

Mr Danny So

Newhaven Care

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 16 March 2015 and was unannounced. The service is a domestic style property in a quiet residential area, which provides accommodation and personal care for up to 14 people who have a learning disability. The home had been owned by the same family for more than 20 years and had a manager who was registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

There was a small team of ten staff, all of whom had completed a National Vocational Qualification (NVQ) in care at level 2, 3 or 4. During our visit we saw that there were enough staff to support people and meet their needs, and everyone we spoke with considered there were enough staff. The staff had received training about safeguarding and about a range of other subjects relevant to their work. Most people had lived at Newhaven Care for many years since leaving hospital accommodation and most members of staff had worked there for a long time.

We saw that the home was clean and well-maintained. Records we looked at showed that required safety checks

Summary of findings

for gas, electric, and fire safety were carried out. We found that medicines were managed safely and records confirmed that people received the medication prescribed by their doctor.

People were registered with a local GP practice and had an annual health check carried out by the primary care team. People had access to community health services including chiropody and dentistry. District nurses supported people who had health needs. The home also received support from community mental health services. The care plans we looked at gave details of people's health needs and medication, and information about the person's life and their preferences. People had a 'Health Passport' that gave information about their special needs

and could be used by medical services such as doctor, dentist or hospital staff. A daily diary was kept for each person and recorded what they had done and how they had been feeling each day.

The home had use of a minibus and people who wished to went out to use leisure facilities in the community including the local theatre. People were encouraged to complete satisfaction surveys and we saw that people who lived at the home who were able, relatives, and visiting professionals had completed questionnaires. The expert by experience considered "All in all I felt that it was a good home and that they looked after the residents well."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were enough staff to support people and keep them safe and there had been no new members of staff since our last visit. All staff had received training about safeguarding to ensure that people were protected from abuse.

The home was clean and well-maintained and records showed that the required safety checks were carried out.

Medicines were managed safely and records confirmed that people received the medication prescribed by their doctor.

Good



Is the service effective?

The service was effective.

There was a small team of ten staff, all of whom had completed a National Vocational Qualification (NVQ) in care at level 2, 3 or 4.

People received meals that they enjoyed and had the support they needed to eat their meals. People's weights were recorded monthly.

People were registered with a local GP practice and had an annual health check. District nurses supported people who had health needs. People were supported to access community health services including dentist, chiropodist and optician.

Good



Is the service caring?

The service was caring.

People who lived at Newhaven Care had a learning disability and most had lived at the home for many years. People had limited, or no verbal communication, however the staff working at the home were able to understand people's needs and choices and there was evident warmth and respect between the staff and the people who lived at the home. We saw that staff attended to people's needs in a discreet way, which maintained their dignity.

Good



Is the service responsive?

The service was responsive.

The care plans we looked at contained information about people's individual support needs.

The home had a complaints procedure.

Good



Is the service well-led?

The service was well led.

The home had been owned by the same family for more than 20 years and the provider was involved in the day to day life of the home. The registered manager and the deputy manager worked alongside the staff.

Good



Summary of findings

People were encouraged to complete satisfaction surveys and we saw that people who lived at the home who were able, relatives, and visiting professionals had done this.

Newhaven Care

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.

The inspection took place on 16 March 2015 and was unannounced. The inspection was carried out by an Adult Social Care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we looked at

information CQC had received since our last visit, information provided by the provider/manager, and we spoke with the local authority's quality assurance officer who had visited the service recently to carry out a quality assurance assessment.

During our visit we spoke with two people who used the service and three members of staff including the manager and the deputy manager. We also spoke to the provider. We observed the support provided in communal areas to people who were not able to communicate verbally. We saw comments that had been made by relatives and staff. We looked at care plans for three people who used the service, medication records, staff records, and health and safety records.

Is the service safe?

Our findings

Two people were able to speak with the expert by experience and said they felt safe living at the home. They told the expert by experience that the staff were kind and caring and they would tell the staff if they had any worries. All staff had received training about safeguarding and were familiar with safeguarding policies and procedures and how to recognise abuse. The home had a copy of the Wirral Council safeguarding policies and staff knew how to contact the duty team to report any issues. We contacted the quality monitoring officer at Wirral Council and they were not aware of any concerns or safeguarding issues relating to this service.

We spoke with the manager and the deputy manager about how risks to people's safety and well-being were managed. They were able to tell us how they put plans in place when a risk was identified and we saw the plans in people's care files.

We found that the home was clean and well-maintained and provided a safe environment for people to live in. Cleaning rotas were maintained and showed that a staff carried out a full clean of two bedrooms each day. Records we looked at showed that the required checks for gas, electric, and fire safety were carried out and a monthly fire practice was held. Doors throughout the building were fitted with automatic closers for fire protection. The home received a five star food hygiene rating from the environmental health department. A 'grab file' contained information that could be used in case of emergency.

We looked at the staff rota which showed the staffing levels at the home. There were always two staff on duty between 8am and 8pm. At night there was one sleeping and one waking staff. During our visit we saw that there were enough staff to support people and everyone we spoke with considered there were enough staff. The deputy manager told us that staff numbers were flexible and an additional member of staff could always be deployed for social outings or if anyone required extra support. There had been no new members of staff since our last inspection in 2013, however the manager was aware of the checks that should be carried out when new staff were recruited.

We looked at the arrangements for the management of people's medicines. None of the people living at the home were able to look after their own medicines. All except one member of staff took responsibility for the administration of medicines and they had completed a certificated training course. Staff were able to tell the expert by experience what medication people had and what the medication was for. Medicines were kept in secure storage and a record was kept of any items that were carried forward from one month to the next. Any unused items were recorded at the end of the month and were collected for disposal by the pharmacy. Clear instructions were written for any items that were prescribed to be given 'as required' to ensure that this was done consistently. Administration records showed that people received their medicines as prescribed by their doctor. We found that the records for a person receiving respite care had not been completed in full to provide a record of the quantity of medicines brought into the home.

Is the service effective?

Our findings

There was a small team of ten staff. All of the staff had been employed at the service for a long time and had completed a National Vocational Qualification (NVQ). Senior staff had NVQ level 3 and the manager had level 4. The staff we spoke with confirmed that they had lots of training which helped them to do their job to a high standard. All staff had recently completed a distance learning course on 'Working with Learning Disabilities'. They had previously completed courses about mental health and end of life care. During 2014 they had completed training about fire safety, moving and handling, medication, control of substances hazardous to health, health and safety, first aid, infection control and hand hygiene. The manager carried out an annual appraisal for each member of staff and individual supervisions and observations.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards which applies to care homes. At the time of this inspection there were no Deprivation of Liberty Safeguards in place at this service. The manager told us that there was no use of restraint in the home and our observations confirmed this. The only restriction to people's movements around the house was a keypad lock on the door that led to the kitchen and the office. The manager told us that none of the people who used the service went out on their own and nobody had shown any inclination to go out on their own. The manager was familiar with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and information was available in the home. She had identified that the people who lived at the home, and those who had respite stays, did not have capacity to make, or in some cases to express, their own decisions about their support. The manager told

us she had contacted social services to discuss whether Deprivation of Liberty Safeguards were required for any, or all, of the individuals who lived at the home and was awaiting a date for a visit to the home to be made.

The expert by experience had lunch with people who lived at the home and there was a relaxed and homely atmosphere during the meal. Five people required support to eat their meal. People's likes, dislikes and food preferences were recorded and were well known to all of the staff. The manager told us that four people were unable to express their preferences, three could do this by gesture, and the others were able to say what they wanted. People could have whatever they wanted for breakfast, including a cooked meal. The main meal was served at lunchtime, tea was between 5pm and 6pm, and supper between 8pm and 9pm. Food and drinks were available 24 hours a day and staff had full access to provisions to make anyone a snack. People who went to a day centre took a packed lunch with them and had their main meal when they got back home. People's weights were recorded monthly and the care manager told us that at present there were no concerns about anyone's appetite or weight.

People were registered with a local GP practice and some people went to the surgery for appointments while others were more comfortable with being visited at the home. Each person had an annual health check carried out by the primary care team. People were supported to access community health services including dentistry. A chiropodist visited the home every six to eight weeks and an optician visited annually. District nurses supported people who had health needs and at the time of our visit one person was receiving a service from district nurses following surgery.

No special equipment was in use at the time we visited.

Is the service caring?

Our findings

The expert by experience asked people about the staff who supported them and they said “They are nice.” and “I like them.” We looked at written comments that people’s family members had made on a recent survey. Comments we read were:

‘I could not be more satisfied with the care and attention [person’s name] receives from management and staff. It is very satisfying for me to know that [person’s name] is well cared for in all aspects health, diet, communication and emotional needs.’

‘Staff are very helpful and they make a big difference to [person’s name], great staff.’

‘I have every confidence in the staff caring for my [relative]. When I visit [person’s name] is always full of laughter and smiles and is always clean and presentable.’

‘The staff have always been welcoming and professional. They are very caring and attentive to [person’s name’s] needs. I am always impressed with the home and staff and it is a huge comfort to know that my [relative] is safe and looked after.’

The expert by experience wrote ‘I thought the home had a nice atmosphere and that the staff were very attentive to the residents.’

Eleven people lived at Newhaven Care. They had a learning disability and most had lived at the home for a long time. Nine people had lived at the home for 25 years after leaving hospital accommodation. Only four people were able to use verbal communication, however the staff who supported them were able to understand people’s needs and choices and there was evident warmth and respect between the staff and the people who lived at the home. The expert by experience commented that ‘staff members and the residents appeared to understand each other’. We observed that staff were caring, kind and good-humoured and gave people time.

We saw that staff attended to people’s personal needs in a discreet way, which maintained their dignity. Staff also engaged with people in a respectful way throughout our visit. We saw that some people liked to help with simple household tasks for example setting the table, drying dishes, folding laundry, and being involved in looking after their bedroom.

A member of staff said there was a poster up in the office giving contact details for Wirral Advocacy service, and the manager told us that this service had been used when people required medical treatment. We saw that written information concerning people who used the service was kept confidentially in the office.

Is the service responsive?

Our findings

The expert by experience asked people about what they liked to do. One person said they enjoyed arts and crafts, football and music. Another person enjoyed helping with household tasks. Three people went out to day centres. One person stayed with their family at the weekend and another person had social trips out with their family. The home had access to a minibus and some people went out to use leisure facilities in the community including the local theatre, however the manager told us that four people became distressed when taken out and were happier to stay in their own environment and routine. The expert by experience considered that 'More easy read pictorial information should be available and people helped to understand it and it would be nice to have an activities programme, although I was told that in the summer Mencap come and take some people swimming.'

We looked at the care plans for three people who lived at the home. Because people had lived at the home for a long time, there was a large amount of information about them, much of which had been archived. The records we looked at identified people's care needs and the support required to meet their needs. In a separate document there were details about people's interests and hobbies and their life story. There were also various other books used to record

information such as hospital visits and hygiene records. A daily diary was kept for each person and recorded what they had done and how they had been feeling each day. A full review was carried out annually by the manager and this was well documented. We discussed with the manager that the information about each person was kept in different places which meant it was difficult to see a full picture of the individual. The manager agreed with this and said she would consider alternative ways of organising people's personal information.

We saw that people could exercise choices in daily living for example, some people liked to get up early in a morning and were supported by night staff, but staff told us if they wanted to have a lie in that was fine. People were offered a shower every morning or they could choose to have one in an evening. Some people chose to spend some of their time in their own bedroom and there was also a small conservatory that one person liked to sit in.

Complaints policies and procedures were in place, but no complaints had been recorded since our last inspection. The CQC had received one complaint since our last inspection but this did not relate to the care of people who used the service. Staff who spoke with the expert by experience were able to describe how they would deal with any complaint.

Is the service well-led?

Our findings

The service had been owned by the same family for more than 20 years and the provider was involved in the day to day life of the home. The manager was registered with the Care Quality Commission and had worked in the service for many years. There was a full-time deputy manager, two senior care workers on day duty and one senior on night duty. Staff told us that the leadership was good and a positive influence on the home. The manager and the deputy manager worked alongside the staff five days a week. Staff told us they could speak to the manager or the provider with any ideas they had and express their views. Staff meetings were not held routinely but could be called whenever there was an issue that needed to be discussed by the whole team. Staff told us that the manager ensured they constantly updated and expanded their knowledge through training.

Satisfaction questionnaires were made available for people visiting the home including relatives and health care professionals, and were completed every six months with the people who lived at the home who were able to do this with support. The expert by experience asked staff how

they checked that people were happy living at the home and staff replied “Ask them and check that everything they need is in place and they are cared for in the right way” and “Ask them, make sure they don’t need anything”. A relative who completed a questionnaire wrote ‘Newhaven Care is a well-maintained and well-managed care home’ and another described the staff as ‘helpful and considerate’.

It was evident that the staff team had built up considerable knowledge and experience of supporting people with severe learning disabilities and a family member of a person who received respite care at the home had written ‘Thanks for all the support you and your wonderful staff continue to give us. It’s good even to have a quick chat on the phone and makes me realise we’re not on our own and there are people like you who really understand what it’s like looking after someone like [person’s name].’

The manager carried out a three monthly audit of care plans, a monthly check of medicines, and daily health and safety checks including kitchen, cleaning and water temperature records. She kept a record of all repairs and maintenance that had been carried out. We considered that the arrangements in place were proportionate to the size and nature of the service.