

Glenholme Healthcare (NGC) Limited

New Generation Care

Limited - 15 Manor Crescent

Inspection report

15 Manor Crescent
Byfleet
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

15 Manor Crescent provides accommodation for up to four people with learning disabilities and who may also have a physical disability. The accommodation is on one level and consists of four bedrooms with ensuite bathrooms. There were three people living in the home at the time of our inspection.

There is a care home for people with learning disabilities next door owned by the same provider. The manager was responsible for both locations and all members of staff work between both houses.

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

It is a condition of registration that the registered provider must ensure that the regulated activity is managed by an individual who is registered as a manager in respect of that activity. The manager in post at the time of this inspection was not registered with CQC, which has an effect on the rating of the service.

The provider had made improvements since our last inspection. Infection prevention and control practices were improved, as were auditing and quality monitoring processes. There was also an increased staff presence at night.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The building is a house in a residential community, with no external identifying features. Staff were observed to enable people to make day to day choices, including around food and activities. The care home is located within walking distance of local shops and amenities. Whilst people are not able to travel independently, staff supported them to access the community. The provider engaged with local commissioning partnerships in order to strive for continuous improvement.

Right care:

- Care records were person centred and staff could tell us about an individual's specific care needs and preferences. Risk assessments were in place which identified people's health care needs and support. People who used the service told us staff were always there to help them. Staff understood how to keep people safe and told us they reviewed significant incidents at the end of each shift in order to consider learning from it.

Right culture:

- Leadership and staff showed commitment to those whom they supported. They spoke with passion about their role, central to which was to empower those whom they supported to live their best life possible. Staff told us they viewed themselves as visitors and as such, the needs and views of those whom they supported were paramount and must be respected at all times. We observed that people moved around their home with confidence and placed trust in the staff team to support them safely and in the least restrictive way.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 20 June 2019). We found the provider was in breach of Regulation 17 HSCA RA Regulations 2014.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 20 June 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for New Generation Care Limited - 15 Manor Crescent on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

New Generation Care Limited - 15 Manor Crescent

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

15 Manor Crescent is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of inspection, there was a manager in post, however they had not submitted an application to become registered with the Care Quality Commission. This meant that until the manager is registered the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection. This was because we needed to ensure that arrangements were in place to maintain infection control procedures associated with COVID-19 during the inspection.

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 quality assurance lead. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and six members of staff including the manager, deputy manager, area manager and care workers.

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

After the inspection

We spoke with one relative about their experience of the care provided to their family member and three members of staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff and service user surveys as well as quality assurance records.

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 requires improvement. At this inspection this key question has now improved to good.

Preventing and controlling infection

At our last inspection, we found that people were not always protected from the risk of infection. We recommended that the provider remedied this, in particular by replacing the floor covering in one person's room. We found on this inspection the provider had made improvements.

- The provider had repaired and replaced flooring which made it easier for staff to clean and maintain good hygiene throughout the house.
- All areas of the home were clean and there were clear cleaning schedules in place. The provider had introduced additional cleaning measures as a result of the COVID-19 pandemic. Staff understood how to use and store cleaning materials in order to minimise the risk of cross contamination.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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

- Risk assessments were in place to support people to be as independent as possible, as well as to make choices about how they wished to live. There were assessments that contained clear information for staff about how to safely support them.
- One person's risk assessment outlined specific details about their medical condition, and another's about safe moving and handling practice. Staff gave detailed information on how they supported the person with their medical condition, in accordance with their risk assessment, and we observed staff following safe moving and handling guidelines.
- However, there were other instances where, through speaking with staff about the people they cared for, we identified that not all potential risks were recorded in the person's risk assessments. For example, one person was known to become physically challenging when anxious. Their behaviours were triggered by certain actions, none of which were recorded as part of their risk assessment.

- Despite this lack of recording, staff we spoke with were very aware of these triggers to the person's behaviours and could tell us how they were best managed; therefore we found there was no impact on the person's safe care. We discussed these omissions with the manager who sent us updated risk assessments following the inspection.
- Relatives told us they were confident their family member was safe. One said, "I know [relative] is safe, staff are kind. It's really difficult because of COVID and I understand they're trying to keep the virus out of the home by reducing visiting."
- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report such events. Action was taken to reduce the risk of similar incidents being repeated.
- Staff told us "The manager and deputy update risk assessments. We have a 'read and sign' folder and we are always kept up to date of those sort of things." They also told us there was time at the end of each shift to reflect on any significant incidents which may have occurred.

Systems and processes to safeguard people from the risk of abuse

- The provider ensured safeguarding incidents were reported to the local authority and CQC. The information contained in the referrals to the appropriate authorities was detailed and included actions taken to reduce or prevent further risk.
- The service had safeguarding systems in place and staff understood their responsibilities in keeping people safe. Staff had completed safeguarding training and had access to information and guidance about safeguarding to help them identify abuse.
- Staff knew how to respond appropriately if they witnessed abuse. One member of staff told us, "I would time and date the abuse and document what it was. Also, report it to the manager or team leader and who would then report to [local authority] safeguarding team. The abuser could be staff or service user." Another told us, "I have had safeguarding training, so I feel confident about how to recognise and report it."

Staffing and recruitment

- The provider had systems in place to ensure safe recruitment of staff. Staff references were checked, and the Disclosure and Barring Service (DBS) was used before staff were able to work at the home. The DBS allows employers to find out if a potential staff member has any criminal convictions or they have been barred from working with adults receiving care. The area manager told us that whilst there was an on-going rolling recruitment programme, attracting permanent staff remained a challenge. The same agency staff were used to supplement the rota.
- Since our last inspection, the provider had introduced an additional member of staff to the night duty rota, which staff felt had a positive impact on the service. One staff member said, "It's a good feeling to know that there is an extra member of staff 'floating', it feels much safer now."
- A person who used the service said, "There are always staff around to help me." A family member told us, "There certainly are enough staff, this is an improvement [since our last inspection], they always have time to update me with any news or changes [with relative]. Another told us, "I should say there are enough staff, [relative] does all sorts of activities with them."
- Staff echoed this. One staff member said, "The staff team is calm, we all get on with our job." Another told us, "We are pretty much a full team, I would say we have enough because we are able to complete everything; everybody is safe, and all care and activities can be done."

Using medicines safely

- People were supported to take the medicines they had been prescribed in a safe way. Medicine administration records were fully completed and gave details of the medicines people had been supported to take. Medicines were securely stored in a locked cabinet.

- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine.
- Staff had received training in safe administration of medicines, and their practice had been assessed to ensure they were following the correct procedures.

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 requires improvement. At this inspection this key question has remained the same.

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

At our last inspection, the provider failed to ensure monitoring and quality checks were robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- It is a condition of registration that the registered provider must ensure that the regulated activity is managed by an individual who is registered as a manager in respect of that activity. Whilst it was the intention of the recently appointed manager to register with CQC, we had not received an application at the time of the inspection, which limits the rating for this key question.
- The provider had effective quality assurance systems in place. These included reviews of care records, medicine records, support plans, staff records and quality satisfaction surveys. The results of the various quality assurance checks were used to plan improvements to the service, especially with regards to safe care, staffing and the environment.
- Incidents were reviewed by senior managers and were discussed as part of staff meetings. This helped to ensure lessons were learnt and practice changed where necessary. A family member told us, "Yes, they are very good at following things up quickly and keeping me informed of any changes or decisions that may need to be discussed with me."
- The manager understood their responsibilities under the duty of candour and was aware of the need to notify CQC of certain important events. Records demonstrated these notifications had been submitted when necessary and in a timely manner.
- Staff told us they understood the roles and responsibilities of different members of staff. One told us, "It's much clearer now [than at our last inspection], I know exactly who is responsible for what and who to go to, for example, to request a shift change."

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

- We observed that people appeared relaxed and happy when staff engaged with them. One person told us, "[Staff member] is my favourite, she is a nice lady." They also said, "There is always someone around to be

happy with." One relative told us, "The manager picks up the phone to explain things; I find that really reassuring."

- Staff were aware of people's needs and recognised the importance of good communication with family members. A staff member told us, "I think it is so important to keep the family updated when [relative] has had a bad day. I try and keep in contact as much as I can."
- Staff were positive about changes to the service since our last inspection and told us they felt part of a supportive, team-working culture. One said, "I feel so well supported and would be confident to go to any of the senior team if I have a query or a doubt." Another said, "I feel listened to and know I can go to them about anything."

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

- The provider carried out stakeholder, relatives and staff quality assurance surveys. Identified actions from relative's survey had been completed, for example, telephone or email contact during the COVID-19 pandemic was increased.
- Relatives told us they felt involved in the running of the service. A family member told us, "They've done video calls to keep us engaged and up to date with what they are all doing in these restricted times [COVID-19]."
- Staff told us they felt valued and engaged in the running of the service. Meetings were held each month and had a set agenda which staff could add to. One member of staff said, "We have team meetings every month. I find them useful because we get updated on all the health and safety changes, any safeguarding and service user updates."
- Care records evidenced regular contact with external agencies, including healthcare professionals such as GP, speech and language therapist and local authority social workers. The local authority quality assurance lead told us there was regular engagement and the provider demonstrated a commitment to continuously improve.