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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 ●

Summary of findings

Overall summary

About the service

Newhaven Residential Home is a residential care home providing personal care to 21 people at the time of the inspection. The service is registered to support up to 25 people, but the provider decided to have two shared bedrooms for single occupancy, making 23 the maximum number of people.

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

Staff knew what to do to support people to remain safe. Staff completed safeguarding training and knew how to recognise abuse and how to report concerns. Risk assessments were in place to provide staff with information on how to minimise the risk of incidents. Accidents were monitored and analysed to help prevent reoccurrence. The service was a safe and clean environment, suitable for people's needs.

Staff were recruited safely and there were enough on duty to support people. Staff had access to training and there was a support system in place, which included formal supervision and day to day availability of management. Staff reported morale was good and they enjoyed their work.

People's health and nutritional needs were met. Records showed health professionals visited the service when required and some people went out to visit their GP, dentist or hospital consultant. People told us they liked the meals provided to them and the menus provided choice and alternatives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff knew how to ensure people made their own decisions; this was confirmed in discussions with people and their relatives.

Staff were described as kind and caring, and treated people with respect. They supported people to be as independent as possible. People had assessments of their needs before admission and care plans described how people preferred to be cared for to enable these needs to be met.

The provider had a quality assurance system, which consisted of audits, meetings and surveys. Action plans were developed following these checks to help improve the service and respond to people's suggestions. There was a complaints procedure on display and people felt able to raise concerns or complaints.

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

Rating at last inspection

The last rating for this service was Good (published 28 March 2017).

Why we inspected

This was a planned inspection based on the previous rating. We will continue to monitor information we

receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Newhaven Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Newhaven Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service. Six other people and two relatives were able to complete a short survey about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, deputy manager, care manager, care workers and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to recognise abuse and poor practice, and who to report to.
- People told us they felt safe living in the service. Comments included, "Yes, I do feel safe here, I couldn't get a better home" and "Definitely, I'm with people."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff managed risk well. The care plans and risk assessments provided guidance for staff in how to minimise risks without being too restrictive. For example, one person had a risk of falls and was provided with a sensor mat to alert staff when they moved out of bed.
- People had personal emergency evacuation plans, which identified the support they required to exit the building in an emergency.
- Accidents and incidents were analysed so that lessons could be learned and help prevent re-occurrences.
- The service was well-maintained and appropriate checks made on equipment to ensure it was safe to use.

Staffing and recruitment

- The provider had a safe staff recruitment process. Full employment checks were completed before staff started work in the service.
- There were sufficient staff on duty to meet people's needs. There was a range of ancillary staff, which enabled care staff to focus on care tasks with people.
- When asked about call bell response times people said, "Yes, they are good and get to us as soon as they can" and "I like to do as much as I can for myself, but help is always available." Relatives said they thought there was enough staff. Staff confirmed there was enough staff on duty and there were very few changes to the staff team, which helped consistency of care.

Using medicines safely

- There was a safe and organised process for the management of medicines. This meant they were ordered, stored, administered, recorded and disposed of appropriately.
- People received their medicines as prescribed.
- When people were able, there was the facility for them to manage their own medicines. Staff completed risk assessments to ensure people were safe and monitored self-medication.

Preventing and controlling infection

- Staff had access to personal protective equipment to help prevent the spread of infection. We observed staff washed their hands and put on aprons to service lunch.
- Staff had completed training in infection prevention and control; this was updated annually.
- The service was clean and tidy. One person told us, "If you spill anything, they clear it up straight away."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. 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

- Senior staff completed assessments of people's needs before they were admitted to the service. The assessment covered the full range of people's needs and formed the basis of the care plan. The registered manager told us they took care to ensure assessments of people's needs were thorough and they would only admit people they knew they could fully support. We discussed with the registered manager, the need to ensure assessments were dated and signed.

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

- People's nutritional needs were met, and any support required was detailed in care plans and risk assessments. The chef had good information on display in the kitchen regarding people's nutritional needs, special diets and portion size.
- People told us they liked the meals prepared for them. Comments included, "I like the food too much; we get a jug of fresh juice everyday", "The food is very good" and "When [Name of provider] does cooking, their pastry is out of this world."

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

- Records showed people received support and treatment from a range of health care professionals when required. A person told us, "They ring the doctor when needed straight away."
- Each person had a medical care plan to guide staff when supporting people's health care needs and to ensure timely interventions.
- People had 'patient passports', which provided important information to nursing and medical staff should they be admitted to hospital.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The registered manager was aware of the criteria for DoLS. The registered manager told us people who used the service all had capacity to make their own decisions. They monitored people's capacity and described what they would do should they be concerned about capacity and important decisions were required.
- Staff completed training in MCA. They were aware of the importance of seeking consent before carrying out care tasks. Staff asked people's permission and ensured they gave them information to make choices. This was confirmed in discussions with people.

Staff support: induction, training, skills and experience

- Staff had access to induction, training, supervision and ongoing support to ensure they were confident in providing care to people. A person who used the service said, "They know me really well."
- Staff confirmed they received enough training, supervision and positive support. Comments included, "Management are flexible and very supportive" and "We get plenty of training."

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

- The service was designed to meet people's needs. There were grab rails in toilets and bathrooms and moving and handling equipment. The registered manager put signs on bathroom and toilet doors to help people locate them. The décor was homely.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well supported by the staff team. Comments included, "I feel staff treat me like family, like their grandma. They even give me a kiss goodnight; I am very happy here" and "It's a very good home; I wouldn't stay if it was not nice." A relative said, "I think the staff do everything well; it's a very good service."
- People used words such as 'peaceful', 'a home from home' and 'happy' to describe their thoughts about the service.
- Staff were aware of people's diverse needs and told us these were respected. They gave examples of respecting people's needs in relation to their religion, gender, disability and nutritional choices.

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

- People and their relatives were consulted about how care was to be delivered. This information was clearly documented in care plans. People had reviews of their care to discuss how the care plan was meeting their needs.
- People confirmed the registered manager, deputy manager and care manager were available to talk with at any time. The deputy manager had monthly one to one discussions with each person to ask if they were happy with the care they received. These were recorded in each person's care file.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Comments included, "They are very kind and knock on the door [before entering]" and "I feel the care here is wonderful."
- Staff gave examples of how they delivered care in a respectful and dignified way. They said, "We treat everyone as an individual and call them by their first names if this is their choice" and "We close doors and curtains, knock on doors before entering and ensure we keep people covered up when we are supporting them."
- People were supported by staff to maintain their existing skills. For example, two people continued to manage their own medicines.

Is the service responsive?

Our findings

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

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

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

- Care plans were detailed and gave staff information about how to support people in ways they preferred. The care plans contained people's likes and dislikes, specific routines and preferences for the gender of care worker.
- Records showed how the support staff provided helped to maintain people's skills and improve their abilities in particular areas.
- People's bedrooms were very personalised with items brought in from their previous home.

End of life care and support

- People's end of life wishes were sought and recorded. The registered manager told us people could remain in the service for end of life care with support from visiting health professionals.
- A care plan we reviewed for future end of life care wishes referred to the person's preferred place to stay and instructions about family and pet arrangements. Some people had a recommended summary plan for emergency care and treatment, which is an NHS form giving medical staff instructions about resuscitation decisions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and deputy manager were aware of the need to ensure people's communication needs were recorded in their care plans. This included speech, hearing and sight needs.
- When people had specific communication needs, there had been speech and language support and advice. The advice was recorded in the care plan and followed in practice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activity programme, which was produced following consultation with people. This included activities within the service such as craft work and games, and outings to community facilities such as a local donkey sanctuary and pubs for a meal.
- People told us they enjoyed the activities available. Comments included, "We have a knitting group and I like the bingo, exercises, singalongs and quizzes" and "We go to the ice cream shop, have knit and natter and go out for meals."

- The service had a tea room available for people to meet their relatives and have afternoon tea and cakes together. One person said, "My family can come anytime, and they are always offered a cup of tea."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which was on display in the service and a suggestions box.
- People told us they would feel able to complain and they would be listened to. Comments included, "I know who to complain to, but I have no complaints" and "I would tell a member of staff." There had not been any complaints in the last twelve months.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The provider and staff team were clear about the values of the service and created an atmosphere where people felt safe and comfortable to express their views.
- The registered manager told us the provider was supportive and the staff team said management at all levels was flexible and encouraged good team morale. Comments from staff included, "I love my job and we have excellent management support; I would have my relative here" and "It's a good home. We have a good group of staff and morale is great." The provider's statement of purpose stated, "If the staff are happy in their work, the residents will be happy in their home."
- All the information we received about the service referred to it being well-managed.

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

- Staff meetings took place to ensure they could make suggestions and share information.
- People completed surveys about the service, for example about the activities available, meals, staff support and cleanliness. The activity programme included some of the suggestions.
- The staff team had developed trusted relationships with visiting health professionals. Staff had made links with local primary schools so children could visit.

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; Continuous learning and improving care

- The registered manager was aware of their responsibility to be open and honest when mistakes occurred in order to put them right and prevent a reoccurrence.
- There was a system of monitoring accidents to help minimise them.

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

- The registered manager was aware there was an update required to the provider's registration certificate and was to address this.
- There was a quality monitoring system which consisted of audits, checks and surveys. Audits were completed on areas such as medicines management, care plans, cleanliness and equipment. There were action plans to address any shortfalls.
- The provider and registered manager were aware of their registration responsibilities and notified CQC

when incidents occurred that affected the health and welfare of people who used the service.