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# Newbrae Care Home

## Inspection report

41 Crowstone Road  
Westcliff On Sea  
Essex  
SS0 8BG

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20 April 2016

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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

The inspection took place on the 18 and 20 April 2016 and was announced.

Newbrae Care Home is registered to provide accommodation and care for up to 10 people some of whom may be living with dementia. There were 10 people living at the service at the time of our inspection. The home does not provide nursing care.

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 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.

People told us the service was a safe place to live. The registered provider's recruitment procedures ensured that only suitable staff were employed. People were supported by staff that had the skills and experience needed to provide effective care and there were enough staff to help keep people safe, meet their needs and protect them from harm and abuse. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

Assessments of people's capacity were carried out in line with the Mental Capacity Act 2005 (MCA). The registered manager and staff understood and complied with the requirements of the MCA and the associated Deprivation of Liberty Safeguards (DoLS).

Staff knew people well and understood how to meet their care and support needs. People and, where appropriate, their families, were involved in the planning and review of their care; care plans were person centred and were regularly reviewed. Staff promoted people's independence and encouraged people to do as much as possible for themselves.

Staff were kind and caring and treated people with respect and dignity. People and their relatives told us they were happy with the care and support they received. People's nutritional needs were met and they were supported to maintain a healthy and balanced diet. People were supported to access health and social care professionals and services when needed.

There were effective quality assurance systems in place to monitor the care provided to people and to plan on going improvements.

## 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.

Staff had received safeguarding training and knew how to recognise and report abuse.

There were sufficient staffing levels to safely meet the needs of people.

People's medicines were safely managed.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff that were well trained and had the right knowledge and skills to carry out their roles and responsibilities.

People's rights were protected as the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were followed.

People were supported to access appropriate services for their on-going health care needs.

### Is the service caring?

Good ●

The service was caring.

Staff communicated effectively with people and treated them with kindness and compassion.

People were treated with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised.

Care plans and risk assessments were reviewed regularly to

ensure they reflected people's current care and support needs.

The provider had effective arrangements in place for the management of complaints.

**Is the service well-led?**

The service was well led.

Staff felt well supported by management.

There were processes in place to seek the views of people who used the service and those acting on their behalf. Feedback was used to improve the service.

There were effective quality assurance systems in place.

**Good** ●

# Newbrae Care 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 the 18 and 20 April 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service including statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with five people who used the service, one relative, one visitor, two members of staff, the registered manager and the registered provider. We looked at a range of records including three people's care plans and records, three staff files, staff training records, staff rotas, arrangements for the management of medicines, a sample of policies and procedures and quality assurance information.

## Is the service safe?

### Our findings

People were protected from the risk of harm and abuse. People using the service told us they felt safe and a relative told us they were confident their relative was safe, they said, "[Name of family member] has been here two years and I feel they are very safe and well cared for." Staff were trained in recognising the signs of abuse and understood the importance of keeping people safe and protected from harm. Staff were able to identify the different types of abuse and what action they would take if they witnessed or suspected it. The service had safeguarding and whistleblowing policies in place and staff were aware that they could report any concerns to outside authorities for example the local safeguarding team or the Care Quality Commission (CQC). One staff member told us, "Safeguarding is all about protecting vulnerable people and you need to report abuse. I would report it to [name of registered manager] but if my concerns were not being taken seriously I would go to the local authority, CQC or the Police." An 'Ask Sal' poster was displayed on the communal noticeboard. 'Ask Sal' is a confidential helpline for people, relatives or staff to call if they had any safeguarding concerns.

Staff had the information they needed to support people safely. Staff undertook risk assessments to ensure risks to people's health and safety were well managed. These assessments identified how people could be supported to maintain their independence. Where risks had been identified, management plans had been developed which contained detailed actions for staff to take for example if a person became anxious and distressed. Staff demonstrated a good awareness of areas of risk for individuals and told us the risk assessments were informative and helped them to keep people safe. The service recorded accidents and incidents and these were monitored by the registered manager. This ensured that if any trends were identified actions would be put in place to prevent reoccurrence.

People lived in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. Processes were in place to keep people safe in the event of an emergency. Staff understood what they should do in such situations and a list of emergency contact numbers was displayed in the office. The registered provider had a business continuity plan in place and 'Emergency grab sheets' had been developed for each person who lived at the service. These sheets contained essential information such as people's medical diagnosis, current medication, allergies and GP details.

Staff recruitment procedures were robust and thorough. The recruitment procedure included processing applications and conducting employment interviews, seeking references, ensuring the applicant provided proof of their identity and right to work and carrying out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. A recruitment checklist was used to check that all elements of the recruitment process had been completed. The recruitment records we looked at confirmed appropriate checks had been undertaken.

There were sufficient staffing levels to meet people's needs and people received care from a consistent staff team. The sample of rotas we looked at reflected sufficient staffing levels. One staff member told us, "We do not need to rush and we have enough time to talk to people." Throughout our inspection we observed staff supporting people in a timely way and sufficient staffing levels to meet people's individual needs.

People's medicines were managed safely. We carried out a random check of the medication system and observed a medication round. We also reviewed three medication administration records (MAR) and found these to be in good order. There were appropriate arrangements in place for the ordering, storing and administration of medication. Staff designated to administer medication had received appropriate medication training and had their competency checked regularly by the registered manager. The registered manager carried out regular audits of medication to ensure that people were receiving their medications as prescribed and safely.

## Is the service effective?

### Our findings

People were supported by staff who were well trained and supported. Staff told us they had received an induction when they started working at the service which included shadowing other staff, an orientation of the building, fire safety and emergency procedures and getting to know people. One member of staff said, "I had never done care before I came here and I was a bit scared but my induction helped me to get to know about things." Staff told us, and records confirmed that they had received relevant training in order for them to fulfil their duties and meet people's individual needs. Staff had completed, or were in the process of completing, a relevant health and social care qualification. One staff member said, "I am currently doing my NVQ Level 3. I feel I've had enough training but I did say to [name of registered manager] that it would be good to have some refresher training and this was agreed and arranged." This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us they felt supported and valued by the registered manager and said they received regular supervision and had an appraisal in place. Staff said both the registered manager and registered provider were always available for support and guidance. A staff member said, "I get regular supervisions where I get the opportunity to talk about my practice." Records confirmed that staff received regular supervision which included observations of staff practice and had an appraisal in place. This meant staff had a structured opportunity to discuss their responsibilities and to develop in their role.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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.

Staff understood the key principles of the MCA and had received training on the MCA and DoLS. Assessments had been undertaken of people's capacity to make decisions and the registered manager was aware of their responsibilities with regard to DoLS. Where people had been deprived of their liberty the registered manager had made appropriate applications to the local authority for a DoLS authorisation. Staff understood the importance of consent and explained to us how they gained people's consent to their care and helped people to make choices on a day to day basis. During our inspection we observed staff asking for people's consent, and giving them time to respond, before giving assistance.

People were provided with sufficient food and drink to meet their needs and maintain a balanced and healthy diet. A pictorial menu was displayed in the lounge and care plans noted people's food dislikes and likes. Where required, people's dietary needs had been assessed and their food, fluid intake and weight had been monitored to ensure that their nutritional intake kept them healthy. People told us the food was good and there was always plenty to eat and if they didn't like anything on the menu they could have something else. We observed the lunch time meal and saw that staff encouraged and supported people to eat their

lunch. Where people were being supported to eat their meal, staff did so sensitively. People enjoyed a pleasant relaxing mealtime experience and we observed people chatting freely with each other and with the staff.

People were supported to access healthcare services as required such as hospital appointments, occupational therapists, GPs, opticians and chiropodists. The outcome of health appointments was recorded within people's care plans so that staff knew what action to take. A relative told us, "They always get the doctor if [name of relative] is unwell and they keep me informed, they wouldn't neglect anything."

## Is the service caring?

### Our findings

Staff provided a caring and supportive environment for people. People told us staff were caring and kind. A visitor said "I've been coming here about nine months, the staff are really friendly and caring and I see the smiles on people's faces, which says a lot. The atmosphere is really good and people are encouraged to partake in stimulating activities." A relative told us, "I think they're [staff] marvellous, they are smashing, they are like your friend. I couldn't wish for anything better for [name of family member]. They are really patient and kind. They look after me too and ask after the family, they really care."

Positive relationships were developed with people. During our inspection we observed staff interacting with people with kindness, respect and sensitivity giving reassurance where needed. Staff addressed people by their preferred names and spoke to people politely and engaged in appropriate conversations which created a relaxed and pleasant atmosphere. Staff were very knowledgeable about the individual needs of people. They were able to tell us about people's likes, dislikes and choices as well as information about their personal histories and things that mattered to them. One person told us, "They [staff] are very good and are always respectful." Where appropriate, staff were inclusive with people when carrying out everyday household tasks for example one person helped to lay out the table for dinner and helped to clean the communal lounge. The person told us, "I like to potter about and lay the table; I can't sit still, I like keeping busy."

Staff were polite and person centred rather than task focussed. We saw one person being assisted with moving and transferring to their wheelchair. The staff gave very clear and personal information to the person as to what to do whilst being assisted. Staff took their time to assist the person at their pace this meant they were not rushing or being task focussed. People had the opportunity to express their views about their care and support and regular meetings had taken place. Minutes from these meetings showed that people had an opportunity to feedback regarding the care they received.

People were encouraged to maintain relationships with friends and families. The registered manager told us there were no restrictions on visiting times with the exception of meal times which were protected. Relatives confirmed, with the exception of the protected mealtimes, that they could visit at any time and were always made to feel welcome.

People's diversity needs were respected and included in their care plan. People were supported to access religious support and access churches in the local community. A monthly service was also held in the main lounge of the home.

The home had information on advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. The registered manager told us that one person was currently being supported to access advocacy.

People's bedrooms had been personalised with the exception of one room which had been newly redecorated. Staff had involved the person in choosing the colour scheme for the room and were currently

supporting them to personalise it to their individual taste.

We saw comments from relatives of people who had passed away thanking staff for the care their relatives had received. One letter said, "Thank you for the kindness and care you gave my mum. You gave her contentment and reassurance. She was happy at Newbrae."

## Is the service responsive?

### Our findings

The service was flexible and responsive to people's needs. Each person's needs had been assessed before they moved into the service and this information was used to develop their care plan. Care plans included information relating to people's specific care needs and how they were to be supported by staff; this information helped staff to provide personalised care to people. Care plans also contained information on people's life histories which had been completed, where appropriate, with people's families or those acting on their behalf. People were involved in the planning and review of their care needs and care plans were regularly reviewed. Where a person's needs had changed care plans had been updated to reflect their current needs. Staff told us, and records confirmed that other people were invited to be involved in the care review process such as healthcare professionals, families and advocates. Staff were made aware of changes in people's needs through handover meetings and individuals' daily notes. This showed us that staff had up to date information which ensured people received the care and support they needed to meet their needs.

People were supported to follow their interests and take part in social activities. There was a programme of activities available to people that included quizzes, bingo, seated exercises, singalongs and reminiscence sessions. One person said, "I'm getting older but there's plenty enough here for me to do." Two volunteers visited the service every two weeks to help deliver activities. During our inspection a 'Pets as Therapy' (PAT) dog and its owner visited the service. We saw the PAT visit had a positive impact on people who told us they enjoyed seeing and petting the PAT dog. One person told us they supported the local football team and staff supported them to go and watch home matches and that they were looking forward to going to watch the final match of the season. Photos of people participating in activities were displayed in the communal lounge.

People had been provided with a service user guide. This contained information on what the service provided and information about how to make a complaint. The service also displayed its complaints policy on the communal notice board. We noted no formal complaints had been received by the service. One person told us, "I've not got any complaints but if I had I would tell them." A relative told us that they felt confident they would be listened to if they made a complaint; they said, "I've not got one complaint if I did [name of family member] wouldn't be here; but if I had any concerns or reasons to complain I would speak to [name of registered manager]; I do feel I would be listened to if I had any concerns."

People's views were listened to. There were regular meetings with people living at the service which provided an opportunity for people to share any concerns about the care they received, discuss activities, food menus and general day to day management.

## Is the service well-led?

### Our findings

There was a registered manager in post who was visible within the service and knew people well.

The service had a clear vision and set of values. The registered provider told us, "We have an open and transparent culture. We are all very passionate and want to provide the best care we can for our service users. I consider my staff to be my greatest asset; if they are happy the service users will be happy." Staff shared the registered manager and registered provider's vision and values to provide good quality care. Through our discussions and observations it was evident that management and staff were committed to ensuring people received the best care possible.

People were cared for by staff who were well supported. Staff told us both the registered manager and registered provider were approachable and supportive and that their views were sought and listened to. Staff were clear about their roles and responsibilities and told us the registered manager was always there for advice if they needed it. Staff received regular supervision and had an annual appraisal which enabled them to discuss their practice and identify any training needs. Regular staff meetings were held where staff had the opportunity to discuss a variety of issues including any changes to the running of the service. Handover meetings took place at the start of each staff shift which ensured all staff were kept up to date with people's care needs.

The registered manager sought the views of people using the service through day to day interactions with people and at service user meetings which were held regularly. Minutes from these meetings confirmed people had the opportunity to share any concerns about their care, discuss activities and general day to day management. The registered provider also gathered feedback through the use of questionnaires to people, their relatives and staff. Feedback from questionnaires was analysed and actions, where required, were put in place to address any issues. We noted from a service user survey carried out in March 2016 that people who lived at the service were very satisfied with the care provided. Comments included, "Excellent place" and, "Staff here are very kind and helpful I am very happy." We also saw the results from a 'Family and friends' questionnaire undertaken in October 2015. The results showed that 83.4% of people who responded to the questionnaire were very satisfied with the quality of care provided at the service.

The registered manager told us he received good support from the registered provider. Both the registered manager and the registered provider attended local provider forums which provided an opportunity to network with other providers, share good practice, discuss challenges and keep up to date with changes in the care sector. They also researched websites such as 'Skills for Care' and the 'National Institute of Excellence' (NICE) to obtain guidance relevant to the management of the service. This registered provider had a service improvement plan in place which identified where improvements could be made to service delivery.

There were effective systems and checks in place for assessing and auditing the quality of care. Audits such as medication, care plans, infection control and health and safety were regularly undertaken to monitor the care people received. A quality monitoring report undertaken by the local authority in February 2016 for the

service showed that a score of 88.1% had been achieved which evidenced a good service was being provided to people. Following the local authority inspection we saw that the provider had developed an action plan for the completion of recommended actions; at the time of our inspection all actions had been completed.