

Mr Danny So

Newhaven

Inspection report

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Date of inspection visit: 8 and 13 October 2014
Date of publication: 26/01/2015

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 8th and 13th October 2014 and was unannounced on the first day. The service was a domestic style property in a quiet residential area, which was a care home for up to 16 people who had a learning disability. The home had been owned and managed by the same family for more than 20 years and the manager 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.

Most people had lived at Newhaven for many years and considered it to be their home. There was a small team of ten staff, all of whom had completed a national vocational qualification 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.

Summary of findings

The staff we spoke with were able to tell us the action they would take to ensure that people were protected from abuse. All staff had received training about safeguarding and were booked to update their training with the local authority in the near future.

We found that the home was clean and well-maintained. Records we looked at showed that the required safety checks for gas, electric, and fire safety were carried out and a monthly fire practise was held.

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

People we spoke with confirmed that they had choices in all aspects of daily living. Menus were flexible and alternatives were always provided for anyone who didn't want to have the meal that was planned. People we spoke with said they always had plenty to eat.

People were all registered with a local GP practice and had an annual health check carried out by the primary care team. District nurses supported people who had health needs and provided support with end of life care so that people could stay in their own surroundings when they became terminally ill. The care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences.

People were encouraged to complete satisfaction surveys and we saw that people who lived at the home, relatives, and visiting professionals had all done this. The manager told us that he was keen to learn from any comments that people made.

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.

The home had a small team of staff, all of whom had completed a national vocational qualification in care at level 2, 3 or 4.

People had choices in all aspects of daily living. Menus were flexible and alternatives were always provided. People told us they always had plenty to eat. People's weights were recorded monthly.

People were all 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 living at Newhaven had a learning disability and most had lived at the home for a long time. Some people had limited 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.

The staff we spoke with were able to give us examples of how they maintained people's dignity and privacy. We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also engaged with people in a respectful way throughout our visit. The home had a minibus and most people went out to use leisure facilities in the community including the local theatre.

Good



Is the service responsive?

The service was responsive.

The care plans we looked at contained information from the person's GP which gave details of their medical history and medication. There was also a 'pen picture' providing information about the person's life and their preferences. Each person had plans for their care. People had a 'Health Passport' which gave information about their health needs and could be used by medical services such as doctor, dentist or hospital staff.

Good



Summary of findings

We saw a copy of the home's complaints procedure and were informed that a copy was given to any new or respite service users and/or their families. We saw that one complaint received in 2013 was fully investigated.

Is the service well-led?

The service was well led.

The home had been owned and managed by the same family for more than 20 years and the manager and the deputy manager worked alongside the staff. People were encouraged to complete satisfaction surveys and we saw that people who lived at the home, relatives, and visiting professionals had all done this. The manager told us that he was keen to learn from any comments that people made.

We saw records to show that the deputy manager carried out an annual appraisal for each member of staff and staff had an individual supervision meeting every six months. This enabled staff to express their views.

Good



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.

The inspection took place on 8th and 13th October and was unannounced on the first day. The second day was planned with the provider in order to meet more members of staff. The inspection was carried out by one inspector.

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 five people who used the service and five members of staff including the manager and the deputy manager. We saw comments that had been made by a relative, by professional visitors to the service, and by 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

People we spoke with all said that they felt safe living at Newhaven. One person told us “Nobody has ever shouted at me, we are all friends.” We spoke with four members of staff about safeguarding. They were all able to tell us what action they would take to ensure that people were protected from abuse. One member of staff said “If I saw or heard anything I wasn’t happy about I would have no hesitation in reporting it.” All staff had received training about safeguarding and they were booked to update their training with the local authority in the near future. The manager had not made any safeguarding referrals, but the deputy manager felt confident that the staff would know how to respond to an allegation. The service had a copy of the Wirral Council safeguarding policies. 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, the deputy manager and other staff 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. For example, one person liked to go out on their own to the pub and safeguards had been put in place to make sure that the person got back home safely. Following a recent local authority quality monitoring visit, risk assessments were being added to people’s care plans to ensure that measures the service had put in place were documented in the person’s care notes.

We found that the home was clean and well-maintained and provided a safe environment for people to live in. Two part-time staff were employed for cleaning duties. No special equipment was in use at the time we visited. Records we looked at showed that the required checks for gas, electric, and fire safety were carried out and a monthly fire practise was held. The catering arrangements had received a five star food hygiene rating.

We looked at the staff rota which showed the staffing levels at the home. During the week the manager and deputy manager were on duty during the day with another care worker. In the evening and at the weekend there were always two care workers on duty. 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. Some of the people who lived at the home were independent for daily personal care and others required minimal support. One member of staff said that if they were busy it may result in people’s meal being a little late, but this rarely happened. Another member of staff said “We are never rushed because we have good routines and are well organised”. The manager told us that staff numbers were always 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 deputy 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. Repeat prescriptions were ordered electronically through a local pharmacy. The pharmacist had a six monthly meeting with the staff at the home and answered any queries from them. They also provided written information about all medicine items supplied. Any additional items prescribed by a person’s doctor, for example antibiotics, were delivered by the pharmacy on the same day. Monthly repeat medicines were dispensed in weekly cassettes. In the cassettes there was a description of each tablet. These were checked in against the pharmacy label and the prescription by two members of staff and this was recorded on medicine administration sheets. Three of the cassettes were put into a locked storage cupboard and one was kept in a small trolley that was secured to a wall. The medicines were administered from this trolley. Clear instructions were written for any items that were prescribed to be given ‘as required’ to ensure that this was done consistently. 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. Four members of staff took responsibility for medicines and they had completed a certificated training course. None of the people living at the home were able to look after their own medicines. Medicines policies and procedures had recently been updated.

Is the service effective?

Our findings

There was a small team of ten staff, all of whom had completed a national vocational qualification in care at level 2, 3 or 4. All of the staff had been employed at the service for a long time. In 2012 all of the staff team completed the 'Northern Council for Further Education level 2 certificate in Equality and Diversity'. In 2013 they did an eight week course for a 'Certificate in Understanding Working in Mental Health'. A member of staff we spoke with told us that this had involved a lot of work but was worth it. In-house training was provided using training packages and staff also attended training provided by the Cheshire and Wirral Partnership NHS Foundation Trust and Wirral Social Services. Whenever training was arranged, it included all of the staff. One member of staff had written on their feedback form "I feel 100% dedicated to my job" and another had written "I am happy to do any training that becomes available." People we spoke with confirmed they had choices in all aspects of daily living and were asked what they would like to eat, what clothes they would like to wear, whether they would like to go out or to join in any activities. One person told us "I'm not allowed to smoke in my bedroom and I understand this. There aren't any other restrictions on what I do." The deputy manager told us that there was no use of restraint in the home and our observations confirmed this. There were no restrictions on people's movements, however none of the staff we spoke with were familiar with the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards. This had already been identified as a training need and all of the staff team were booked to attend training to be provided by the local authority in the near future.

The home had a four weekly menu plan that had been developed with input from a dietician. The home had a twice weekly delivery of fresh fruit and vegetables. The deputy manager told us that the menus were flexible and alternatives were always provided for anyone who didn't want to have the meal that was planned. During our visit one person, who was having a short stay at Newhaven, said that they didn't always like the meal on offer and staff would always make them something else. We saw that, for lunch, the person had three poached eggs on toast by request. Other people we spoke with said that they always had plenty to eat. One person said "I have anything I like to eat."

People's likes, dislikes and preferences were recorded and were well known to all of the staff. People usually had their meals together in the dining room but could choose to have their meal in their room if they wished. 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. People could also have their meal at a different time if they were going out. Food and drinks were available 24 hours a day and staff had full access to provisions to make anyone a snack. There were jugs of water and juice available on the dining table throughout the day. People had a cup of tea or coffee after their meals, mid morning and afternoon, and by request. One person had been provided with special cutlery. One person required their food to be cut up. Nobody needed assistance to eat their meal.

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 all 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 told us that they had recently had a flu vaccination. 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 but nobody required this service at the time of our visit. District nurses provided support with end of life care so that people could stay in their own surroundings when they became terminally ill. Staff told us that, since our last visit, one of the people who had lived at the home for many years had died. They described how they worked with the GP and district nurses to provide end of life care for the person and learned about the use of a syringe driver to provide pain relief. A written comment from a district nurse was: "I have always been met with helpful and respectful staff. All clients are nicely presented and appear happy. We have always felt instructions have been met and any concerns have been discussed openly with us."

Is the service caring?

Our findings

People who lived at Newhaven had a learning disability and most had lived at the home for a long time. Some people had limited 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. A person who lived at the home told us: "This is my home, I've lived here a long time and I'm very happy." and another person said "We are a happy family". Only four of the people who lived at the home had contact with relatives. One member of staff said "I understand the people who live here because I have known them for such a long time. Some are not able to communicate very well but we always understand what they want because we know them so well and give them time and patience." We observed that staff were caring, kind and good-humoured and gave people time to make decisions for themselves.

We spoke with one person who was staying at the home for a few weeks following a hospital admission. They had stayed at Newhaven before and said "It's very nice here, I love having a laugh with the staff, they are all really nice."

The staff we spoke with were able to give us examples of how they maintained people's dignity and privacy. We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also engaged with people in a respectful way throughout our visit. Six people shared double bedrooms and they had all been together for many years. Privacy screening was available. We saw that some people liked to help with household tasks for example setting the table, washing dishes, folding laundry, looking after their bedroom.

The home had a minibus and most people went out to use leisure facilities in the community including the local theatre. All of the staff were involved in organising social events both in the home and in the community. One member of staff told us that they had arranged for their children's school play to be brought to the home. One person we spoke with said that they particularly enjoyed visiting the other local care home owned by the same provider. One person had been supported to visit their mother's grave the day before our visit. On the day we visited, one person had gone to their bedroom after lunch to watch a film that other people didn't like. A member of staff told us "We often take people out shopping so that they can choose their own new clothes." One person went to church every week and two people attended day centres.

Staff told us that some people liked to get up early in a morning and were supported by night staff, but 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. The deputy manager told us "If anyone wants to do anything then we enable them to do it." People told us that they were able to express their views and they were listened to. The manager told us that they made sure people had sufficient toiletries and underwear and these were paid for by the home. The provider also paid for a hairdresser to visit the home every two weeks. We saw that people were able to express their individuality, for example one lady liked to have her hair dyed and to choose her own colour, and one gentleman liked to wear earrings.

One person who had limited verbal communication told us "Ten out of ten, for everything."

Is the service responsive?

Our findings

We saw written comments from a social worker who had recently placed someone at the home: “I am involved with a new resident to Newhaven. I have been very impressed with the care and supervision given to [the person] up to date. The deputy manager has been well aware of [the person’s] personal issues and has given good advice and support.” A visiting mental health nurse wrote: “The staff team are always polite and helpful and have a person-centred approach to care.”

We looked at the care plans for three people who lived at the home. The care plans contained a print out from the person’s GP which gave details of their medical history and medication. There was also a ‘pen picture’ providing information about the person’s life and their preferences. Each person had plans for their care. People had a ‘Health Passport’ that gave information about their health 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 manager told us that he was very careful about new people coming to live, or have respite stays, at Newhaven. This was “home” for a number of vulnerable people who had lived there for more than 20 years and were now elderly, two people were over 80 years of age, but in good health. He, or the deputy manager, always carried out an assessment visit to anyone interested in going to Newhaven and ensured that comprehensive written information was received from the person’s social worker.

People we spoke with said that they had no complaints but they would speak to the manager or the deputy manager if there was anything they were not happy about. We saw a copy of the home’s complaints procedure and were informed that a copy was given to any new or respite service users and/or their families. We saw that one complaint received in 2013 had been fully investigated and learned from. Two members of staff told us that there were no other complaints because “everything is dealt with as it arises”. A relative had written: “I have no complaints whatsoever and [my relative] is very happy and loves the staff”.

Is the service well-led?

Our findings

The home had been owned and managed by the same family for more than 20 years. The manager was registered with the Care Quality Commission. There was a full-time deputy manager and two senior care workers. 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. Two staff members said they could speak to the managers with any ideas they had and express their views. One member of staff said “The management are brilliant. They are aware of my family circumstances and make sure the rota reflects this.” Another member of staff said “I love it here”.

The deputy manager told us she checked that the care plans were kept up to date and that the care plan reviews were carried out by key workers when due. She checked all medicines at the end of each month when the new prescriptions were ordered, however no formal quality assurance tools were in place. The home had accident books but no accidents had been recorded and staff told us

they were not aware of any accidents occurring. People were encouraged to complete satisfaction surveys and we saw that people who lived at the home, relatives, and visiting professionals had all done this. The manager told us that he was keen to learn from any comments that people made. We saw that one complaint had been received in 2013. This had been fully investigated and an action plan put in place.

We saw records to show that the deputy manager carried out an annual appraisal for each member of staff and staff had an individual supervision meeting every six months. The staff also completed a satisfaction questionnaire. Questionnaires we looked at recorded: “I’m content with the support and guidance from both [the deputy manager] and Danny. They are always approachable.” and “I always have support from management whether it be about work hours, problems with family etc. I always receive the guidance needed.” Members of staff we spoke with said that a staff meeting was held anytime there was an issue that needed to be discussed by the whole team.