

Heritage Manor Limited

Newstead House

Inspection report

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Tel: 01432263131

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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

About the service

Newstead House is a nursing home providing personal and nursing care to 38 people aged 65 and over at the time of the inspection. The service can support up to 46 people.

Newstead House is split up into three separate units "The Home" [for people requiring residential care] and "the Wing" and "Garden Wing" [supports people who require nursing care].

People's experience of using this service and what we found

- People enjoyed living at the home and were complimentary about the way it was managed.
- People, relatives and staff told us they saw the provider and registered manager regularly and found them approachable.
- Staff understood risks to people's safety and supported them to stay as safe as possible.
- There were enough staff to care for people at times people wanted assistance.
- People were supported to have their medicines safely and checks were undertaken to ensure these were administered as prescribed.
- The risk of infections and accidental harm was reduced, as staff used the knowledge and equipment provided to do this.
- Staff spoke affectionately about the people they cared for. People were confident to request support and reassurance from staff when they wanted this, and staff took time to provide this in the ways people preferred.
- People told us staff respected their rights to make their own decisions about their lives and care. Where people needed support to make some decisions staff assisted them, using people's preferred ways of communicating.
- Staff had received training and developed the skills they needed to care for people, through induction and on-going training. People told us staff knew how to help them and knew what to do if they suspected anyone was at risk of harm.
- People had good access to other health and social care professionals and staff followed any advice given.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.
- Staff ensured people had opportunities to do things which they enjoyed, and people were supported to keep in touch with others and religious practices that were important to them.
- The views of people, relatives and other health and social care professionals were considered when people's care was assessed, planned and reviewed, so people's needs continued to be met, and based on people's preferences.
- Procedures were in place to take any learning from complaints and to further improve people's care.
- People's wishes for their care at the end of their lives had been planned and the views of their relatives considered.
- The registered manager and provider checked the quality of the care provided and encouraged suggestions from people and staff to improve people's care further.
- The registered manager kept up to date with best practice developments, so they could develop the care

provided further.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Good (published 31 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Newstead House

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, one Specialist Advisor [who was a registered nurse] 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.

Service and service type

Newstead 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started and ended on 16 July 2019.

What we did before the inspection

When preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority, a social care professional who works with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We spoke with eight people living at the home, and three relatives to gain their views about the care provided. We also spoke with the registered manager, deputy manager, two nurses, five care staff. In addition, we sought the views of one health and social care professional, who supports people who live at the home.

We reviewed a range of records. This included two people's care documents and multiple medication and records. We also looked at records relating to the management of the home and checks undertaken by the registered manager. For example, systems for managing any complaints, checks on medicines administered, three recruitment files and the provider's audits on the care provided, and action plans arising from these.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report any abuse involving the people who lived at the home. They told us they would immediately alert the management team to any such concerns.
- The provider had procedures in place to ensure any abuse concerns were promptly reported to the relevant external agencies, including the local safeguarding team, so these could be thoroughly investigated.

Assessing risk, safety monitoring and management

- People told us they felt safe and secure living at the home. One person said, "I do feel safe living here, staff are very kind." Another person said, "We are safe here and I am usually the last ones up (before bed) and we know that they lock up at night and check the windows. There's always someone on duty at night."
- The risks to people's health, safety and welfare had been assessed, kept under review and measures put in place to manage these. This included consideration of people's risk of falls, malnutrition and pressure sores.
- Staff explained they read people's risk assessments and followed their care plans to keep people safe. They told us they were kept up to date with any changes in the risks to people through daily handovers between shifts and using the electronic care planning system which were updated as required when people's needs changed.

Staffing and recruitment

- The suitability of potential staff to care for people was checked prior to their employment.
- Staffing levels were based on the dependency needs of people living at the home. People told us they felt there were enough staff to meet their needs.

Using medicines safely

- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff had been provided with written guidelines on the expected use of people's topical and 'when required' (PRN) medicines.

Preventing and controlling infection

- The home had recently been decorated and was well maintained and clean.
- Staff followed the training they received to reduce the likelihood of infections, and to promote people's health. For example, when delivering personal care, they used gloves and aprons.

Learning lessons when things go wrong

- Staff communicated information about incidents, so any learning could be taken, and monitored so risks to people further reduced.

Is the service effective?

Our findings

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant 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 individual needs were assessed by the management team before they moved into the home, and then reassessed on a regular basis. A relative told us they were also involved in their family member's assessment to ensure their needs were met. They said, "Staff were very supportive before [person's name] moved in here, they asked about their likes and dislikes."
- The management team kept themselves up to date with current legislation and best practice guidelines through, for example, participating in further training. This enabled them to ensure people's care and support was being delivered in line with legislation and expected standards.
- The management team understood the need to consider people's protected characteristics and avoid any form of discrimination when making decisions about their care and support.

Staff support: induction, training, skills and experience

- Many of the staff team had worked at the home for a long period of time. People were complimentary about the staff and felt they had the skills to do their job. One person told us, "Staff are brilliant." They described how they had helped improve their mobility since moving into the home.
- A new member of staff described their induction to the home when they started their employment. They told us, they had two training days followed by two weeks of shadowing more experienced staff. They said, "It was really good, I had chance to get to know people's support needs".
- Following induction, staff participating in a rolling programme of training to keep their skills and knowledge updated.

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

- Since our last inspection there had been an improvement in the quality of the food served to people.
- People we spoke with were all complimentary of the food served at the home. One person told us, "The menu for the next day is brought round at breakfast so that we can choose – there's a very good choice of food and big helpings – if we don't like anything on the menu, there are always alternatives – jacket potatoes, sandwiches...."
- People were supported to maintain a healthy diet. At lunchtime staff were available to support people if needed. However, they allowed people to eat undisturbed and unaided unless the person indicated they needed assistance.
- Snacks and drinks were available throughout the home for people to help themselves.
- People's eating and drinking needs were monitored. When concerns had been raised health care professionals had been consulted such as speech and language therapists [SaLT] for advice.

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

- Staff encouraged and/or supported people to attend health appointments, opticians and dental appointments, so they would remain well. People told us staff promptly helped them to see their GPs if they were unwell.
- Staff understood people's health needs and gave us examples of advice they had followed from the person's doctor or district nurses, so people would enjoy the best health outcomes possible. The local GP visited the home weekly, we saw staff recorded who needed to be seen by the doctor and the outcomes of the visit.

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

- The home was decorated and maintained to a high standard. People were encouraged to bring in their own personal possessions and furniture to make their rooms feel homely. However, there was lack of dementia friendly signage around the home to help people find their way around.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant 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

- People were very complimentary about the staff who cared for them. One person said, "They're (staff) a good crowd- we have a banter. I love it- I couldn't imagine any of the carers here being nasty to people".
- Staff spent time chatting with people and were quick to offer reassurance and support in the ways people preferred
- Staff had built positive trusting relationships with the people they care for. We saw examples of how staff took time to compliment a person about their make-up. We heard another example of staff kindness how two staff came into work early before their shift started to assist a person keep to their routine of having a very early bath.

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

- People told us staff were respectful towards them. One person told us, "I wouldn't want to move. I'm well looked after here. ...I know all the staff and they know me...They've got a lot of patience. ...I sleep in the armchair now. ... It's my choice, they [staff] don't force me to do anything, they say 'It's up to you'

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and independence was promoted in the way their care was planned. For example, people's care plans gave staff guidance in promoting people's independence in relation to personal care, so people would be encouraged to do elements of their own care, and/or through providing mobility equipment
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they felt involved in how they liked and wanted to receive care and support. One person told us, "They [staff] ask me questions when completing my care plan." One relative said, "I am involved, when [person's name] came to live here they asked my opinions. We have had many conversations regarding their care."

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. We saw the provider had implemented this for example by providing pictorial menus and for people with sensory deprivation contacts had been made with the royal society of the blind.

- Care records contained personalised information, likes, dislikes and preferences, and set out how staff should meet people's needs. We saw staff had evaluated the person's needs and any changes were noted with the reasons stated.
- Staff showed through their practices they supported people in line with their care plans. For example, a person came to live at the home with a pressure sore. After a few weeks the person's skin condition had improved due to staff's responsive monitoring.
- There were arrangements in place to ensure people's needs were consistently planned for and met. Any changes were recorded in an electronic care plan.
- Residents' and relatives' meetings were held, and changes were made based on preferences people expressed.
- People could access things to do for fun and interest. The provider and management team had supported staff to drive through improvements in recreational activities to offer people. The provider had employed an activity co-ordinator who supported people alongside care staff in participating in fun and stimulating things to do. They registered manager told us they were in the process of advertising for a second so activities could be offered seven days a week
- People were supported to follow their own interests. One person told us "They [staff] take us out into the garden – we did the hanging baskets. ...and [staff's name] brought in some teasels and wool and we made bumble bees."
- Visitors were welcome, we saw when visitors arrived they were greeted by their name and showed empathy and concern about the family member. One person told us, "The family makes themselves at home – they can make their own drinks and bring in their own box sets to put on the TV and watch as a family. My

[relative's names] usually have lunch here on a Wednesday."

Improving care quality in response to complaints or concerns:

- People we spoke with knew how to complain and would raise any concerns.

Systems were in place to promote, manage and respond to complaints or any concerns raised.

End of life care and support:

- When people reached the end of their lives, staff provided individualised care and support to help people remain comfortable and pain free.

Is the service well-led?

Our findings

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.

At the last inspection this key question was rated as Good At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The people and relatives we spoke with were complimentary about the management in the home. However, we received mixed responses from staff. Some staff told us they felt there was sometimes a lack of communication from management. When we fed this back to the registered manager they told us they planned to hold a staff meeting the same week, to discuss recent changes in the home, which had concerned some staff, for example staff rotas.

- People felt able to approach the management team with confidence they would be listened to.
- Staff spoke with enthusiasm about their work at the home and people's care and support. One staff member told us, "I love my job. I love coming to work and knowing I am making a difference for the people who live here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The provider had a duty of candour policy. The management team understood their responsibility to be open and honest with people and others in the event things went wrong with the care and support provided.

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

- Staff and management told us were clear what was expected of their respective roles at the service. For example care staff told us if they had concerns about the person they supported they would report to the nurse on duty.
- The management team worked closely with staff to maintain a shared understanding of, and address, any quality issues or new risks at the home.
- The registered manager told us she had listened and understood staff's frustrations about the new electronic care planning system and was working with the provider to resolve them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People spoke positively about the overall service provided and their relationship with the management team. One relative told us "I can't fault them they really could not do anymore for [person's name] or me."

- Most staff spoke highly of the support they received from the management team. They felt their work was appreciated by management who were always prepared to listen to and act on any issues or concerns.
- The management team met on a regular basis with the people who lived at the home and, separately, with staff to encourage their involvement in the service. They also distributed regular feedback surveys to invite feedback from people and staff on the service, analysing any comments received.

Continuous learning and improving care

- The provider had quality assurance systems and processes in place to enable them to identify and address areas for improvement in the service provided. This included the ongoing monitoring of accidents [including falls], incidents, complaints, and people's pressure care. The management team also completed audits and checks on, amongst other things, the standard of care planning and the safety and suitability of the premises.