C & K Homes Limited

Newton Lodge

Inspection report

Newton Lodge Residential Care Home
139 Berrow Road
Burnham On Sea
Somerset
TA8 2PN

Tel: 01278787321

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05 January 2017

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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

This inspection took place on 5 January 2017. The provider was given 48 hours' notice because the location was a small care home for people who are often out during the day. We needed to be sure that someone would be in and that the manager of the service would be available to meet us.

The service is registered to provide accommodation and personal care for up to five adults. The service supports people with a learning or psychological difficulty and/or relatively low dependency physical or mental health needs. At the time of the inspection there was one person living at the home, who only required prompting and limited assistance from staff. Another person, with an autistic spectrum condition and limited speech, stayed at the home on a regular short break respite care basis. The service was considering down-sizing to a smaller family home and changing their Care Quality Commission registration to accommodate and support just two people to reflect the level of service they currently provided.

The service had 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.

There was a friendly family atmosphere in the home and everyone appeared to get on well together. Feedback received from a relative of a person who previously lived at the home stated "I feel it is a family atmosphere. No recommendations for improvements, just keep doing what you do".

The interactions we observed between people and staff were caring and respectful. From what we saw and heard it was clear the registered manager and staff were supportive of the people who used the service and wanted the best for them. A person who used the service said "They are very caring. I try to maintain my independence as much as I can; but here, everyone treats me well and they help me through down periods" and "I do feel safe here. The staff are there when I need them".

People were supported to see their friends and relatives, access the local community and participate in a range of social and leisure activities of their choice on a regular basis. People were encouraged to be as independent as possible and had choice and control over their daily routines. Staff respected and acted on the choices people made and sought input from relatives where people were unable to fully express their preferences. The service knew how to protect people's rights if they lacked the mental capacity to make certain decisions about their care and welfare.

The service employed a small team of consistent staff who knew people's individual needs and preferences well. There were sufficient numbers of staff to meet people's needs and to keep them safe. Staff received training and supervision to ensure they had the necessary knowledge and skills to provide the care and support needed. The person who lived in the home said "I can't fault them at all".

People, relatives and staff said the registered manager was very accessible and supportive. They said they could speak with the registered manager whenever they needed and they always received the help or advice they required.

The provider had a quality assurance system based mainly on personal contacts between the registered manager, people and their relatives. This was effective in maintaining a good and safe standard of care for people who used this small care service.

Systems were in place to ensure people who needed medicines received them safely. Checks were carried out to ensure the correct medicines were administered in the right doses and at the right times.

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.

There were sufficient numbers of staff to help keep people safe and meet their needs.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead more fulfilling lives and to remain safe.

Is the service effective?

Good

The service was effective.

People received care and support from staff trained to meet their needs.

People were supported to maintain good health and to access health care services when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care.

Is the service caring?

Good

The service was caring.

People were supported in a relaxed homely environment by a small team of caring and considerate staff.

People were treated with dignity and respect and were supported to be as independent as they wanted to be.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good

The service was responsive.

People's individual needs and preferences were known and acted on.

People were consulted and involved in decisions about their care to the extent they were able to express their preferences.

People's views and suggestions were taken into account to improve the service.

Is the service well-led?

Good

The service was well led.

People were supported by an accessible and approachable registered manager and a small consistent team of care staff.

The service had a caring and supportive culture focused on promoting as good a lifestyle as possible for the people who lived there.

The provider had a quality assurance system that helped them to maintain and improve the service.

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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 5 January 2017. It was carried out by one inspector. The provider was given 48 hours' notice because the location was a small care home for people who are often out during the day. We needed to be sure that someone would be in and that the manager of the service would be available to meet us.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), and other enquiries received from or about the service. The service was last inspected on 3 April 2014. At that time, the service was meeting essential standards of quality and safety.

During this inspection, we spoke with the person who lived at the home, the registered manager and two other members of care staff. Following the inspection, we telephoned the relative of a person who had limited verbal communication skills and stayed at Newton Lodge on a regular respite care basis.

We also reviewed two care plans and other records relevant to the running of the home. This included staffing and training records, medication records, and incident files.

Good

Is the service safe?

Our findings

A person who used the service told us they felt safe and they were well looked after by all of the staff. They said "I do feel safe here. The staff are there when I need them". A relative of another person who stayed at the home said "[Person's name] is always happy to go to Newton Lodge, no problems. They wouldn't go there otherwise if they didn't feel safe. They happily abandon me at the door and doesn't even say goodbye".

The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. One member of staff told us "I have no issues or concerns". This was a small family run home but staff said they would not hesitate to report something if they had any worries. People, relatives and staff told us they were confident the registered manager would deal with any issues or concerns to ensure people were protected.

The risk of abuse to people was reduced because the provider had appropriate recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. The staff at Newton Lodge had been employed there for several years and records showed they all had Criminal Record Bureau (CRB) checks. However, these checks were carried out several years ago and the provider was now in the process of applying for the new Disclosure and Barring Service (DBS) checks to update their staffing records.

People who lived in the home had very different needs and capabilities. This was reflected in their individual care plans and risk assessments. There were general and individual risk assessments with measures to ensure people received safe care and support. For example, there were risk assessments for transport, community involvement, people's finances and environmental safety. On the day of our inspection a specialist contractor was carrying out the provider's annual health and safety risk assessment. This showed the provider took measures to ensure a safe environment for people who lived and worked at the home. Details of any accidents or incidents were recorded in people's care plans and the person's family representative and/or social worker were notified as appropriate. Action was then taken to prevent future occurrences. The provider had not experienced any significant incidents involving people who currently used the service. However, records showed incident reporting and follow up action had been taken in the past to protect people from the risk of abuse. For example, we saw incident reports had been submitted to social services and people's behavioural support plans had been updated for people who used to live at the home. This showed the provider met their statutory requirements to inform the local authority safeguarding team and the Care Quality Commission of notifiable incidents.

Staff knew what to do in emergency situations. There were records of regular fire drills and an emergency evacuation plan was in place. Staff received first aid training and knew to call the relevant emergency services or speak with the person's GP if they had concerns about a person's health and welfare.

There were sufficient numbers of staff to meet people's needs and to keep them safe. The service was a family run business and employed a small consistent team of permanent staff, including the registered manager. The registered manager told us staffing levels and shift patterns were reviewed each time a new person moved into or out of the home. In very rare circumstances, the service used agency staff known to them to cover unexpected absences.

There was always at least one member of care staff on duty during the night and in the mornings to support the person who lived at the home. The person was reasonably independent and liked to go out alone or to spend time alone in the house during the day. However, the person had the registered manager's and the provider's nominated individual's mobile phone numbers to call at any time if they needed assistance. If the registered manager was unavailable another staff member's phone number was provided. Another person who stayed at the home on a short break respite care basis needed continuous one to one staff support. When they stayed at the home the service ensured there was always two staff on duty 24 hours a day. This was confirmed in the provider's monthly staff rota records.

Systems were in place to ensure people received their medicines safely. Staff had received medicines handling training. The person living at the home did not currently take any medicines but a medicine administration record (MAR) was kept for the person who stayed there for short breaks. Medicines were prescribed by the person's GP and were brought in by their relative for the duration of their stay. The registered manager completed a MAR each time the person stayed with them. They told us they always checked that the dosage and administration instructions on the pack from the supplying pharmacy matched the MAR. This was to ensure they administered the correct medicines at the right times.

Good

Is the service effective?

Our findings

People were supported to live their lives in a way that suited their personal needs and preferences. The service had supported the person who currently lived in the home to develop their independent living skills and to enjoy as good a quality of life as possible. The person told us how they had become more and more independent since moving to Newton Lodge. They now spent a lot of their day on their own and in the community; but they knew they could always rely on staff support when needed.

The relative of a person who stayed at the home for short breaks said the person was "A quiet gentle soul" and the service suited the person's needs really well. The person was always happy to go to Newton Lodge and the service ensured they had familiar staff, surroundings and personal belongings to make the person feel comfortable and at home.

Staff received training to ensure they had the necessary knowledge and skills to provide the care and support people needed. Staff training records showed they had received training in: The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, challenging behaviours, fire safety, person centred care planning, first aid, food hygiene and medicines handling. Staff were also encouraged to undertake further vocational qualifications. One member of staff had gained a national vocational qualification level 2 in health and social care and another had completed a distance learning programme for care staff.

Staff attended monthly staff meetings and received individual supervision sessions from the registered manager, every other month. Annual staff performance and development appraisals were also carried out by the registered manager. These meetings provided opportunities to discuss staff issues, care practices, and to identify any training needs. For example, all staff were being given refresher training in positive intervention techniques following an issue highlighted at the provider's other care home.

The service had a small consistent team of care staff, including the registered manager and the provider's nominated individual who both participated fully in the staffing rotas. A member of staff told us they all worked flexibly together to ensure people who used the service received a good consistent level of care and support. People, relatives and staff told us the service was very much geared toward providing a homely family style environment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had received training and had an understanding of the requirements of the MCA and the DoLS. The registered manager said they

followed a best interest decision making process whenever people lacked the mental capacity to make certain decisions for themselves. However, their service philosophy was to promote people's independence and to try to avoid restrictive practices as far as possible. The registered manager was aware of the DoLS authorisation process but said it was very unlikely they would support a person at Newton Lodge who might require a DoLS authorisation.

People were supported to have sufficient to eat and drink and to have a balanced diet. Staff knew people's individual dietary tastes and preferences and also tried to encourage them to have a healthy diet. The person currently living at the home had been supported to develop their independent living skills, including preparing and cooking their own meals. They had their own kitchen and had progressed to making the majority of their own meals. They had received training in food hygiene requirements and had a food hygiene certificate. The person said "I prepare most of my own meals and recently I've been doing my own shopping and planning menus. I can always go into the home's main kitchen but I try to anticipate and not rely on them". They told us they preferred not to ask for assistance but said staff were always on hand and willing to help if they needed it.

People were supported to maintain good health and wellbeing. The person living at the home was in good health but was reluctant to visit the doctors or the dentist. The registered manager said they tried very hard to encourage the person to visit health professionals but ultimately the person had sufficient mental capacity to make their own decisions.

Care plan records relating to previous people who had stayed at the home showed the service had supported people to access health and social care professionals when required. Records showed people had attended GP surgeries, hospital appointments, and received visits from community nurses and their social workers.

Good

Is the service caring?

Our findings

People and relatives told us the registered manager and staff were very caring. A person who used the service said "They are very caring. I try to maintain my independence as much as I can; but here, everyone treats me well and they help me through down periods". A relative of another person said "They are very caring, if anything they are over caring". The relative said the person sometimes received so much staff attention that they may prefer a bit more quiet time. They had suggested this to the registered manager.

People were encouraged to make their own daily living choices and decisions, as far as they were able to. No one was made to do anything they did not want to do. Where people could express their preferences staff respected their choices. Where people had limited verbal communication skills staff offered people options to choose from and then acted on the person's wishes. People told us they could choose to spend private time alone or join others in the communal areas of the home. Staff respected people's wishes but were always available when people needed assistance. One person said "I'm a lot better now on my own but there's always someone around if I need them. I have a call button in my room if I need assistance, and I can always telephone [the home owners' names] mobile phones".

The service promoted people's independent living skills and encouraged them to be as independent as they were able to be. For example, people were encouraged to carry out as much of their own personal care as possible, with just a little assistance or prompting from staff when needed. The person currently living in the home told us how they had become increasingly self-reliant. They now cooked the majority of their own meals, cleaned and tidied their own room and did their own laundry. They said they did sometimes need prompting from staff but they were now much better at doing things for themselves.

The person now spent more time on their own, both in the home and in the community. This helped promote their self-esteem and gave them a sense of achievement. For example, they regularly took bus trips on their own to the shops or to visit friends in neighbouring towns. However, when needed, staff were happy to drop them off at various venues or events and collect them later. The person told us they attended a weekly 'knit and natter' club where they socialised with friends and knitted and crocheted as a hobby.

Staff respected people's privacy and dignity. Each person had their own individual bedroom with an ensuite bathroom where personal care could be carried out in privacy. Staff always knocked and waited to be invited in before entering people's rooms. We were told when people needed staff assistance with personal care this was done in a discrete and respectful manner. Staff ensured doors were closed and curtains or blinds were drawn while personal care was taking place.

Staff were careful not to make any comments about people of a personal or confidential nature in front of others. They understood the need to respect people's confidentiality and to develop trusting relationships. For example, care plans were kept in a staff office and the door to the office was locked when staff were not present. This prevented unauthorised people from reading the private and confidential content of people's care plans.

People were supported to maintain relationships with their families and friends. One person regularly visited their friends in the community and also contacted them regularly by social media. The relative of another person told us there were no unreasonable restrictions on them visiting the home.

Care plans included any known information about people's end of life preferences and any cultural or religious beliefs. Staff were aware of people's beliefs and preferences and respected their views and choices.

Good

Is the service responsive?

Our findings

People's needs were assessed and their care was planned and delivered in line with their individual needs and personal preferences. In circumstances where people were unable to fully express their wishes, the service consulted people's close relatives, or appropriate professionals involved in their care. For example, a person who stayed at the home on a short break basis had an initial assessment carried out by the local authority. Their care plan was based around this initial assessment together with input from the person's relative about their preferences. We observed people's care plans described a variety of issues and explained how the service could help the person with those matters. For example, the care plan for a person currently living in the home was largely based around how the service could promote the person's independent living skills.

People and relatives told us they were kept informed and were involved in care planning decisions. For example, a relative told us the registered manager, with another member of staff, had taken the person on several short holidays. The relative said they were consulted about the holiday arrangements and "They tell me about [the person's] experiences when on holiday or doing other things".

We observed monthly care plan reviews were recorded in people's care plans. The registered manager said this ensured any necessary changes were made to reflect each person's current needs and preferences. The person living in the home told us they had regular individual meetings with the manager where they were able to discuss any aspects of their care and support.

People's needs and preferences were understood by staff and staff acted on people's choices. For instance, staff members of the same gender were available to assist people with personal care if this was their preference. The person who lived in the home said "I get a lot of choice and independence with my meals and other activities. I'm never told when to do things, I get a lot of freedom". They were being supported to develop their independence and often visited their friends on the bus. They also kept in contact with friends through social media. They told us their favourite past times were baking, needle crafts, social media, photography, puzzles, jigsaws and looking after their pet cat. They also said they got on well with the other person who stayed on a short break basis. Although they said they could not have "proper conversations" the person knew who they were and was "brilliant at jigsaws".

The relative of the person who stayed at the home for short breaks said "[Person's name] likes to sit quietly with their DVDs, jigsaws and Lego. Newton Lodge is quiet and suits [the person] well. They have their own room and ensuite there, and their own clothes. [Person's name] chooses their own clothes from a range of appropriate ones". The person had an autistic spectrum condition and to assist with their understanding, their clothes were separated into a selection of Summer and Winter clothes. We were told they sometimes needed prompting to choose clothing suitable for the weather conditions. The service reserved the same bedroom for the person to ensure they felt comfortable and at ease in a familiar environment. In addition to short holidays and shopping trips, staff supported the person with their preferred activities including completing puzzles and making models and constructions with plastic toy bricks.

People's bedrooms were furnished and decorated to suit each person's tastes and choices. People were free to use any of the communal areas in the home or to return to their rooms, if they wanted to spend time on their own. People's rooms contained personal belongings; including a laptop, TV, music player, furnishings, pictures and games. This helped make their rooms feel more homely.

People and relatives told us the registered manager was very accessible and supportive. They said they could go to them anytime and they were confident any issues would be resolved appropriately and quickly.

The provider had a policy and procedure for managing complaints about the service. This included timescales for responding to people's concerns. However, the manager said they had not received any formal complaints over the last twelve months. They said any issues were usually resolved informally to the satisfaction of the people concerned. People and relatives confirmed they had not needed to make any formal complaints. The person who lived in the home told us there had been an issue with a previous resident but this had been addressed by the registered manager.

Good

Is the service well-led?

Our findings

The service provided a small family run business in a homely and informal environment. People who lived at the home, their relatives and staff told us the registered manager was very caring and approachable. The person who lived in the home said "I can't fault them at all". A relative of another person who stayed at the home said "It's well led when the registered manager is there and they are always there when [person's name] stays there. I can't say what it is like when they are not there. I'm very pleased with them".

Feedback received from a relative of a person who previously lived at the home stated "I feel it is a family atmosphere. No recommendations for improvements, just keep doing what you do".

The manager said as a small care home they mainly monitored the quality of service through their regular personal contacts with people and their families. They also circulated an annual feedback questionnaire but this was less meaningful now there were fewer people living in the home.

The registered manager told us they were considering down-sizing to a smaller family style home and changing their CQC registration to accommodate and support just two people. They said this better reflected the current service they provided.

A member of staff said they were a small stable team of care staff who all worked flexibly together in the best interests of the people they supported. The registered manager was very 'hands on' and always dealt with any matters promptly and effectively.

Staff received training to ensure they understood and were able to deliver the required level of service. This was reinforced through monthly staff meetings, shift handovers and one to one staff supervision and appraisal sessions with the registered manager.

The provider had a range of policies and procedures for staff to follow. An external consultancy was used to advise on employment and health and safety matters to ensure people continued to receive care in a safe environment. The policies helped ensure compliance with current legislation and best practice.

To the best of our knowledge, the registered manager has notified the Care Quality Commission of significant events and notifiable incidents in line with their legal responsibilities. We observed the service kept records and investigated incidents. Where appropriate, action plans were put in place to minimise the risk of recurrence. The registered manager promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. For example, they briefed us on a serious incident with a person who previously lived at the home and how they had revised their admission requirements to prevent similar issues in the future. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People were supported to engage in the local community, to the extent they were able to. Some people were independent enough to go out without staff support; but if necessary staff were available and happy to

support people to attend events and activities. This included social and leisure activities, shopping, trips to places of interest and holidays.

Care records showed the service worked in partnership with local health and social care professionals. More specialist support and advice was also sought from relevant professionals when needed. This helped to ensure people's health and wellbeing needs were met.