Eastern Care Ltd

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

This was an unannounced inspection that took place on 11 August 2016.

Newton House is an Asian life style care home for 26 people with mental health needs and/or learning disabilities. People are accommodated in one 20-bedded house and two three-bedroomed houses in close proximity. At the time of our inspection there were 19 people using the service.

The service did not have a 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. An experienced manager was in post and was in the process of applying to the Care Quality Commission for registration.

The service had a warm, friendly and welcoming atmosphere. People were encouraged to determine their own lifestyles and maintain the level of independence they felt happy with. The manager and staff were non-judgemental, kind and caring. They valued the people they supported, treated them with respect, and took an interest in their lives.

All the people we spoke with said they felt safe using the service. Staff were trained in safeguarding (protecting people who use care services from abuse) and knew who to report concerns to. Staff were aware if people were at risk in any areas of their lives. They managed risky situation well and knew how to keep people safe.

There were enough staff on duty to keep people safe and meet their needs. Staff had time to interact and socialise with people as well as providing practical care and support. If people needed intensive support extra staff were provided to keep them safe. Medicines were stored safely and records showed they were given as prescribed.

People and relatives told us they liked the staff and thought they were good at their jobs. Staff were well-trained and knowledgeable about the people they supported. They understood the importance of ensuring people were involved in making decisions about their lives.

All the people we spoke with said they enjoyed the food. Mealtimes were a sociable occasion and the food served was nutritious and made from fresh ingredients. Staff catered for a range of dietary needs and cultural and other preferences. Both meat and vegetarian dishes were served and diabetic options available.

People had the opportunity to take part in group and individual activities of their choice. They told us they enjoyed weekly yoga classes, trips out, and visiting entertainers. Some people said they liked helping out in the kitchen, going swimming, and watching films at a nearby Asian cinema

People told us that if they had any concerns about the care and support they received they would speak up. They said the manager and staff listened to them. They told us they were encouraged to share their views about the service at residents meeting and in private so changes and improvements could be made if necessary.

All the people and relatives we spoke with said they knew the manager and could talk to him whenever they liked. Staff told us the manager treated the people using the service like family. They also said that they felt supported by the manager and the provider and had opportunities, for example at staff meetings, to share their views about the service.

Senior staff completed weekly, monthly and annual audits of all aspects of the service to help ensure good quality care was being provided. The provider sent out annual questionnaires to people using the service, their relatives, and health and social care professionals. The results of the most recent survey showed a high level of satisfaction with the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People using the service felt safe and staff knew what to do if they had concerns about their welfare. Staff supported people to manage risks.

There were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities. Medicines were safely managed and administered.

Is the service effective?

Good

The service was effective.

Staff were trained to support people safely and effectively. People were supported to maintain their freedom using the least restrictive methods.

Staff enabled people to have sufficient to eat, drink and maintain a balanced diet. People were assisted to access health care services and maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people with respect.

People were encouraged to make choices and be involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

People knew how to make a complaint if they needed to and support was available for them to do this.

Is the service well-led?

Good

The service was well led.

The home had an open and friendly culture and the manager was approachable and helpful. People were encouraged to provide feedback on the service they received.

The provider used audits to check on the quality of the service and made improvements where necessary.

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 11 August 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of people with mental health needs and learning disabilities.

Before the inspection we reviewed the 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.

We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with six people using the service and two relatives. We also spoke with the registered manager, deputy manager, and two care workers.

We observed people being supported in communal areas. Four people using the service showed us their bedrooms. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at three people's care records.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt safe using the service. One person told us, "I'm very happy here and am safe." Another said, "It's a homely atmosphere so I feel safe." A relative told us they had moved their family member from another service to Newton House because they felt their family member would be 'completely safe here'.

Staff were trained in safeguarding and those we spoke with understood how to recognise the signs of abuse and who to report any concerns to. One staff member told us, "We have safeguarding training every year so we are kept up to date. We discuss safeguarding when we have supervision and in staff meetings. I can confidently say everyone here knows how to safeguard people."

The people using the service were made aware of the service's safeguarding policies and procedures. Records showed these were discussed in residents' meeting so staff could ensure that people knew what to do if they felt that they, or someone else, were being abused.

Records showed that if a safeguarding incident occurred at the service the local authority and CQC were informed. This meant that other agencies had an overview of how people were being protected from harm at the service.

If a person was thought to be at risk to themselves or others this was clearly recorded in risk assessments and care plans. These were personalised and set out the nature of the risk, how the risk could appear in practice, interventions, and ways of reducing the risk.

Records showed that staff routinely involved other health and social professionals' in risk assessments and took advice when they needed to from mental health and learning disability specialists. This helped to ensure that, in order to minimise risk, best practice was used at the service.

We looked at how staff had managed a risky situation when a person using the service had become agitated resulting in an incident occurring. Records showed that following this incident staff contacted the person's social worker, community psychiatric nurse, and consultant for advice and support.

As a result the person was re-assessed and provided with intensive healthcare support until they became more stable. This support had eventually been withdrawn and when we inspected the person was being safely supported at Newton House. Staff were working closely with this person and encouraging them to follow their consultant's advice in order to remain well.

Staff had put a series of measure in place to minimise risk to this person including increased staff support and supervision, the use of ABC charts (an observational tool that staff used to better understand what certain behaviours are communicating), and a DoLS (Deprivation of Liberty Safeguards) authorisation so staff could intervene if the person's safety was compromised.

This was an example of staff taking the necessary steps to protect a person from risk while at the same time ensuring their freedom was supported and respected.

There were enough staff on duty to keep people safe and meet their needs. Staff had time to interact and socialise with people as well as providing practical care and support. During our inspection staff spent time talking with people on a group and one-to-one basis and supported one person as they helped in the kitchen.

If people needed intensive support extra staff were provided to keep them safe. For example, one person had mostly one-to-one staffing to help ensure their needs were met. Records showed this had been consistently provided in line with their care plans and risk assessments.

Since we last inspected the number of staff on duty at night had increased. This ensured that people were regularly checked, if their risk assessments required this, and staff were available if people wanted support at night. One person told us, "There's staff here to help me all the time."

The providers' recruitment process was being followed and records showed that the required employment checks were in place. We sampled staff files. These showed that staff had the necessary documentation in place to demonstrate they were fit to work with people who use care services. This included criminal records checks, health declarations, and references.

We checked medicines with the service's deputy manager. These were stored safely and records showed they were given as prescribed. Records showed that staff were trained in the safe administration of medicines and had had their competency checked by the service's contract pharmacist. Senior staff audited medicines weekly to help ensure they were being safely managed and administered.

Peoples' individual medicines records included their photographs so staff could easily identify people during medicines administration. Some people were on 'as required' (PRN) medicines and there were protocols for these. For example, one person sometimes became distressed and their PRN protocol told staff to try others methods for calming them before they administered medicine. These included diversion and distraction techniques. This helped to ensure the person was not over-medicated and that medicines were only used when other strategies had been tried first.

Good

Is the service effective?

Our findings

People told us they liked the staff and thought they were competent. One relative said, "The staff are all very good and know how to look after people." We observed that staff were skilled in working effectively with the people using the service. The staff we spoke with understood their roles and responsibilities and were knowledgeable about the people they supported.

Records showed staff had completed a wide range of training including an induction and courses on manual handling, first aid, and dementia care. The staff we spoke with said they were satisfied with their training and support. They said this had given them the skills and knowledge they needed to support people effectively.

Since we last inspected the service had introduced the Care Certificate for new staff. This is a nationally-recognised qualification designed to equip staff with the skills they needed to provide effective care and support to people. The deputy manager said this would be used to induct new staff.

One staff member told us they how they were progressing with their National Vocational Qualifications (NVQs) and their NVQ assessor visited them at the service during our inspection. This was an example of a staff member being supported to advance their learning.

Records showed staff had regular supervision sessions (one-to-one meetings with a manager to discuss their work) which were recorded. These included appraisals of their current performance and consideration of their development and training needs. The deputy manager told us supervision included two-way discussions between staff and supervisors to give staff the opportunity to feedback on the support and training they received.

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 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 the Deprivation of Liberty Safeguards (DoLS).

At our last inspection of this service we found although staff were trained in the MCA and DoLS they were not always clear about how it worked in practice. In addition, the assessment records we saw did not take into account that people's mental capacity might fluctuate due to their mental health needs or other factors.

Since then staff had been re-trained in the MCA and DoLS and assessment records improved and updated. We spoke with three staff members about their MCA and DoLS responsibilities. All understood these and

knew which people using the service were subject to DoLS restrictions and why. One staff member told us, "It's a complicated area but if we have any questions we can phone the DoLS team for advice."

We looked at people's records to see how their consent to care and treatment was sought in line with legislation and guidance. Records showed that, where appropriate, staff carried out mental capacity assessments with regard to people making certain choices and decisions. Other health and social care professionals were involved in this which helped to ensure a multidisciplinary approach.

A small number of people using the service had been referred to the DoLS team for assessment as they were subject to continual supervision at times or for other reasons. At the time of our inspection some decisions have been made and the service was awaiting outcomes for others, When authorised by the DoLS team assessments were kept on file for reference and regularly reviewed. This helped to ensure that the decisions made were safe and as unrestrictive as possible.

We looked at how people were supported to have enough to eat and drink. All the people we spoke with said they enjoyed the food. One person said, "They cook nice Indian continental food." Another person told us, "They cook Indian and English food and we can request what we like."

Menu records showed that people had a choice at breakfast, lunch, the evening meal, and supper. Staff catered for a range of dietary needs and cultural and other preferences. Both meat and vegetarian dishes were served and diabetic options available.

We observed lunchtime at the service. We saw that the food was nutritious and made from fresh ingredients. People were offered a variety of dishes depending on their likes and dislikes. They were encouraged to choose which items they wanted. The atmosphere was friendly and people were seen to enjoy the social interaction with each other and staff.

People told us they could help themselves to snacks and drinks between meals if they wanted to and with staff support as necessary. They said the kitchen was accessible 24 hours a day. One person told us, "We can have a drink whenever we want. We can go in the kitchen and make it ourselves or ask staff." People were encouraged to assist staff with food shopping and cooking. One person told us they helped in the kitchen which they said they liked doing.

Records showed that people's dietary needs were assessed. Where necessary, staff put nutritional plans in place for the people who needed them. These identified why people might be at risk of malnutrition or dehydration and explained how they were to be supported. This helped to ensure that staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People told us staff supported them to look after their physical health needs and said that if they needed to see a GP this was promptly arranged for them. They also said they had access to dentists, opticians and other health care professionals and they could see them when they needed to.

Records showed that staff assisted people to access health care services and maintain good health. Staff responded promptly if a person appeared unwell or there were changes in their behaviours indicating they might be unwell. Staff followed this up by making a doctor's appointment or a referral to a mental health or learning disability specialist.

People's health care needs were assessed and care plans in place for both short- and long-term health issues. For example, one person had said they had cold and flu symptoms. In response staff had written a

care plan which included taking them to their GP and supporting them to complete a course of antibiotics.

Some people had care plans for long-standing medical conditions. Staff monitored these and ensured they had regular checks ups with the relevant health care professionals. This approach helped to ensure staff were effective in helping to ensure that people's health care needs were met.

Good

Is the service caring?

Our findings

People told us they were happy with the care and support provided. They made many positive comments about the staff. One person told us, "The staff are nice and good and they are funny." Another person said, "The staff are like my friends and they really care about me."

The staff team were established and some of them had worked at the service for a number of years. This meant people had continuity of care and had the opportunity to get to know the staff that supported them. One person told us, "The staff are my family now and I trust them."

People could choose their own keyworker from the staff team. They could also choose to have male or female staff for aspects of their care. People came from a number of different Asian backgrounds. To ensure their communication needs were met the provider employed a diverse staff team. Between them the staff spoke a range of languages including Guajarati, Punjabi, Urdu, Hindi and English. This meant staff were able to meet people's verbal communication needs.

We observed that good care was provided at all times. Staff met people's needs promptly and efficiently and conversed with them at every opportunity. They were patient and warm in their approach towards the people they supported. For example we saw one staff talking with a person. The person was seated and the staff member knelt down so they were at the same level as the person. They held the person's hand while they asked them some questions. The person responded well to this caring approach.

People's friends and relatives were welcome the visit the service whenever they wanted to. The relatives we met told us they were always made to feel welcome. One relative told us they would often visit the service without letting the staff know beforehand. They said they always found their family member dressed in clean clothes and being well-cared for. Another relative told us, "This is a very good place and I like everything about it. The staff are helpful and look after my [family member] so well."

People had up-to-date personalised care plans that focused on their individual needs, choices and preferences. Records showed that people were consulted about their care plans and involved when changes were made. If they were not able to do this, due to their mental health needs, their relatives were consulted.

One relative told us the staff communicated well with them and kept them up to date with their family member's progress. They said staff invited them to care planning meetings and reviews. This ensured they were involved when any decisions were made about their family members care and support

We saw that staff treated people with respect and protected their privacy. Care and support was provided discreetly and medicines given to people on a one-to-one basis. Staff did not enter people's bedrooms without seeking their permission first. People who were able to manage them had keys to their own bedrooms.

The premises afforded people privacy if they wanted it. There was a choice of communal rooms and a

garden so people could socialise if they wanted to or spend time in quieter areas or in their bedrooms. One person told us, "I like going where the other residents are but I also like my bedroom. If I want peace that's where I go."

Good

Is the service responsive?

Our findings

People told us the staff provided personalised care that was responsive to their needs. One person said, "This place is right for me. The staff are there when I need them." A relative commented, "The staff are good and know what my [family member] needs."

Records showed that when people were first referred to the home staff wrote an assessment of their needs in the form of an initial care plan. This meant staff had the basic information they needed about the person when they began supporting them. The initial care plan was then used as a basis for further, more detailed care plans.

People's support needs were set out in their care plans. Those we saw were personalised and focussed on what was important to people, as well as their general care and support needs. For example, one person had a care plan in place for staff to support them while they made a decision about whether or not to move rooms. The care plan advised staff to discuss this with them over a few days to assist them to make an informed choice. The outcome was positive with the person making an eventual decision that they were happy with.

Another person had a care plan in place to support them following bereavement. This helped to ensure that staff were aware of the extra support they might need and how it was to be provided.
And a further person had a care plan for support with their mail which they had asked to be read to them by a member of staff who shared their first language.

These were example of the staff providing personalised care that was responsive to a person's needs.

Care plans were reviewed at least monthly and more often if people's needs changed. Records showed people were involved and their views sought when any changes were made. This helped to ensure staff listened to the people they supported and kept up to date with how best to support them.

People told us they took part in group and one-to-one activities. One person said, "I go to the exercise park twice a week". Two people told us they liked to help out in the kitchen with the cooking and washing up. One of them said, "I also love baking and I do that." There was an Asian cinema close to the service and some people told us they went there regularly to see films.

A yoga instructor came to the service once a week and people were enthusiastic about this and said they enjoyed taking part in her sessions. People also went out alone or with staff to local shops and parks. One person told us, "In nice weather we go out together as a group."

Records showed that recent activities had included swimming, arts and crafts, trips out, and visiting entertainers. Each person had an individual activity planner which took into account their preferences. This showed that activities were personalised and people were encouraged to follow their own interests.

People told us that if they had any concerns about the care and support they received they would tell the staff. One person said, "I'm happy but if I wasn't I would tell [the manager], [the deputy manager], or my keyworker."

Staff ensured that people had the opportunity to share their views about the service. The minutes of the most recent resident's meeting showed that staff went through aspects of the service to see if they were satisfied with them. This gave people the opportunity to comment on the food, staff, decoration, and activities.

People were also asked if they had any concerns or complaints at the one-to-one meetings they had with their keyworkers and at care reviews. This gave people another chance to raise concerns if they wanted to.

The provider's complaints procedure also gave people information on how they could complain about the service. This was given to people and their relatives when they first came to the service and was available in English, Punjabi, and Gujarati. The complaints procedure needed updating to make it clear that is the local authority, not the Care Quality Commission, who has responsibility for complaints investigation.

Good

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager, and had not one for over two years. We discussed this with the manager, and, following the inspection, with the provider. We were told that the delay had been due to a business decision needing to be made. Following our inspection the provider contacted us to say that the current manager was going to be the next registered manager and provided evidence that he was in the process of putting in an application.

The service had a warm, friendly and welcoming atmosphere. People were encouraged to determine their own lifestyles and maintain the level of independence they felt happy with. During our inspection one people using the service told us they had previously led an unsettled life but had found acceptance and a home at Newton House.

The manager and staff were non-judgemental, kind and caring. They valued the people they supported, treated them with respect, and took an interest in their lives. People were listened to and their views taken into account when decisions were made about the service. For example, people told us they were involved in decisions about decorating the premises, personal touches to their bedrooms, menus, and activities.

People told us they attended regular residents' meeting where they could share their views about the service. We looked at the minutes the latest one which showed a good attendance and people taking part in discussions and sharing ideas. For example, forthcoming trips out and festivals were planned with people saying what they wanted to do. There was no 'actions' section on the minutes so it was not clear how staff intended to follow-up people's suggestions. One should be put in place so people can see what staff were doing to implement their ideas.

The provider also sent out annual questionnaires to people using the service, their relatives, and health and social care professionals involved in people's care and support. These were available in various formats and languages to help ensure they were accessible to respondents. We looked at the results the most recent survey carried out in 2015. This showed that all respondents were happy with service and rated it as 'Excellent' or 'Good'. There was also a comment box in the main entrance to the premises which people could use to make comments or suggestions for improvements to the service.

All the people and relatives we spoke with said they knew the manager and could talk to him whenever they liked. One person told us the manager sometimes accompanied his to his place of worship. A relative commented, "[The manager] is a good man and he looks after [my family member] so well."

Staff told us the manager treated the people using the service like family. They said he had recently invited everyone who lived and worked at Newton House to a wedding and they were given a table at the front so they had a good view of the entertainment. This was an example of the inclusive culture at the service.

Staff said they felt supported by the manager and the provider. They told us the manager was approachable and they could talk to him about any concerns they might have. They also said that if they needed resources

for the service the provider supplied these. The manager or another senior member of staff was on call, day and night, so staff always had someone to contact for advice and support if they needed it.

The staff we spoke with told us they could raise issues and concerns at staff meetings which were held every two to three months. Minutes showed that changes to people's needs were discussed so staff were up to date about how to provide them with good support. Staff were reminded to fulfil people's wishes, for example at the latest meeting staff were asked to rent a film people had asked for and to add dishes people had requested to the menu. Health and safety and safeguarding were discussed and staff were reminded to record all accidents and incidents. The minutes showed that staff were consulted about the service, asked to share their views, and advised of changes and improvements.

Records showed that senior staff completed weekly, monthly and annual audits of all aspects of the service to help ensure good quality care was provided. These included audits of medicines, care plans, and the premises. Where appropriate, the findings were analysed. For example the manager had carried out an 'accident and incident analysis report' for January to March 2016. This investigated the causes of three incidents and how staff responded to them. The outcome was positive as it was noted that these incidents were unavoidable and staff had managed them well. This was an example of an open culture at the service where accidents and incidents were seen as an opportunity to improve if necessary.