

## Care Worldwide (Carlton) Limited

# Newbrook

### Inspection report

14 Carlton Avenue  
Castleford  
West Yorkshire  
WF10 4BZ

Tel: 01977559233

Date of inspection visit:  
02 April 2019

Date of publication:  
23 April 2019

### 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:

Newbrook provides care for up to three people who have learning disabilities. At the time of inspection there was two people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service:

The service met the characteristics of a good service in all the areas we reviewed. The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways. The service promoted choice, control and independence.

Each person had their own bedroom. The service was person centred. People had maximum control over all aspects of daily life. This included their routines, activities and meals. People's support focused on increasing their opportunities and providing them with skills to become more independent.

Risks to people's health and safety were assessed and appropriate risk assessment documents were in place which were subject to regular review. People received their medicines safely and as prescribed, with people encouraged to be involved in the management of their own medicines.

There were enough staff deployed to ensure people's needs were met. Staff were recruited safely and only worked with people following training and if they were deemed competent.

Staff were kind and compassionate and treated people well. People were listened to, considering their individual methods of communication. People were involved in care and support planning.

Whilst a registered manager was not in place, the manager was working within the service daily. They had a good oversight of the service;

Rating at last inspection: The service was last inspected December 2018 and rated Requires Improvement. At this inspection we found the service had improved in all areas and improved to Good.

Why we inspected: This inspection was planned based on concerns found at the previous inspections and the service rating.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Newbrook

## 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. At the time of our inspection there was not a registered manager in post, however they had applied to become registered and was waiting an interview. A registered manager is a registered person. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Inspection team:** The inspection team consisted of one adult social care inspector and an assistant inspector.

**Service and service type:** Newbrook provides care and support for up to three people with learning disabilities and behaviours that challenge.

**Notice of inspection:** The inspection was announced. We gave the service 24 hours' notice of our inspection to ensure a manager was present to assist us.

**What we did:** Before our inspection, we looked at all the information we held about the service. We usually ask the provider to complete a Provider Information Return (PIR), but had not done so on this occasion. The PIR 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. We viewed information we had received about the service, for example, from the local authority safeguarding and commissioning teams, and notifications and action plans from the provider.

During the inspection, we asked to speak with one person who was at the service, they declined to speak to us. We spoke with two support staff, manager, deputy and regional manager. We reviewed both people's care records, two staff personnel files and other records about the quality and management of the service. We observed interactions between staff and people.

# Is the service safe?

## Our findings

At the last inspection we found improvements had been made. However, we needed to ensure these were sustainable. At this inspection we found improvements had been sustained.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- The home looked after people's finances. These records were stored, audited and checked to reduce the risk of financial abuse.
- Staff told us they felt people were safe in the home. We observed people looked comfortable around staff and able to confide in them. One member of staff said, "Yes they are safe here."
- All staff had received training in safeguarding and understood how to identify and raise concerns. We saw safeguarding procedures had been correctly followed to keep people safe.

Assessing risk, safety monitoring and management

- Overall the premises were safely managed. Key safety checks were undertaken on the building and fire evacuation procedures were in place.
- The manager had re-assessed risks to people's health and safety and implemented clear risk assessment and care plan documents. These were detailed, involved the person and were kept up-to-date.
- People were supported to take positive risks to access the community and give them a greater level of independence.
- Staff had a good understanding of the people they supported, giving assurance safe plans of care were followed.

Staffing and recruitment

- There were enough staff deployed to ensure safe and appropriate care. Staff told us that staffing levels were sufficient.
- We observed staff were available to assist people when they required it.
- Safe recruitment procedures were in place. This included ensuring the required checks were undertaken on any new staff to check their suitability to work with vulnerable people.

Using medicines safely

- Overall medicines were managed safely and people received their medicines as prescribed.
- Medicines were given by trained staff who had their competency to give medicines assessed.
- Medicine Administration Records (MARs) were in place and were well completed. Clear information was present within people's medicine plans on how people liked their medicines.

Preventing and controlling infection.

- The home was kept clean and tidy and we saw evidence that infection control principles were adhered to.
- We saw on the day of inspection new carpets been laid throughout the home.

#### Learning lessons when things go wrong

- Incidents were logged, investigated and actions put in place to reduce the likelihood of re-occurrences.
- Incidents were audited every month to look for any trends and to ensure appropriate lessons were learnt.

# Is the service effective?

## Our findings

At the last inspection we found improvements had been made. However, we needed to ensure these were sustainable. At this inspection we found improvements had been sustained.

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

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

- People's needs were assessed and a range of care plans put in place to assist staff. These were based on recognised standards and guidance for example, behaviours which may challenge assessments had been completed.

Staff support: induction, training, skills and experience

- Staff were well supported by the management team. Staff demonstrated a good understanding of the people and topics we asked them about. Staff turnover was low which helped staff to build up detailed knowledge about the people they supported.
- Staff training was kept up-to-date with the training matrix showing that numerous training had been completed at the frequency set out in the provider's policies.
- Staff received supervision and appraisal and told us they felt they could discuss any issues if they needed to.

Supporting people to eat and drink enough to maintain a balanced diet

- Menus showed a variety of food was served daily and most food was home cooked. People were encouraged to participate in making meals.
- People's weights were monitored and action was taken to address any weight loss or gain, for example, one person was trying with support from staff to lose weight. They had achieved losing over 2 stone to maintain a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met by the service.
- Clear information on people's medical history and health needs was recorded within care plans to aid staff deliver person-centred care.
- The manager worked with a range of health and social care professionals to ensure effective and timely care.
- People were supported to attend regular appointments to maintain their general health, oral health, eyesight and hearing.
- Information from healthcare services was recorded within people's care records to help staff deliver appropriate plans of care.



Adapting service, design, decoration to meet people's needs

- The premises were adapted to the needs of people who used the service.
- Since the last inspection, the manager had ensured the carpets had been replaced and re-decoration in people's room had started. New appliances and a new kettle were adapted to make things easier for people to make their own drinks.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes 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 service was acting within the legal framework of the MCA and DoLS. Appropriate DoLS authorisations were in place for one person who lacked capacity.
- Care plans demonstrated people's consent to care was sought. Where people lacked capacity best interest processes were followed.
- People were involved to the maximum extent possible in their care and support and their comments were recorded when decisions needed to be made. Care plans set out how to support people to make decisions and achieve effective outcomes.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- Staff interacted positively with people and regularly checked on their welfare.
- Staff had developed good positive relationships with people and were able to confide in them about anything that was causing them distress.
- For example, on the morning of our inspection, a staff member noticed a person was worried about something. The staff member asked them if they wanted to have a walk out in the community, reassuring them by being patient and calmly chatting with them and offering support and reassurance.
- People's needs were assessed to determine whether they had any diverse needs which needed to be considered.

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

- People could make decisions daily about what they did, when they got up and what activities they were involved in.
- The manager worked with people to identify their goals and objectives and put plans in place to address these. The manager told us these would be reviewed on a regular basis.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy. For example, we saw staff knocking on people's doors and waiting for permission before entering rooms.
- Care planning showed people's independence was promoted and we saw people being encouraged to undertake tasks around the home relating to laundry and preparing drinks.

## Is the service responsive?

### Our findings

At the last inspection we made a recommendation to ensure both care plans were appropriate and up to date information was in place. We found this had been completed.

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The manager had recently re-assessed people's needs and completely re-written care plans. These were written to a high standard and were very detailed and person centred. They included action to take if 'things went wrong' with people's care and support.
- Since the last inspection a programme of activities had been introduced especially for one person who did not like to engage. These were rather basic but flexible depending on people's individual preferences on each day. Staff worked hard to support the person out in the community.
- One person wanted to develop their life skills. The service was proactive and enrolled the person on an accredited course (ASDAN). This course looks to build skills for people around the whole process of employment and being employed. Including team working, complaints, feeling supported, problem solving and innovation. The course is geared up for people with special educational needs.
- The home was meeting the requirements of the Accessible Information Standard (2016). Information was available to people in easy read formats and people's communication needs were fully assessed with detailed plans of care put in place detailing individual methods of support. The management team was working on improving the easy read policy's and documentations for people once all pictures had been produced.

Improving care quality in response to complaints or concerns

- A system was in place to log, investigate and learn from any complaints. There had been no concerns since the last inspection. Compliments were also recorded by the service so the home knew any areas it exceeded expectations. One included from an outside professional, 'I have seen such a change in [name of person] seems happy and settled'.

End of life care and support

- Nobody was receiving end of life care at the time of inspection, however the registered manager told us they were exploring peoples end of life wishes with people and their relatives.
- Staff had receiving training in end of life care.

## Is the service well-led?

### Our findings

At the last inspection we found improvements had been made. However, we needed to ensure these were sustainable. At this inspection we found improvements had been sustained.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The manager was being supported by the regional manager and a recently recruited deputy manager.
- Staff spoke positively about the management team. They told us managers were approachable and active in the running of the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The staff we spoke with felt the service was well led and that the manager was approachable, they felt confident to raise any concerns and they were listened to. They felt people who used the service were involved in the running of the service.
- Audits had been carried out to check how the service was operating.
- All audits undertaken had a detailed action plan highlighting the areas to be improved, timescales for them to be addressed and dates of completion.
- Notifications had been submitted to us as required by law and the rating of the last inspection was on display within the home and on the provider's website

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was regularly sought, and incorporated into the way the service was run. Monthly 'keyworker discussions' had been held along with a recent staff survey which showed good feedback.
- Staff told us they also felt listened to and supported by the management team.

Continuous learning and improving care

- Staff had received periodic one to one support sessions and an annual appraisal of their work, which they found beneficial.
- The management team positively encouraged feedback and staff felt involved in how the home operated.

Working in partnership with others

- The manager had built up relationships and worked in partnership with health and social care professionals to make sure people received support and care.

