

Mr Danny So

Newhaven

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Newhaven is residential care home for up to 16 people who have a learning disability; at the time of our inspection 14 people were living at the home. The home is in two joined domestic style properties in a residential area of Wirral. The first floor was accessible by stairs and a stair lift. Most accommodation is in single rooms, two of the rooms are shared rooms. The home has been owned by the same family for over 20 years.

At the last inspection in March 2015, the service was rated Good. At this inspection we found the rating for the service changed to requires improvement as there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment. This was because the fire risk assessment was not individualised and specific to Newhaven care home. Also there were no personal emergency evacuation plans in place to give guidance to staff in case of emergency. We also found that risk assessments in people's care files had not always highlighted risks present in providing people's care which could be mitigated in care planning. You can see what action we told the provider to take at the back of the full version of the report.

The home required and had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living at the home told us that they were happy, well cared for and they felt safe living at Newhaven. One person told us, "I've been here for 14 years. I love it here". People's relatives we spoke with told us that they had confidence in the staff and management of the home. One person's relative told us they thought "Staff go beyond what you would expect". Another family member told us the managers were, "Very approachable, like an add on family, we sit down and talk like family".

We saw that there were sufficient experienced and qualified staff on duty to meet people's care and support needs. Staff had received regular training and refreshers of training, for example in safeguarding vulnerable adults and administering medication. Staff knew people well and had positive relationships with them. This contributed to a friendly and relaxed atmosphere at the home. People were supported in many different activities both in the home and in their community.

People told us they liked the food, there was choice and people's special requests were catered for. The kitchen had been awarded the highest rating of five star by the local authority environmental health team. The home environment was clean, fresh smelling and well maintained. There had been improvements made to the home since our last inspection.

People had individualised support plans in place which highlighted their wishes and preferences with regard to their support. People were supported to have maximum choice and control of their lives and staff

supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People's relatives told us that they felt the registered manager and deputy manager were friendly and approachable. In many areas the service was well led and we saw that the managers made regular checks and audits of areas within the home. However these checks had not addressed our concerns with planning for emergencies and assessing risk in people's care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The fire risk assessment was not individualised to Newhaven.
There were no personal emergency evacuation plans in place.

Risk assessments had not always highlighted risks in providing people's care.

People who lived at the home and their family members told us they felt the home was safe.

Medication was administered and documented safely.

There were sufficient staff on duty who were experienced and knew how to safeguard vulnerable adults.

Is the service effective?

Good ●

The service was effective.

Staff were well trained and experienced in their role.

People's rights were protected by the use of and application for deprivation of Liberty Safeguards.

The home was well maintained with an on-going maintenance and improvement plan in place.

People were well supported with any health needs they may have.

Is the service caring?

Good ●

The service was good.

People and their relatives told us they were well cared for.

We saw that the home had a friendly and homely atmosphere and people looked happy and relaxed.

We saw that people were consulted and listened to with regard

to their care.

Is the service responsive?

Good ●

The service was responsive.

Each person had an individualised support plan. We saw plans had led to positive outcomes for people.

We saw people engaged in a variety of activities within the home. People also told us of activities they got involved with in their community.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The manager checks and audits of the home had not highlighted a lack of effective planning for keeping people safe during an emergency. Reviews of people's care records had always been effective in highlighting and mitigating risks.

It was clear that the registered manager and deputy manager knew the people living at the home well and had positive relationships with them.

People's relatives expressed confidence in the registered manager and deputy manager.

People's relatives told us there was good communication with the management of the home.

Newhaven

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 checked 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 was an unannounced comprehensive inspection that took place on the 15 June 2017. The inspection was completed by an adult social care inspector.

Before the inspection we looked at what information the CQC had received since our previous inspection in March 2015. We also spoke with the local authority's quality assurance team.

During the inspection we spoke with the registered manager, deputy manager, two support workers and a visiting GP. We spoke with six people who lived at the home and afterwards we telephoned three people's relatives to gain their views.

During the inspection we looked at the home's environment, we pathway tracked four people's care files, looked at medication administration records and other documents relating to the management and running of the home.

Is the service safe?

Our findings

People told us they felt safe living at Newhaven. One person told us, "Yes I feel safe. They look after me well". Another person told us, "Yes. I'm happy here". A third person said, "It's ok, it's not too bad".

People's relatives told us they felt their family members were safe and they had confidence in the care home. One relative told us, "I'm really confident in them. I feel it's a smashing place". Another relative told us, "I feel very confident that they look after [name]". A third said, "It's very good, [name] is very happy there."

The fire detection and alarm systems had been checked by competent persons in December 2016. Staff had received fire safety training by an external provider in February 2016 and fire extinguishers had been checked in April 2017. The building was separated into zones by fire doors and there was emergency lighting in place. Both the gas and electrical installations had been checked by competent persons. Hoists and slings used for helping people move safely had also been checked.

Although fire safety equipment was in place and serviced there was no clear fire risk assessment in place. The fire risk assessment documents in place were not specific to Newhaven and the buildings occupied by people. It was not clear what staff would do in the event of a fire, how they would evacuate people or where they would evacuate people to. People did not have personal emergency evacuation plans (PEEPs) outlining the safest actions for staff to take in the event of a fire. The registered manager wrote to us shortly after our inspection telling us that the fire risk assessment and individual evacuation plans had been updated.

We saw in some people's care files that appropriate risk assessments had not always highlighted and mitigated risks. For example one person received nutritional supplements and supplementary fluids if they had not eaten or drank enough during the day. There was no risk assessment in place to show how they would mitigate the risks of inadequate nutrition and hydration. Staff were familiar with the person and knowledge was passed on from staff member to staff member. This increased the risk of the person may not receive appropriate nutrition and hydration. For example when we asked the deputy manager they were not able to tell us what food or nutritional supplements the person had consumed over recent days.

Another person's risk assessment for challenging behaviour had highlighted but did not contain sufficient information to mitigate the risks to the person and others. There had been seven physical incidents in May 2017 involving staff members. The staff had received training via a DVD on challenging behaviour but had not received personalised practical guidance about actions that may keep themselves and the person safe. We saw that the way these risks were currently being managed risked the person becoming isolated.

This was a breach of Regulation 12 (2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because risks to the health and safety of service users had not consistently been assessed and planned for in a way that reduced those risks and kept people safe.

Other risk assessments were in place on people's files; for example in relation to financial abuse, mental

health, falls and smoking. There was a monthly risk assessment evaluation sheet which had been used by the deputy manager to review risk assessments.

We looked at people's medication administration records (MARs) that showed that people received their medication as prescribed. We saw that any as and when required medication (PRN) was clearly documented and there were protocols in place for staff to ensure they were being used appropriately. Any homely remedies, for example paracetamol containing products, had been authorised by the person's GP.

Staff we spoke with knew their responsibilities in safeguarding vulnerable adults and who they would alert if they had reason to believe a person was at risk of abuse, including their responsibilities to alert outside organisations if appropriate. Staff we spoke with told us they had received refresher training in safeguarding during the last twelve months.

We saw that accidents were documented on accident forms and that these had been reviewed by the registered manager or deputy manager.

During the night there were two staff members on duty, one awake and one staff member sleeping on site and available in case additional support is needed. We saw records that showed that overnight there were periodic checks on people's wellbeing. During the day the registered manager was present and care was provided by three staff members. All staff members were experienced and long standing; there were no new members of staff since our last inspection in 2015. However the manager was aware of the checks that should be carried out if new staff were recruited.

We saw that there were enough staff on duty to attend to people's care needs. If they were short staffed they redeployed staff from another home close by owned by the same provider. These staff also knew the people supported well. One person's relative told us, "Whenever we visit there seem to be enough people on duty." One staff member said, "There is enough staff, a nice level. We are able to give people attention and attend to their needs quickly". We also saw that people had call buttons on the wall in their rooms which they could use to call staff if needed.

The local authority had rated the kitchen facilities the highest score of five stars. We saw that the kitchen, food preparation and storage areas were clean and food was stored safely.

We saw that the home was clean, there was appropriate hand washing facilities and staff made use of gloves and aprons when necessary. Laundry was separated and washed appropriately.

Is the service effective?

Our findings

We saw that staff had the experience and skills to support people and that there was a very low turnover of staff. Many staff members at worked at the home for many years. One visiting GP told us, "Because there is a low turnover of staff they know people really well. It's nice to see."

Staff told us that they received training appropriate to their role. One staff member commented, "I have received loads of in house training". The registered manager told us that all staff had an NVQ qualification at level two or three. We saw that training was provided in Diabetes, end of life care, medication administration, challenging behaviour, first aid, dementia, fire safety, safeguarding and moving and handling.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that some people had a DoLS in place or one had been applied for from the local authority. We saw that for those people who had a DoLS in place the conditions were being met by the provider.

Since our last inspection the home had made improvements to the environment. We saw that the flooring downstairs and in people's rooms had been replaced and some rooms had walk in showers fitted so people could be more comfortable bathing. The registered manager told us that they had a programme of continuous improvement. During our visit we saw that the home was clean, fresh smelling and well decorated. People had been supported to personalise their rooms with pictures and personal items. One person told us, "I like my room". People's family members made positive comments about the environment. One relative told us, "The garden was a mess, now it's accessible with paved access so people can use it." Another relative said, "It's really homely and well decorated. The back yard is good for people to use."

We spoke with a visiting GP who told us, "People are very well looked after and receive appropriate care. They are good staff, they are a sensible bunch. People speak fondly of Newhaven". One person's relative told us, "They are very prompt in getting medical help, very prompt. They know [name] well and observe closely." We saw that people were supported with appointments to or visits from their GP, opticians, dentist and other healthcare appointments as necessary.

We saw that people used specialist equipment to ensure they had appropriate care. For example hoists and pressure relieving mattresses. One person told us, "I have a special bed, it's really comfy, and it's easy to get in and out of".

We observed one lunchtime; there was a choice of French toast or meatballs with pasta. People could choose something else that was not on the menu and ate were they wished in the home. People's feedback about the food was positive; one person told us, "I did enjoy my lunch". One person's relative told us, "They have a roast dinner on a Sunday". Another said, "Seen the food a few times, it looks quite good. There is always a variety."

Is the service caring?

Our findings

The home had a homely, relaxed and friendly atmosphere, we saw people looked happy and relaxed at the home and they felt confident treating it as their home. One person told us, "I've been here for 14 years. I love it here; I've been here a long time". There were friendly conversations and banter between people supported, the staff members and the managers. We saw that most people sat together at lunch to eat and there was lots of chatting and interaction between people.

People's relatives told us they thought the service was caring. One relative told us, "It's fantastic. When [name] arrived she settled in like she had lived there all her life. She has been in many places, this place she loves. They really look after her". Another family member told us, "The staff are very caring and very observant; they do their best for people. Staff go beyond what you would expect. There is a family atmosphere". A third said, "They are very friendly, I like them." One staff member told us they were very happy in their role at the home and felt it was, "Like a big family".

We saw that people were listened to and consulted as appropriate in their care. Some people were able to agree to and sign their care plans, others signed consent forms. Information was made available for people, for example there was an easy read document available on people's responsibilities and rights.

We saw that people's special events such as their birthdays were celebrated at the home and their family members were involved.

One family member told us of a recent time when they thought staff were caring towards them and their family member. They said, "During a hospital admission on a bank holiday a member of staff stayed on beyond her shift to help me and [name]. I told them to go home but they said they wanted to stay to make sure we are ok; they stayed with us for ten hours. This was above and beyond what you could expect."

Another family member told us they thought staff were caring in little ways on a day to day basis. They said that when people use the patio in good weather that, "Staff come with drinks and ice creams, it's nice to have outside space. The staff were careful and made sure people used sun cream and used shaded areas." A third family member told us, "We have a good laugh when we visit, the staff are so friendly."

Is the service responsive?

Our findings

People had one page profiles as part of their care plans. These personalised documents highlighted; 'How I want to be supported'; 'What people like and admire about me' and 'What makes me happy'.

Each person had an individualised support plan. We saw that people's care plans had often led to positive outcomes for people. For example we saw one person's plan enabled them to be as safe and as independent as possible with their money. They had a 'money out' book that was signed by the person and a staff member. Some people required support from staff to leave the home; others could leave the home by themselves and came back at an agreed time. People's support plans reflected this.

Another example was that one person had been supported to gain weight since they moved to the home. The person had benefitted from a nutritional care plan and from being weighed monthly. The staff had previously kept a food diary, however they have since stopped this as the person had started to eat regularly. Another person had a plan in place to help prevent self-neglect

We saw that updated information about evaluations of care plans, significant events and updates were written on a review sheet behind people's care plans. This meant that up to date information was in the file but may not have been updated on the main care plan. We saw examples of when this may have led to confusion if staff did not read all the supplementary notes alongside people's care plans. We also saw some older information in people's care plans which would make the file clearer if it was archived. We spoke with the deputy manager about this.

We saw people engaging in activities at the home. We saw records of activities in the community and people's relatives told us of activities their family member engaged in. One person's relative commented on the everyday activities their relative enjoyed. They said, "From our view it's the naturalness of staff with her. They do everyday things such as helping her to paint her nails, colouring her hair and going shopping for clothes".

People participated in everyday activities in the community such as going to coffee shops, going shopping and to the cinema. In the home most people used the communal lounge, dining room and patio garden during the day. We saw people using an ipad, kindle, playing board games, sitting out in the garden, doing jigsaws, listening to local radio and played with the pet rabbits. People had regular drinks of tea together. We were told that at times people enjoyed a game of bingo. Some people were supported to attend social clubs where they were members.

Relatives told us of particular things happening at Newhaven that their family member likes. One told us, "They have dogs who visit; [name] likes the dogs". On occasions a mini bus was borrowed from a sister home for trips further afield. Some people were supported to use their own vehicles which staff drove on their behalf. The home had two pet rabbits which we saw people taking care of; relatives told us people really enjoyed the rabbits being in the home.

There were no documented complaints received by the home since our last inspection.

Is the service well-led?

Our findings

Newhaven had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service was managed by the registered manager who was also the owner and a deputy manager who had worked at the home for over 19 years.

We saw that regular checks and audits had been completed by the registered manager and the deputy manager. These were in relation to the home and its environment, medication stocks and administration, training and support given to staff and a monthly review of people's care files.

Whilst we saw that many of these checks had been effective; they had not highlighted concerns that we raised in relation to a lack of effective planning for keeping people safe during an emergency. We also saw that the reviews of people's care records had always been effective in highlighting and mitigating risks.

During our inspection it was clear that the registered manager and deputy manager knew the people living at the home well. We saw friendly conversations between them. One family member told us about the management, "They are very accommodating and always very friendly". One staff member said about the registered manager, "You couldn't find anyone more understanding of the staff and people at the home. He's very supportive, I couldn't fault him".

People's relatives told us that they had confidence in the registered manager and deputy manager. One family member told us, "I often have conversations with the manager, we speak regularly. They are very fair and get things done. They have responded to our feedback and are good communicators, they ring me if there is a problems." Another family member told us, "They are very approachable, like an add on family, we sit down and talk like family".

The deputy manager told us that the most important thing for them was that people were happy living at the home, they are listened to and they are involved as much as possible in the day to day running for the home. They provided good care by having a familiar and stable staff team, good relationships with social workers and a good rapport with people's families.

We saw that the home had policies in place which offered guidance for staff. It was not possible to know how recent these were as they were not dated and there was no indication when these had been reviewed by the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Because risks to the health and safety of service users had not consistently been assessed and planned for in a way that reduced those risks and kept people safe.</p>