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Newhaven Residential Home

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 

Overall summary

The service provides care and support for up to 25 people. When we undertook our inspection there were 22 people living at the service.

We inspected Newhaven Residential Home on 26 February 2015. This was an unannounced inspection. Our last inspection took place on 27 August 2014 during which we found the service was not meeting all the standards we assessed. This was because we found at our August 2014 inspection we found the policies

regarding safeguarding procedures had not been reviewed since 2009 and an incident had not been reported to the relevant statutory bodies. The provider sent us an action plan and at this inspection the provider was compliant.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. There were no people living at the home that were subject to any such restrictions.

There were a mixture of people who lived at the home of varying age groups. Some were mobile and could walk around easily, whilst others required walking aids or wheelchairs. Some people liked to spend their time in sitting rooms and the garden. Others preferred to stay in their bedrooms most of the day and saw their visitors in those rooms.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home.

People had a choice of meals, snacks and drinks. Meals could be taken in a dining room, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it.

The provider used safe systems when new staff were recruited. All new staff completed thorough training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual. There were sufficient staff to meet people's needs.

People had been consulted about the development of the home and quality checks had been completed. However, some areas of the home and some equipment required refurbishment and there was no plan in place to ensure the environment and equipment was updated.

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.

Checks were made to ensure the home was a safe place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Medicines were stored and administered safely.

Good



Is the service effective?

The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Staff were able to identify people's needs and recorded the effectiveness of any treatment and care given.

Good



Is the service caring?

The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Information was given to people to help them understand their conditions.

Good



Is the service responsive?

The service was responsive.

People's care was planned and reviewed on a regular basis with them.

People were supported to develop their own interests and hobbies.

People knew how to make concerns known and felt assured anything would be investigated in a confidential manner.

Staff ensured other health and social care professionals were aware of people's needs when they moved between services.

Good



Is the service well-led?

The service was well-led.

People were relaxed in the company of staff and told us staff were approachable.

Good



Summary of findings

Checks were made to ensure the quality of the service was being maintained and the manager was aware some areas of the environment needed refurbishment.

People's opinions were sought on the services provided and they felt those opinions were valued, as did the staff.

Links had been made with the local community to ensure people could access events outside the home.

Newhaven Residential Home

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 26 February 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience either directly or indirectly in using health and social care services.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service.

During our inspection, we spoke with 12 people who lived at the service, two relatives, two members of the care staff, two domestic staff members and the manager. We also observed how care and support was provided to people.

We looked at three people's care plan records and other records related to the running of and the quality of the service. We found the records were kept up to date.

Is the service safe?

Our findings

At our last inspection in August 2014 we found that the registered person had not reviewed the safeguarding policies and an incident had not been reported to a statutory body. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2010. The provider sent us an action plan stating how they were going to comply. They said the policies would be reviewed and staff given copies of the procedures for signs of abuse and whistleblowing.

Staff told us they had been encouraged to look at the policy manual and had been sent copies of safeguarding policies and whistleblowing. They told us these were sent to each individual staff member. We saw the policies had been reviewed in August 2014. The manager showed us the log of low level incidents which the local authority had asked all providers to send to them on a monthly basis. We found that the registered person had made sufficient improvements and were no longer in breach of this regulation.

People told us they felt safe living at the home. Relatives said that they felt their family members were very safe. One person said, "I feel confident, happy and safe here. They are a good staff group, just like one big happy family."

Staff were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the senior staff would take the right route to safeguard people. Staff said they had received training in how to maintain the safety of people who spent time in the service.

To ensure people's safety was maintained a number of risk assessments were completed for each person and people had been supported to take risks. For example, risk assessments were in place to see if people could safely visit the local shops unaided or whether they needed a staff member to go with them. Also, where someone had been at risk of falls due to the number they had prior to admission, this had been reviewed and suitable footwear and walking aids provided so the person felt more confident and stable walking on their own.

Plans were in place for each person in the event of an evacuation of the building. The assessments included how people might respond when knowing there was a fire in the

building and if people required one or two people to help them evacuate the building. This ensured people could leave the building quickly in the event of a fire. A business continuity plan identified to staff what they should do if utilities and other equipment failed. Staff knew how to access this document in the event of an emergency.

When an incident or accident happened in the home the manager quickly let the Care Quality Commission (CQC) know. They made appropriate referrals, when necessary, if they felt events needed to be escalated to the safeguarding adults team at the local authority. This ensured people were protected against harm coming to them.

People told us there were sufficient staff to meet their needs. They said they could speak with staff members at any time of the day and night. One person said, "It doesn't matter when I press my call bell, staff are there. They are never rushed and I get what I want, when I want."

Staff said there were sufficient numbers of staff to enable them to meet people's needs. One staff member said, "Staff work together which is why I love coming to work." They told us they had sufficient time to fit in other aspects of their work such as laundry tasks and reviewing care plans." Staff told us they were a very stable workforce and most people lived close to the home. The staff rota confirmed the what staff had told us. There were no staff vacancies. We observed staff were busy throughout the day and did attend to people's needs. Calls bells were heard but answered promptly.

People told us they received their medicines at the same time each day. One person said, "I never like taking medicine but know its necessary and staff are patient with me." Another person said, "I prefer staff to keep my medicines then I don't forget to take them, as I did at home."

Medicines were kept in a safe and clean environment. We looked at three people's medicine records and found they had been completed consistently. We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed.

Two people were capable of taking their own medicines and the staff ensured regular assessments were undertaken to see if they were still competent to do so. We saw those people had locked cupboards in their room to store their medicines. Staff told us one person did not like

Is the service safe?

taking their medicines. The care plan showed that the medical opinion was that if the person did not take them they would become very unwell. Therefore, a medical practitioner had given permission for this to be disguised in food or drink. A best interest meeting had been held to discuss the issue and the situation was then reviewed at least monthly. Staff confirmed the person was healthier since that regime had commenced.

Staff who administered medicines had received training and internal medicine audits were carried out monthly. Any action from audits which had been identified were later

signed off when completed. All of these checks ensured that people were kept safe and protected by the safe administration of medicines and people received their prescribed medicines.

We looked at three staff files which showed security checks had been made prior to their commencement of employment to ensure they were safe to work with people. These included information on their past career history, qualifications and references from other employers and character references. Safety checks had been made with the disclosure and barring service. These measures helped to ensure only suitable staff were employed.

Is the service effective?

Our findings

At our last inspection in August 2014 we set a compliance action because staff had not received regular supervision to assess their progress and identify training needs. This was a breach of Regulation 23 of the Health and Social Care Act (Regulated Activities) Regulations 2010. The provider sent us an action plan stating how they were going to comply. They said the manager would complete supervisions and keep a list to ensure each staff member was covered in the system.

Staff told us that they received regular supervision sessions from the manager and clinical care manager. This monitored their performance. Staff said they were given opportunity to express their own views about their performance and this had helped staff to identify training needs and career progression. We saw the supervision logs from the time of our last inspection which confirmed each staff member had received supervision and goals had been set for each individual. The provider had completed everything on their action plan and were now compliant.

People told us they were happy living at the home. They told us they liked the staff and said if they required to see a doctor or nurse staff would respond immediately. One person said, "I know all the homes in this area and staff go over and beyond here." Another person said, "I didn't realise how good it was until I came here."

People's health needs were being looked after. A relative told us, "I know about the care plan as I am my family member's advocate and I take part in all the reviews." Relatives told us they were aware district nurses visited their family members and were involved in discussions when their family member asked them to be.

We observed staff attending to the needs of people through out the day and testing out the effectiveness of treatment. For example, one person was using a walking frame and staff encouraged them to use it correctly to aid their mobility. They checked the person was comfortable using it later in the day. We heard staff speaking with relatives, after obtaining people's permission, about hospital visits and GP appointments. We observed staff writing about discussions with other health and social care professionals in people's care plans.

Health and social care professionals we spoke with before the inspection told us they knew staff gave person centred

care as they were asked for their opinions about people. We observed staff liaising with health professionals on the telephone. The staff gave a précis of each person's immediate needs and had information to hand about the person. We observed staff handing over between shifts. They ensured the staff coming on duty were aware of everyone's needs and what treatments were left to complete. Staff were given the opportunity to ask questions. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten.

The Mental Capacity Act 2005 (MCA) legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions themselves. Deprivation of Liberty Safeguards (DoLS) is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to treatment or care. The safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty.

We discussed this with the manager and other staff. They showed that they were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. All staff told us had undertaken training in the Mental Capacity Act 2005, which was confirmed in the training records.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted. There was no-one subject to any DoLS authorisation at the time of our visit.

One staff member told us about the introductory training process they had undertaken. This included assessments to test their skills in such tasks as manual handling and bathing people. They told us it had been suitable for their needs. We saw the induction records within the person's personal file. This had ensured the person was capable of completing their job role before being offered a permanent post.

Staff said they had completed training in topics such as basic food hygiene and manual handling. They told us

Is the service effective?

training was always on offer. The training records supported their comments. Some staff had completed training in particular topics such as diabetes, end of life care and dementia awareness. They said this helped them understand the needs of people better. The manager was aware which topics staff required to complete and we saw the training planner for 2015.

People told us that the food was good, which was echoed by relatives. One person said, "You can't fault the food. It's just like home." Another person said, "There is always plenty of it, and seconds if you want it. It's always home cooked." We observed the lunchtime meal in the dining room. The room was clean and bright. We saw the meals were presented well and looked very appetising.

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as a problem a person was having controlling their diabetes with their diet and when a person required a softer diet. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs. Staff told us each person's dietary needs were assessed on admission and reviewed as each person settled into the home environment. This was confirmed in the care plans.

Is the service caring?

Our findings

People and their relatives told us staff were caring and kind. All were full of praise for the staff. Every one told us they understood the staff and felt they cared for them well. One person said, "I get up and go to bed when I wish really." Another person said, "It's lovely here."

The relatives felt involved and fully informed about the care of their family members. One relative said, "You can't beat this place. All the staff are good and well trained."

The staff were all caring and kind towards people. They were patient with people when they were attending to their needs. We observed staff ensuring people understood what care and treatment was going to be delivered before commencing a task, such as helping with a bath and giving medicines.

Staff described the actions they took to preserve people's privacy and dignity. They said they would knock on their bedroom doors before entering and closing doors and curtains when providing care. We observed staff knocking on doors before entering a room. Staff spoke quietly to people and were unhurried in their approach, always giving time for people to respond to questions and walking with them at the person's own pace.

We observed many positive actions and saw that these supported people's well-being. Many people appeared to enjoy a banter with staff and were laughing and joking. Staff had taken time to ensure people were included in everyday tasks such as looking after the canary birds and aquarium. Two people had formed a firm friendship, they told us, and staff had ensured they could have bedrooms next to each other and helped them to walk to the small lake in the garden so they could have some privacy. We observed staff ensuring people's dignity was preserved when they used the toilet or bathroom as some people had a tendency to forget to shut the door. One person told us, "I forget I'm not at home where I used to leave the bathroom door open. You do when you are on your own."

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example, one person wanted to remain in their bedroom for most of the day. Staff ensured they were in a safe environment and we saw they made numerous visits to them during the day.

Relatives we spoke with said they were able to visit their family member when they wanted. They said there was no restriction on the times they could visit the home. One person said, "Staff have been very welcoming." Another said, "We support them all the way because they really do care for [named relative] so well

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People had access to several sitting room areas, a dining room, quiet areas in corridors and two garden areas. We observed staff asking people where they would like to be if they required assistance to move about the building. Staff ensured each person was comfortable, had a call bell to hand and had all they required for a while. This was sometimes a book, jigsaw or watching the television. Other people we observed walked or used a wheelchair to access various parts of the home and grounds. One person said, "I like to sit in the conservatory in the afternoon to watch people going home from work, sometimes staff sit with me."

Is the service responsive?

Our findings

The people we spoke with told us staff responded to their needs as quickly as they could. One person said, "If I need assistance, I only have to press the bell and the staff are there straight away."

People told us staff had talked with them about their specific needs, but this was in the form conversation rather than a formal meeting. They told us they were aware staff kept notes about them and relatives informed us they also knew this.

Staff responded quickly when people said they had physical pain or discomfort. When someone said they had a headache, staff gently asked questions and the person was taken to one side and given some medication.

At meals times people told us they had a choice of where to sit. There were no menus displayed anywhere but people told us staff always informed them each morning what was on the menu. They said there was always an alternative. Some people preferred to eat in their rooms which they told us was their choice.

People told us they could get up and go to be when they wanted. They said there was always an opportunity to join in group events but staff would respect their wishes if they wanted to stay in their bedrooms. People told us about the bingo session the night before and quizzes they were able to take part in. We saw the quiz board in a sitting room, alongside jigsaws, books on various topics and music cassettes. People told us the home supported a local junior football team and there were photographs on display and thanks from the team to the home for their fund raising efforts.

All the staff we spoke with told us they felt people were well cared for in this home. They said they would challenge their colleagues if they observed any poor practice. One staff member said, "We are such a happy team, we know

everyone's needs and make sure new staff become part of the family." Another staff member said, "It's good to take people out. We go to the pub, local village events and shopping at Skegness. What ever they want. There are plenty of volunteers amongst the staff."

The activities described by people were very group centred such as bingo and music to movement sessions. Relatives told us some people's pastoral needs were cared for by a monthly communion service. We did not find any one who had been encouraged to develop their own interests but the people we spoke with told us they were not interested in any particular hobbies. When we were invited to visit people's rooms they had been personalised to suit their tastes and needs.

There was an activities planner on display but it was very small print and hard to read. There were lots of pictures of events which had taken place inside and outside the home. These included cake making and visits out. The care plans stated the type of interests people had been interested in prior to admission and how they would like to spend their days now. Staff were considering new ways to ensure people were not socially isolated and offered lots of alternative activities for people to join in.

People told us they were happy to make a complaint if necessary and felt their views would be respected. No-one had made a formal complaint since their admission. People knew all the staff names and those of the owners and told us they felt any complaint would be thoroughly investigated and the records confirmed this. We saw the complaints procedure on display. The manager informed us they had contact with an organisation which could translate this in different languages. However, they did not have access to the information in different formats. This could mean people with a visual impairment for example may not be able to access that information. The manager told us they would rectify this.

Is the service well-led?

Our findings

People told us the home was well-led. They told us they were well looked after, could express their views to the manager and felt their opinions were valued in the running of the home. One person said, "We are encouraged to retain our independence." Another person said, "We are well looked after and very happy." They also described the staff as being very capable at their jobs.

Relatives told us if they had any problems they could go to the manager or the owners and felt included in decisions about a number of topics. These ranged from questions about their family member, colour of curtains and menu choices. One relative was completing a relatives' questionnaire when we spoke with them.

Apart from yearly questionnaires for people who lived at the home and relatives there was no other formal method of obtaining opinions from people about the quality of the service. However, people who used the service and relatives told us they did not see the point of meetings when they could see the staff, manager and owner each day. We saw in the care plans people's comments about the services being provided had been recorded and actions taken and reviewed.

Staff told us they worked well as a team. One staff member said, "The manager is very good." Another staff member stated, "I think we are valued and no one is frightened of voicing an opinion."

Staff said the manager was available and walked the floor each day and worked in each department within the home. They told us the manager was approachable. One staff member said, "The manager is very knowledgeable." Another staff member said, "If I raise something they act on it." A person living at the home told us, "The manager even works in the kitchen to see how things are working."

Staff told us staff meetings were held monthly. They said the meetings were used to keep them informed of the plans for the home and new ways of working. They said they received feedback and were encouraged to put their views and issues forward at meetings. We saw the minutes of staff meetings. Each meeting had agenda items related to future plans, staffing, training and issues raised by staff. This ensured staff were kept up to date with events.

There was sufficient evidence to show the home manager had completed audits to test the quality of the service. Where actions were required these had been clearly identified and signed when completed. An example completed in December 2014 included, meals, care needs and activities.

Areas of the home had been redecorated and some furniture had been purchased. However, several areas of the home, such as, a sitting room, the conservatory, the hairdressing room and one corridor still required to be refurbished. There was a plan in place but with long time scales to purchase and complete the work. The manager was aware of the plan and was waiting on the owners to sanction completion of the work.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The manager understood their responsibilities and knew of other resources they could use for advice, such as the internet and local community agencies.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.