Eastern Care Ltd

Newton House

Inspection report

Newton House
Leicester
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Date of inspection visit: 19 and 26 January 2015
Date of publication: 20/04/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place over two days. We arrived unannounced on 19 January 2015 and returned announced on 26 January 2015.

At the last inspection on 11 February 2014 we found that the service was meeting the Regulations we looked at.

Newton House is an Asian life style care home for 26 people with a mental health disorder or learning disabilities. The service is delivered in three residential houses in close proximity to the main home. On the day of our visit there were 23 people living at Newton House.

The service required 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. At the time of this inspection there had not been a registered manager since August 2014. An acting manager was is post who was not a registered manager.

People told us they felt safe and that there were sufficient staff available at all times to meet their individual needs. People also told us how they were involved in the

Summary of findings

development of their plans of care and risk plans. People said that they received their medicines at the same time every day and gave examples of what their prescribed medicines were for.

We observed there were sufficient staff available to meet people's individual needs and keep people safe. Staff were knowledgeable about their responsibilities about reporting any concerns about a person's safety including protecting people from avoidable harm and abuse. Staff were appropriately trained in the safe administration of medicines and people's medicines were managed in line with relevant legislation and guidance.

People told us they felt confident that staff were knowledgeable, competent and experienced and that consent was sought before care and support was provided. People gave examples of how the staff had supported them to maintain their general health by accessing healthcare services. Where people accessed specialist services such as mental health, staff supported them to attend outpatient appointments.

Staff received an appropriate induction when they commenced work and ongoing training and support. We observed that staff gained consent before care and support was provided, however, found their understanding about the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards was limited. People's mental capacity to consent to their care and treatment had not always been considered or assessed in accordance with the legislation.

People said that they were happy with the food choices available and that they received sufficient to eat and drink and their dietary and nutritional needs were met. People's health care needs had been assessed by the provider and staff worked with healthcare professionals to meet people's needs. This included an assessment of people dietary and nutritional needs. We saw people received appropriate food choices and observed people received sufficient amount of food and drinks to maintain good health.

People spoke positively about the staff's attitude and behaviour and the care and support they provided. This included respecting their privacy and dignity and supporting them to live the life they choose. People said they had developed good relationships with the staff and felt confident that staff knew them well and how to support them. People gave examples of how they were supported to express their views and wishes about the care and support they received and that staff listened and respected what they said.

We observed staff to be kind, caring and compassionate. They had a good understanding of people's needs and respected people's dignity and privacy when supporting them. We saw positive relationships between people that used the service and staff had developed. People were comfortable in the presence of staff. The provider had developed opportunities for people to express their views and wishes in relation to their care and support and in the development of the service. People had information such as advocacy services and information about the service in appropriate languages.

People told us about how staff supported them to pursue their interests, hobbies and activities that were important to them. This included their cultural and religious needs and opportunities to participate in their local community. People said they felt confident to raise any issues, concerns or complaints if they had any. They said that they felt staff listened to them and responded promptly and effectively if there were changes to their health and welfare needs.

We found staff had information available that advised them of people's preferences, routines and what was important to them in the way they wished to be cared for. We observed staff supported people in accordance to their plans of care and were knowledgeable about people's needs. People had information available about the provider's complaints procedure which was also in different languages and formats to meet people's individual communication needs. Where concerns or complaints had been made we saw these had been acted upon.

People spoke positively about the leadership and that they felt the communication was good within the service. Staff were also complimentary about the leadership and support.

The provider had quality assurance systems and processes in place that showed how they were monitoring the quality and safety of the service.

Summary of findings

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

People were supported by staff that had received appropriate training and were aware of their responsibilities for keeping people safe and report concerns.

Risk plans were in place to protect people and were regularly reviewed. This included risk plans for the environment to ensure the premises were safe.

There were sufficient staff available and deployed appropriately to meet people's needs. People received their medicines safely.

Good

Is the service effective?
The service was not consistently effective

People were cared for by staff that had received an appropriate induction and ongoing training and support.

People's human rights were not always protected. The practice in relation to the Mental Capacity Act 2005 required improvements.

People received appropriate food choices that provided a well- balanced diet and met people's nutritional needs. People received support to access healthcare services.

Requires improvement

Is the service caring?
The service was caring

People were treated with kindness and compassion. Independence was promoted and staff were respectful towards people and knowledgeable about people's needs.

Staff empowered people by communicating with them using their preferred language.

People were supported to be involved as fully as possible in decisions and discussions about their care and support.

Good

Is the service responsive?
The service was responsive

People were supported to pursue their interests, hobbies and other activities that were important to them.

The home had links with the community and people were encouraged to maintain their independence.

Good

Summary of findings

People received opportunities to share their experience about the service including how to make a complaint and issues raised were listened to and acted upon.

Is the service well-led?

Good

The service was well-led

The acting manager had good management and leadership skills.

The provider had an open and transparent approach to the care and support provided, which was empowering and inclusive for people that used the service, relatives and staff.

Effective systems were used to regularly assess and monitor the quality of the service.

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 over two days. We arrived unannounced on 19 January 2015 and returned announced on 26 January 2015.

Before the inspection the provider completed 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. We also reviewed additional information the provider had sent us, such as safeguarding notifications. These are made for incidents which the provider must inform us about. We also contacted the local authority who had a contract with the provider and health and social care professionals for their views about the service.

This inspection was completed by two inspectors, an interpreter and an expert-by-experience and their support worker. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with nine people that used the service on the first day of our inspection and seven people on the second day. We spoke with a visiting relative and a health professional on the first day of our inspection. We also spoke with the acting manager, deputy manager, cook, one senior care worker, four care workers and the activity coordinator. We looked at the care records of three people who used the service and other documentation about how the home was managed. This included quality assurance audits, complaints, incident and accident records and health and safety documents.

Good

Is the service safe?

Our findings

The majority of people we spoke with told us they had lived at Newton House for a long time for most this was about 20 years. People told us they felt staff cared for them safely. One person told us, "I feel safe living here in my home and with the people I am living with." Another said, "I do feel safe living here, the staff make sure we are cared for safely."

A relative told us, "The safety here is 100 percent. I wouldn't want my relative to live anywhere else."

People were protected from avoidable harm and abuse. Staff were aware of their responsibilities of acting on any concerns they had about people's safety. For example, one member of staff said, "We would report to the manager if there were any concerns about abuse." Staff also knew about the whistle blowing policy. One staff member said, "I know about the policy but I have not had to use it." During our inspection we saw information that confirmed the provider had a policy and procedure to advise staff of the action to take if they suspected abuse and staff had received appropriate safeguarding training.

From the information we looked at prior to our inspection, we were aware that when there had been any concerns of a safeguarding nature the provider had appropriately reported these to the local authority and us. The local authority has the lead role for investigating safeguarding concerns. Where there had been concerns the provider had worked with the local authority to investigate these and took appropriate action to protect people.

People told us that they were involved in discussions and decisions about how risks were managed. For example a person said, "I can speak to the staff when I'm having a difficult time with my mental health, they know what to do to keep me safe."

Our observations confirmed that staff were aware of triggers that might affect a person's safety. We saw how staff appropriately supported people to reduce any anxieties and keep people safe from known risks.

Where the provider had identified any potential risks to people and plans were in place of the action required by staff to safely manage these risks. For example, some people had mental health needs which could affect their mood and behaviour, risk plans provided staff with the necessary guidance to support people when they were unwell. We also saw information that showed a person had experienced an increase in falls and the provider had taken action to reduce further risks by moving the person with their agreement and family involvement to a ground floor room. People could be assured that risks had been assessed and action was in place to reduce and manage risks.

There were arrangements in place to deal with foreseeable emergencies. The provider had a 'business continuity plan'. This advised staff of the procedure to follow in the event of an emergency affecting the service. Personal fire evacuation plans had been completed. Staff had detailed information about how to support a person in the event of an emergency. Fire safety procedures and checks were in place.

Staff had a good understanding of health and safety issues and what their responsibility was to ensure people lived in a safe environment. Staff told us that there were regular fire drills and we saw information that showed the environment and premises had risk assessments in place. People that used the service, visitors and staff were protected from harm because systems were in place to monitor safety.

People told us that there were sufficient staff available at all times to meet their individual needs. One person told us, "Yes, there is enough staff around." Another said, "There is always staff to talk to, they make sure we are okay."

A relative told us they were happy with the staffing levels. Comments included, "I have no concerns about the number of staff available, my relative is well cared for and has their needs met by the staff."

We observed there to be sufficient staff available to meet people's needs. Staff responded promptly to people's needs and requests for assistance. We sat in a staff handover and found staff were deployed appropriately according to their experience and skills.

Staff told us they had no concerns about staffing levels. The provider assessed people's dependency needs and this informed them of the required number of staff that was needed to meet people's individual needs and keep people safe. The staff roster showed that staff's skills, knowledge and experience to meet people's individual needs was considered when the staff roster was developed. Some people had additional needs that required one to one support this was highlighted on the roster to inform staff.

Good

Is the service safe?

Staff employed at the service had relevant pre-employment checks before they commenced work. This was to check on their suitability to work at the service.

People told us they received their medicines when they should and some people told us about what medicines they were taking. One person told us, “I do know what I’m taking my medicine for.” Another said, “The staff help me with my medicines, I get it at the same time every day.”

We looked at the administration and management of medicines. This recorded the person’s needs and preferred way to receive their medicines. The records and storage of medicines were correct and there was a system to manage and dispose of medicines. We saw information that confirmed staff had received appropriate training in medicines management. We saw that staff had not followed the correct procedure for medicines administered ‘as and when required’, known as PRN. Staff had not consistently recorded the quantity of PRN given each time. For example one tablet or two. The medicines policy did not cover PRN which meant staff did not have the instructions required. We informed the acting manager of this who agreed to review the policy.

Requires improvement

Is the service effective?

Our findings

People told us that staff included them in decisions and discussions and their consent to care and support was sought. One person told us, "I do have a care plan and I have signed it, I am happy they [staff] meet my needs." Another said, "I have a care plan and I have sat with staff and helped them to plan my needs."

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to their care and support, and ensures people are not unlawfully restricted of their freedom or liberty. Whilst staff had received training on MCA and DoLS, they had limited understanding of this legislation. We saw staff throughout our inspection gained people's consent to care and support before it was provided and that they had a best interest approach with people that had limited capacity to consent.

Information in people's care files confirmed people had either given consent to their care and support or other people that had appropriate authorisation had done this. For example, some people who did not have mental capacity to consent had a lasting power of attorney for care and welfare, this allowed their representative to make decisions on their behalf. However, where people lacked mental capacity to consent to their care and treatment and did not have a representative, best interest decisions were not recorded.

Some people had mental health needs. This meant that their capacity to consent may have fluctuated if they became unwell. Plans of care and assessments of people's needs did not consider people's mental to capacity during these times. The acting manager gave an example of how they had recently made an application to the supervisory body, to restrict a person who lacked capacity of their freedom and liberty to keep them safe. However, the acting manager was unable to provide us with confirmation that this had been done. The provider needed to review their understanding of the MCA to ensure that people's human rights were fully protected.

People told us that they found staff were appropriately skilled and experienced in meeting their needs. One person said, "Staff look after me really well and know what my needs are, they [staff] understand."

A relative spoke positively about staff and their knowledge and understanding of their relative's needs. Comments included, "The staff are competent, they know what my relatives needs are."

We spoke with a visiting community psychiatric nurse. They said they found staff to be sufficiently skilled and experienced in meeting people's individual needs. Comments included, "Staff know people well including their history. They are skilled and knowledgeable and have an honest and transparent approach." We also had contact with a GP who told us, "From my dealings with staff and clients as well as visits to Newton House, I am very impressed with the level of care. Staff are very knowledgeable regarding clients and seem to have a very good relationship with them."

Staff were competent and knowledgeable about people's needs. We observed staff support people with their individual needs that demonstrated they had the appropriate skills and experience to support people. Staff told us about people's individual needs and we found that this information was in accordance to people's plans of care. We also sat in a staff handover and saw written information that showed staff had effective communication skills and were knowledgeable about people's needs.

Staff told us they received an induction when they commenced their employment at the service. They said this included training and opportunities to shadow more experienced staff. One member of staff said, "My induction was fine. I was shown around and did shadowing for the first few days. I was given the folders (people's plans of care) to read. It was good, they [management team] gave me all the information." Staff also spoke positively about the training opportunities they received. One member of staff said, "The training is good, we get what we need to be able to support people."

The provider had identified what training staff required to meet people's needs. This included training and information available for staff about mental health and learning disability needs. There was a training plan that ensured staff kept up to date with their training.

Staff spoke positively about the support they received from the management team. One member of staff said, "If I need anything between supervisions I can just go and talk to

Requires improvement

Is the service effective?

them [management team]." We saw the provider had a plan that showed staff received opportunities to meet with their line manager to review their practice and training and development needs.

People told us that they received sufficient amounts to eat and drink. One person told us, "I do enjoy my food and there is plenty to eat and drink." A relative said, "The food choices are good, everyone's needs are catered for."

We saw throughout the day that people were offered and supported with drinks to maintain adequate hydration. Fruit was freely available. Drinks were offered throughout the day with snacks and fruit.

We spoke with the cook and support worker in the kitchen. They knew which people had specific needs such as diabetes. They said that they provided a healthy diet for all people such as using less oil and sugar, providing brown bread and fresh vegetables. The menus showed a wide variety of food on offer and covered a balanced diet including vegetarian choices and food options were appropriate in meeting people's cultural and religious needs.

We saw from people's assessment of need and plans of care completed, that dietary needs had been considered and panned for. This included referrals to health care professionals. Where recommendations from health professionals had been made, we saw examples of these had been included in people's plans of care.

People told us they received support to maintain their health and had access to health care services such as the GP, dentist and opticians. One person told us, "I visit my doctor if I'm unwell." Another said, "I 'm supported every three months to see the nurse." People received support with appointments with the psychiatrist and community psychiatric nurses. Care files confirmed people were supported to access health services.

Good

Is the service caring?

Our findings

People were very complimentary about the attitude of the staff who they said were kind and caring. One person told us, "This lady [staff] is very good and kind." Another person described a member of staff as, "A very, very nice lady". They went on to say, "Even our manager is good." A relative told us, "All staff seem very caring and that's the most important thing."

Positive relationships had developed between people that used the service and the staff team. Throughout our observations we found staff were kind, compassionate and caring. Staff used people's preferred names and spoke with people in a respectful and friendly manner. Appropriate light hearted banter was also used. People looked relaxed within the company of staff who spent meaningful time with people. This included support to participate in activities and sitting talking to people about things that were important to the person. We also saw that staff were sensitive to people's needs and provided people with comfort and reassurance when required. Staff were relaxed, unhurried and gave people the time and attention. Staff were sensitive to people's preferred language and their approach showed that people who used the service were important.

People told us that staff involved them in discussions and decisions and that their views and wishes were acted upon. One person told us, "Staff do listen to what I have to say." Another said, "Staff listen to what I need and anything that is bothering me or that is upsetting me."

A relative told us that the communication with Newton House was good and nothing was too much trouble. Comments included, "The communication is good, and I'm involved in my relatives care. I'm confident that the staff do all they can."

We observed that staff gave people everyday choices, this included how and where they spent their time and choices of what to eat and drink. We saw staff gave people time to express themselves and that they respected the choices people made.

People's communication needs had been assessed and plans of care informed staff of what support people required to communicate. Where people had difficulties in expressing themselves, pictures were used to support a person to express their feelings and emotions. We also saw that information was available in a variety of languages that met people's preferred language.

People had access to independent advocacy services should they have requested this support.

People gave examples of how staff respected their privacy and dignity. One person told us, "I have my own key to get into my room. Staff do give me privacy and knock on my door before they walk in." Another said, "They [staff] help me in every way. I can say no if I don't like something." A relative said that that there were no restrictions of when they visited. On the second day of our inspection the acting manager told us that since we last visited a person had celebrated their birthday and the service had accommodated a large number of the person's relatives to celebrate with them. The person whose birthday it was confirmed this.

Staff gave examples of how they ensured they provided privacy and dignity and prompted choice making for people. One staff member told us, "People have every choice, they can go anytime to bed, some people are up at midnight. There is no restriction. Sometimes [person] helps in the kitchen making chapattis or peel some vegetable. It depends if they want to help." Another said, "[Person] likes to pray in her room or in the shower and we respect this."

We observed staff were polite, and respected people's privacy and dignity when they supported people. For example, during lunch time we saw tissues were offered to people to wipe their face and aprons discreetly removed before people left the room.

Good

Is the service responsive?

Our findings

People told us that they had been involved in the assessment of their needs and in the development of their plans of care. One person told us, "The staff do know about my needs, we sometimes have meetings and we talk about how I am." Another said, "I see this as my house, I live my life as I please and follow my routines."

A relative told us that they were invited to attend review meetings. Comments included, "I attend review meetings about every six months. We talk about my relative's needs, how they are and if there are any changes." The manager showed us information that confirmed relatives and representatives were invited to attend review meetings with the psychiatrist and any other meetings that the person wanted or needed support.

Keyworkers are staff that have additional responsibilities for named people who used the service. We saw examples where keyworkers met with people once a month to discuss how they had been in the month and to plan for the following month. Whilst this was good practice this could be further improved to show how people were supported with their wishes and aspirations.

People told us about how they were supported to maintain their independence, to participate in their community and have opportunities to follow their interests and hobbies. Two people told us they had part-time jobs in their local community and that this was important to them. Several people told us that they accessed the community independently, whilst others said they could go out by themselves but on the whole they preferred to have support from staff.

Staff told us how they supported people in activities of their choice. One staff member told us, "[Person] goes to mosque every Friday by themselves. Some people like to go to the temple for dancing at Navatri in the mini bus. We celebrate festivals in the home Eid, Vasuki, Christmas, Diwali, fasting month – Ramadan." Another said, "We are usually able to support people's requests to go out with the staff on duty, if not we plan for it. In the summer they said they would like a day out, the next week a day trip happened."

We spoke with the activity coordinator and observed them provide people with personal grooming such as massage, facials and time and space for meditation. We found the activity coordinator was creative in their approach to support people to socialise and to participate in activities. In addition to arts and crafts, music and films that met people's cultural preferences they used an iPad to enable people to have access to the internet to explore things of interest to them. They had also created cards that prompted discussions about different topics. They told us how they arranged monthly meetings with people to discuss and plan activities they wished to do. People confirmed they had meetings with the activity coordinator and that they were supported to pursue their interest and hobbies and what was important to them. Such as going to the local cinema to watch films of their choice or interest.

We saw people had 'Person Centred Plans' (PCPs). Person centred planning is a way of helping someone to plan their life and support, focusing on what's important to them. This is a recognised form of supporting people with learning disabilities and is seen as good practice. The three PCPs we looked at lacked detail and were not fully completed. Whilst staff had a good understanding of what was important to people in the way they wished to be cared, new staff would not have this awareness or understanding without it being recorded. We discussed this with the acting manager who agreed to review the information.

People's healthcare needs had been assessed and staff had information they required to support people to maintain their health. This information were reviewed regularly for any changes. Where changes had occurred plans of care had been amended to show this change. This ensured staff had up to date information that enabled them to be responsive to people's needs.

Plans of care identified people's needs and included risk plans to instruct staff of how to respond to their needs. For example, we saw a person had been assessed as requiring one to one support. We observed this person received the support they had been assessed for. Another person had diabetes. We saw their plan of care contained appropriate information to inform the staff how to monitor their safe blood sugar levels and the action required should the person's blood levels become unsafe.

People told us that they would talk to the staff or the acting manager if they had any concerns. One person told us, "I

Good

Is the service responsive?

have no concerns or complaints, it's like a five star hotel living here." Another said, "I don't have any complaints but if I did I would talk to the manager or deputy, but I can talk to any of the staff."

We saw the provider had ensured people had access to the complaints policy and procedure if required. This was available in different languages, including and in an easy-read format to assist people that had communication needs.

The provider had a system to record complaints and where complaints had been received, these had been responded to in a timely and appropriate manner. For example, some people had made a complaint about problems with the hot water. The acting manager had acted promptly and arranged a contactor to resolve the issue. Another person had complained about another person living at the service. The acting manager had recorded the complaint and the action taken in response to the issue raised. People could be assured that their complaints were taken seriously and acted upon.

Good

Is the service well-led?

Our findings

People spoke positively about the culture and communication at Newton House. One person told us, "All the staff including the manager are friendly, we live our lives in the way we want to. This is my home and the staff respect this." A visiting relative said, "The communication is good, I'm regularly updated. It's the personal touch that people get. My relative spent some time in hospital they had staff from here with them all the time."

Staff told us that they received opportunities to share their views about the service that made them feel involved. One staff member said, "[The manager] is alright. He spends too much of his life here. He's a good listener." Another told us, "The acting manager is good, all the staff and residents are happy with him, he listens."

We observed staff worked well together that created a calm and organised atmosphere. Staff used good communication when supporting people that showed a person centred approach. We found the acting manager had an open and transparent leadership style. For example, a member of staff who had recently started work at the service was asked to attend our feedback session with the acting manager, deputy manager and senior member of staff at the end of our inspection.

Newton House is situated a highly populated multi faith community. People were very much a part of their local community and positive links had been developed. This included visits to people's choice of place of worship. People went out in their community independently or with support. Some people told us they had part-time work that made them feel that they contributed to their community.

People spoke positively about the leadership and management of the service. Comments included, "We feel involved and listened to. Any problems are sorted out and we know what's happening."

Staff spoke positively about the leadership of the service. They said they felt well supported and that the acting manager and deputy manager were approachable and accessible. They also said that staff worked together in providing a safe and quality service and that this was achieved by training opportunities, good leadership and the resources that they needed.

The provider had quality assurance systems and processes in place that showed the provider was monitoring the quality and safety of the service. This included checks on staff practice, for example spot checks were carried out on night staff. Accidents and incident were also recorded and the acting manager reviewed these regularly to identify patterns or trends, for example any falls people had or where the falls had occurred. We saw that appropriate action had been taken by the acting manager following an incident to minimise further risks and to learn from incidents to avoid a re-occurrence.

The provider enabled people that used the service, relatives and visiting professionals to give feedback about the service. Feedback forms were available in the reception area and routinely given to people to complete. The acting manager reviewed feedback received every three months where the information was analysed and an action plan was developed. Additionally people that used the service had meetings every month that gave people the opportunity to talk about activities, food choices and issues about the service. We saw minutes of these meetings that showed people had requested new bedside tables, chairs for the lounge and new bed linen. We saw new chairs in the lounge had been purchased and the deputy manager told us the other items had been ordered.