

Renovo South Newton Limited

South Newton Hospital

Inspection report

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South Newton
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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

South Newton Hospital is run by Renovo South Newton Ltd and provides short-term accommodation for people requiring personal and nursing care. It is registered to provide these services to up to 31 people. The service is used by people leaving hospital who are unable to return immediately to their own homes. Some people use the service for a few days and return home when care and equipment have been arranged for them. Some people use the service for a few weeks and receive rehabilitation such as physiotherapy before returning home.

At the time of our inspection there were 12 people using the service in 2 units. The accommodation in each unit comprises individual en-suite rooms with shared lounges, kitchen and dining areas.

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

People were treated with kindness and respect. People were treated as individuals and partners in their care and rehabilitation. People described staff as caring and attentive. Staff and managers were focussed on providing people with the best possible service.

People used the service safely and were protected from harm. Risks to people were identified, recorded and managed. Premises were clean and equipment was checked regularly.

Medicines were stored, used, and recorded properly by trained staff. People's medicines were reviewed regularly by a resident doctor.

People had their care needs assessed in hospital, and these assessments were reviewed by the provider before people arrived at the service. People were supported by staff who had the right training and experience.

People were supported to have the maximum choice and control of their care and rehabilitation. People's nutritional and hydration needs were met, and people we spoke to enjoyed the quality and choice of meals offered.

People's care records were detailed and focussed on their specific individual needs. People were encouraged to give their views about how any aspect of the service could be improved.

The registered manager was a visible and a supportive presence at the service and staff spoke highly of them and the wider management team. Auditing processes were in place and people and staff had opportunities to provide feedback and suggestions about the service. There was an open and positive culture which promoted high-quality care.

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

Rating at last inspection

The provider registered this service with us in March 2023 and this is the first inspection. Previously we inspected different services run by Renovo South Newton Ltd at South Newton Hospital. The last rating of those services was inadequate, (reports published on 16 March 2022 and 13 January 2023).

Why we inspected

We undertook this inspection because the provider had registered changes to its service, and because previous services registered at this location had been rated inadequate.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

South Newton Hospital

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 Health and Social Care Act 2008.

Inspection team

Three inspectors, a pharmacy inspector and an Expert by Experience carried out this inspection. 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

South Newton Hospital provides short-term accommodation for people requiring personal and nursing care. It provides this service to people leaving hospital who are unable to return immediately to their own homes.

CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

We visited the location on 6 June 2023 and 13 June 2023.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection, as it had only recently registered the service. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the inspection we spoke with 8 people who used the service. We also spoke with the registered manager and a range of staff including, but not limited to, the director of quality and nursing, the head of quality and governance, the lead nurse and rehabilitation assistants.

We reviewed a range of records. This included 3 people's care records, 5 people's medicine administration records, and records relating to the management of the service including audits, policies, meeting minutes, and staff records.

Is the service safe?

Our findings

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

This is the first inspection of this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. Staff received suitable training and said they would have no hesitation in reporting any concerns they had.

Assessing risk, safety monitoring and management

- Risks were assessed and well managed, with lessons learned to improve the quality of care provided to people.
- People were protected from the risks associated with their environment. Safety was monitored, including regular checks on the building and equipment.

Staffing and recruitment

- There were enough suitably competent staff and they were well organised to provide people with a good standard of care. One person who used the service told us, "There are so many staff here and they are all so attentive and caring".
- The provider's staff recruitment policy was not compliant with Regulation 19 Schedule 3 requirements for this type of service. However, no new staff had been recruited since the service started operating, and the provider took immediate action to review their policy.

Using medicines safely

- Medicines were stored securely and in accordance with manufacturer guidance. There was a process in place to record and dispose of waste medicines.
- There was a resident doctor in place to transcribe prescribed medicines into the electronic medicines administration system for people who came to the service from the local trust hospitals. The doctor also regularly reviewed their medicines during their stay at the service.
- People received their medicines as prescribed. The processes for medicine administration provided assurance that medicines were given as prescribed. Staff received training and were competency assessed to handle medicines safely.
- Some people at the service were prescribed medicines to be given on a when-required basis for pain and constipation among other conditions. Guidance in the form of PRN protocols or information in care plans was not available to help staff give these medicines consistently. The provider took immediate action and put these in place.
- An electronic system was used for care plans. The care plans we reviewed related to medicines were not always person-centred. However, the provider reviewed the medication care plans and added additional information such as currently prescribed medicines to personalise them.

- There was a policy in place for medicines management.
- There was a process in place to receive and act on medicine alerts.
- The staff received training and were competency assessed to handle medicines safely.

Learning lessons when things go wrong

- Learning took place from adverse events, such as falls. Following any incident, a report was completed with actions taken. This was then shared with the staff team via handover and staff meetings to protect people from the risk of avoidable harm.

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.

This is the first inspection for this service. This key question has been rated 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 had their care needs assessed in hospital, and the resulting information was shared via the referral process. The information was reviewed by the provider before people arrived at the service. This ensured the service could meet people's needs. These assessments were kept under review and reflected recognised assessment tools based on clinical health needs and good practice guidance.
- Assessments determined where equipment would be beneficial to reduce people's risk, promote their safety and wellbeing, and encourage their independence.

Staff support: induction, training, skills and experience

- People's needs were met by staff who had the skills, knowledge and experience to deliver effective care and support. This included the skills to promote and maintain people's day to day care needs as well as rehabilitation services.
- Staff received regular one to one meetings with their line manager which gave them an opportunity to discuss any issues and concerns and review their performance.

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

- People's nutritional and hydration needs were met and there was a strong emphasis on providing a choice of good quality meals, as well as drinks and snacks throughout the day.
- People's dining experience was enjoyable, with a choice to sit with others if they wished. One person told us, "I've made some lovely friends and we can sit together for meals".

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked effectively with other agencies to support people. This included working with hospitals to ensure people arriving at the service received the necessary care and rehabilitation. Staff worked with community and social care services to ensure people received necessary care when they returned to their own homes.

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 MCA 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.

- None of the people using the service at the time of our inspection lacked mental capacity to make their own decisions. The registered manager understood the requirements of the MCA and DoLS. The provider had policies to ensure good decision making for people lacking mental capacity and to apply for DoLS authorisations when needed.

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

- The service had recently been registered with CQC to provide accommodation for people requiring personal care, this included a number of visits to the location.
- The location is purpose built, comfortable and well maintained, there is a dedicated maintenance team on site, the team leader spoke with pride and commitment in maintaining a safe, well maintained, well decorated environment for people.
- People using the service told us, "I am so impressed with my room, the dining and lounge areas, it is all kept so clean and tidy and I have everything here I need".
- The layout of the service provided people with choices to spend time alone or with others whenever they wished, in pleasant indoor and outdoor spaces. There were extensive grounds where people could walk, sit or do some gardening.

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.

This is the first inspection for this service. This key question has been rated good. 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

- There was a strong and visible person-centred culture. Staff focussed on people's individual needs and wishes, even though people usually used the service for only a short time. One staff member told us, "Everything we do is to keep all the [people] happy". A person who used the service said, "I am encouraged to do so much for myself in a very helpful way". Another said, "I know [the staff] have to let us do things ourselves but they are so reassuring when we take so long".
- Excellent outcomes for people were consistently achieved. The service supported people, discharged from hospital, who were medically fit, but needed some rehabilitation in independent living skills, confidence building and guidance about living and staying well for when they returned to their own home.
- We saw from validated data that people were returning to their homes sooner than anticipated, due to intense, person centred, holistic support, alongside a comprehensive assessment and being deemed by South Newton and external stakeholders, such as occupational therapist, physio therapist, social workers and Commissioners as fit to do so. People told us they had thrived and made significant recovery whilst being at the service, enabling them to return to their preferred place to live. One person said "as much as I needed initially to be in hospital, it is since coming here that my physical and mental health has improved, I can see the light at the end of the tunnel, I never thought I would be able to return to my home, the service here has been first class, second to none".
- Stakeholders we have spoken with have told us that South Newton have provided a valuable service to the health and social care system in Wiltshire, providing care which has been instrumental in improving 'flow' from hospital and enabling people to return home.
- The service ensured staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. One staff member told us, "We are trying so hard to get everything right, it's very important to us". Seven people who used the service described the staff as "caring". One person said, "It's been the most perfect few days...I will miss the lovely staff the most, every one of them is lovely to me".
- Staff cared for each other and for people in a way that exceeded expectations. All staff members we spoke to were positive about their work and their colleagues. One staff member told us, "I'm an agency worker but I come here regularly so everyone knows me and we all get on so well and work together very well". A person who used the service said, "Nothing is too much trouble for the staff, it's a fantastic place". All 8 people we spoke with who used the service commented that it was "like being on holiday", and used words such as "wonderful", "fantastic" and "amazing" to describe their care.
- Staff we spoke with demonstrated a real empathy for the people they cared for and described how they felt about seeing people become well enough to return to their own homes. One staff member said, "It's a shame we only get to know the [people] briefly as you do form quite quick attachments as they all love this

place". We observed warm interactions between staff and people using the service, and staff approached and responded to people as individuals based on their knowledge of the person.

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

- People could make choices how to help their rehabilitation, for example there were therapeutic areas such as fully-equipped kitchens where people could practice their independent living skills. Staff listened to people's wishes and supported them appropriately. For example, a person who wanted to learn how to use a microwave oven was able to practice this in preparation for returning home.
- Staff provided additional information to people to help ensure they managed well when they returned home. This helped people and their families or carers to explore additional help such as services in the community, equipment and technology.

Respecting and promoting people's privacy, dignity and independence

- Staff felt respected, listened to, and influential. Staff told us their managers were approachable and responsive. Staff valued the people using the service and enjoyed supporting them to become more independent. One staff member told us, "It's lovely to see the improvements and the difference we make to their rehabilitation".
- The service offered sensitive and respectful support and care. One person who used the service described how they felt embarrassed but that staff never made them feel there were any problems. Others said, "I'm learning to do things for myself after my fall", and "I can manage my own medications under supervision".

Is the service responsive?

Our findings

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

This is the first inspection for this service. This key question has been rated good. 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's care records were detailed and reflected their personal needs and wishes. People's individual skills were promoted in preparation for them returning to their own homes.
- Staff were responsive and encouraged people with their individual progress. One staff member told us, "It's important for us to build a rapport with people, to support them to build up their strength, confidence and physical improvements, such as mobility, it is so rewarding to see people grow and achieve their goal of returning to their home".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records contained information about how people liked to communicate, and their preferences were recorded.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints, but had a policy to record, respond and act on any complaints received. People we spoke with knew how to complain and raise concerns, but told us they hadn't needed to.
- The provider regularly sought the views of people to improve the quality of its service.

People were supported to develop and maintain relationships to avoid social isolation

- Staff ensured support was provided to enable people to follow interests and to take part in activities that are socially and culturally relevant to them such as gardening, writing letters for friends and family and maintaining hobbies. Several religious denominations provided individual support and services for people at the home.

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.

This is the first inspection for this service. This key question has been rated good. 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 provider, registered manager and staff promoted a positive culture. One person using the service told us, "It's been one of my best experiences".
- Managers and staff understood the importance of their role and responsibilities. They demonstrated a commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was attained and improvements made when things went wrong.
- All the staff we spoke with were complimentary about the registered manager and senior leadership team. They told us they were confident to raise concerns and believed these would be acted upon and addressed by the registered manager. One staff member said, "The registered manager comes and sees us and talks to us every day. She is always checking in with us and asking for our views and opinions. I feel completely supported."
- People and those acting on their behalf were complimentary regarding the management of the service, signifying the service was well managed and led.

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 and registered manager acted on the duty of candour. The registered manager understood their legal duty to submit notifications to CQC about key events that occurred at the service. Statutory notifications were submitted, in a timely way, for any significant events such as safeguarding concerns and serious injuries. When needed, investigations and learning to prevent reoccurrence had been completed in a timely and thorough way.

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

- Whilst some issues needed attention, in relation to recruitment checks and PRN medication, managers acted immediately to rectify. Managers and staff were clear about their roles, they understood regulatory requirements and there were well embedded, robust, quality assurance systems and risk assessments in place. The provider and leaders carried out audits of the service regularly. Audits were presented to The Board and this enabled them to identify issues and they had taken action to improve things when necessary.
- The provider had a mission statement and a set of values in place, which had been formulated and written with the staff. This meant staff felt invested in the service's aims and objectives and ways of working.

- The provider had a detailed and robust business continuity plan in place in case of emergencies and disruption to the service.

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

- The provider and managers participated in numerous meetings with key stakeholders to share learning and improve practice. These included regular meetings with the local authority and the Integrated Care Board (ICB).
- The provider sought regular feedback from staff, during team meetings, one to one meetings, appraisals and an annual staff survey, the provider acted and made changes to improve based upon staff suggestions. A weekly update in the form of a newsletter also shared areas of development and actions taken in response to feedback from staff, relatives and people using the service. We saw that there had been a number of improvements.
- The provider completed discharge surveys for all people returning to their own home, we reviewed a number of these and found them all to be extremely complimentary about the service, staff, environment and food.
- We saw from people's records, confirming what people told us, that they were asked if they were happy with the care and treatment they received, also, were there any areas for improvement and how could the service improve

Continuous learning and improving care

- There were systems and processes in place to support continuous learning and improvement of the service. Leaders and staff carried out regular reviews of people's care and support, monitored and analysed accidents and incidents and investigated and responded appropriately to complaints. This helped staff identify issues and learn how to improve things.
- The staff carried out regular audits to identify gaps and improve medicines management.
- There was a process in place to report and investigate medicine errors. Learning from these incidents was shared with staff members to prevent them from happening again.

Working in partnership with others

- Leaders and staff worked effectively in partnership with other professionals, agencies and organisations to meet people's needs. This included GPs, specialist healthcare services, hospitals, and paramedics.