in the dining room and shared with the people who lived in the home. People's religious beliefs were supported and the home was visited by a vicar who gave holy communion to those wishing to receive it.

Visitors were welcome to call at any time. One person told us, "We get lots of visitors; they are all made welcome with a cuppa." Relatives we spoke with also supported this, one relative said, " We always get offered tea and biscuits and can call anytime." They added, "We are always made welcome."

Good

# Is the service responsive?

## Our findings

People had been involved in developing their care plans. One person told us, "I have been given a typed up copy after our discussions and I can give them any feedback and it gets amended." Other people had their family members involved when developing their care plan. One relative said, "We have had discussions with the staff and meetings to review the care plans or any concerns." Peoples care plans were detailed and included the person's preferences. For example, what nightwear a person prefers the number of pillows and their preferred time to retire to bed. Other areas identified people's preference to their name, meals and clothing choices. One person told us, "I can choose how I spend my day and the time I get up or retire. It's not rigid staff support me depending on how I feel on that day." We saw one person had chosen to stay in bed, they were offered their breakfast in bed and supported later to get up when the person was ready.

Some people accessed a day centre. We saw one person being supported with all the things they may require whilst out of the home. They liked the comfort of a doll and we saw staff supporting them with the choice of the dolls outfit. The person took the doll and showed affection kissing the doll on the forehead. The staff member said, "They take a lot of comfort from having the doll, we always make sure they have it."

A relative told us about the process relating to the initial assessment. The staff member assessed their relative and considered all their care needs before they came to the home. The relative said, "The staff are very attentive and it is homely." The relative also said, "[Name] was falling at home, they are cared for here and have not fallen." Relatives we spoke with felt informed about the care which was provided and involved in the care planning to meet the person needs.

Staff knew peoples interests and hobbies. One person enjoyed spelling and they had been encouraged with a spelling game which used magnetic letters which were easy for the person to handle. One relative said, "They are doing things all the time linked to occasions, they don't just sit." We saw pictures which showed the crafts which had been completed for different events. During the inspection visit people were preparing items for the Easter coffee morning. People were engaged and encouraged to do as little or as much as they wished.

One person told us about the homes involvement in the annual village scarecrow event. Each year the home makes a scarecrow linked to the theme and the people get involved in the process. This year's theme is heroes and the home was in the process of making a seven foot incredible hulk. One person told us, "We get involved every year, one year we won first prize with the 'Mad Hatter's tea party.' I love cartoon characters so I am excited to be doing this year's theme."

There was a complaints policy available which was displayed in the reception of the home. People and relatives told us they would have no hesitation in raising any concerns as they felt it would be dealt with. One person said, "I have no complaints, any concerns I mention it and it's resolved straight away." A relative said, "When [name] first came we had some minor issues, which were all resolved. There had been no formal complaints since our last inspection.

At the time of this inspection the provider was not supporting people with end of life care (EOL), so therefore we have not reported on this. We reviewed care plans which identified people's end of life wishes and funeral arrangements. These reflected personal touches, showing they had been discussed on an individual basis. The staff were aware of the health care professionals to contact when a person was requiring EOL care and the development of a separate care plan to cover all their specific needs at that time including pain relief.

Requires Improvement

# Is the service well-led?

## Our findings

Our last inspection in  April 2016 we found whilst the provider was not in breach of any regulations there were aspects of the quality monitoring that could be improved to reflect how audits were used to develop the service. We reported on these in our last report. During this inspection we found that the required improvements had not been made and further improvements were required.

The provider had a range of audits available to them from their suite of care documents on the computer. We reviewed the October 2017audits for medicine. There had been no errors identified and it  recorded 'yes' to people having a protocol for their 'as required medicine', however we found these protocols were not in place. This meant we could not be sure the audits were effective when completed. We reviewed the medicine administration sheets from the previous month. We identified several missed signatures and some people who had prescribed medicine for indigestion had not received it. We discussed this with the deputy manager who told us the person did not always require this medicine and acknowledged that the medicine should be reviewed to reflect the person's needs.

No audits since October 2017 had been completed in relation to falls or incidents. For example, no analysis had been completed to consider any trends or areas where action was required to reduce future risks. We reviewed the last audits completed in October 2017, where an item had been identified for action, there was no detail available to confirm when or who should ensure the action was completed. For example, the audit identified one person had a pressure sore; there was no code to identify the person or the action taken. Without an identified code when the audit was reviewed it would be difficult to reflect on the progress for this person. Other areas within the home had not been reviewed under the health and safety audit, for example some large furniture had not been secured to the wall. Other items like televisions were left free standing. This meant they had not been identified as unsafe and measures put in place to guarantee they were safe.

An infection control audit had been completed by an external agency and this had been shared with us. We saw some items on the actions required had been completed, however the deputy manager identified had the home completed their own infection control audit many of these area could have been identified and addressed before the external audit was completed. For example, a second handrail to the stair case leading to the laundry room. This had been identified as staff had to carry laundry up a steep staircase.

The provider who is also the registered manager had the deputy manager running the home on their behalf. However, they did not have regular documented business meetings to reflect and review the needs of the home. For example, the audits, staffing levels and other aspects in relation to the running of the home to meet the regulations. We discussed this with the provider and they acknowledged that this was an area they needed to review along with overseeing of the audits to reflect the running of the home.

This evidence represents a breach in Regulation 17 of the Health and Safety Care Act 2008 (Regulated Activities) Regulations 2014.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found these were not available, we asked the provider to ensure these were conspicuously displayed and during the inspection this was rectified.

The provider had not always completed notifications to inform us of events which had occurred at the home. For example, safeguards or when a person required hospital attention following a fall or serious injury. We discussed these with the deputy manager, who acknowledged they had not been informing us and were unaware of the process to do this. This meant that we would not be able to monitor and review the provider's response to such incidents.

This evidence represents a breach of regulation 18 of the Registration Regulations (2009)

Staff felt supported by the provider and the deputy manager. One staff member said, "We are a small team and so talk all the time, but I also get my official meeting to cover my role." We saw that staff received regular supervision which involved support with training and other aspects of their role. Staff's safety was considered. For example, one staff member was expecting a baby. The deputy had completed a risk assessment and the staff member told us, "It was put in place straight away, I am not allowed to use the stand aid and when people are at risk of falls, other staff support these people." They added, "They have been really good and flexible."

Partnerships had been developed which offered shared benefits to people. For example the district nurses had recommended the home for an award after their achievements in providing good care for sore skin and the overall atmosphere of the home.

People and relatives we spoke with felt the home provided a comfortable and homely environment. One staff member said, "It's like a family we really get to know people." Another staff member said, "I have worked in the larger homes. But this is small and like home from home and everyone looks after everyone, it's so nice to work here."

People and relatives had meetings to consider the progress for their care they received and any required improvements.  We saw at the last satisfaction survey items raised had been addressed. For example better seating in the garden which had been replaced. Other items discussed were the menus. One person said, "They consider everyone needs, there are lots of things I don't like, but they accommodate me." This showed people were included in the development of the home.

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<br><br>The provider had not always reported significant events that occurred in the home. We had not received notifications from them for important information affecting people and the management of the home. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Effective audit systems were not in place to assess, monitor and improve quality of care. The<br>provider / registered manager had not always managed the running of the home to reflect the audits, staffing and overall developments within the home. |