

## Housing 21

# Newton House

### Inspection report

Newton Road  
Penrith  
CA11 9FY

Tel: 03701924000

Date of inspection visit:

13 October 2022

17 October 2022

20 October 2022

09 November 2022

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20 December 2022

### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Newton House provides personal care to people who live in their own apartments in a purpose-built extra care scheme. The service was registered to provide support to older people, people who had physical disability and people with a learning disability. At the time of our inspection there were 17 people using the service.

Not everyone who lived at Newton House received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** The service was safe. Risks to people's health and safety were managed without compromising their independence. If people needed assistance with their medicines, this was managed in a safe way. There were enough staff to make sure people received care and support when they needed it. Staff were trained and supported to carry out their job safely and effectively. People had confidence in staff's abilities and competence. People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

**Right Care:** The care was person-centred and promoted people's human rights. People praised the staff for their care and kindness. Staff were friendly and engaging. People's continuing independence was encouraged and promoted and some people were supported to regain skills they had previously lost. People said they got on well with the staff and staff knew how to support each person in the way they preferred. The service was run in the best interests of the people who used it. Staff made sure people were treated with dignity and respect, and their privacy was protected.

**Right Culture:** The values and culture of the management and staff team meant people led inclusive and empowered lives. People were fully involved in the arrangements about their care and their decisions were respected. People said there had been recent improvements to the way the service was run and praised the management team. People were asked for their views in person and in surveys. They had information about how to raise issues and were confident about discussing anything with the management team. Staff said the management team were open and approachable. They were happy in their roles and said the registered manager was encouraging and supportive. The management team were committed to the continuous

improvement of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 16 August 2021 and this is the first inspection.

#### Why we inspected

This was a planned inspection of a new service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Newton House

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 2 inspectors 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

#### Service and service type

This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 2 relatives. We spoke with 8 staff including 4 care staff, assistant managers, administrative staff and the registered manager. We contacted a further 4 care staff for their views.

We reviewed a range of records. This included 4 people's care records and multiple medicine records. We looked at 4 staff files in relation to recruitment and supervision. We also viewed a variety of records relating to the management of the service, including audits, policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system for reporting and managing safeguarding concerns.
- People and relatives said they were reassured the service was very safe. They told us, "This is a good place for me to live. I am safe and well looked after" and "I can relax because I know [my family member] is safe and has a bell to call for staff if needed."
- Staff had training in safeguarding adults and understood their responsibility to report any concerns.

Assessing risk, safety monitoring and management

- The provider had systems in place to protect people from avoidable harm.
- People's care records included detailed information about their individual risks, such as mobility and medicines. These were kept under review and measures were in place to minimise those risks.
- People described how staff supported them to stay safe when they were assisting them.

Staffing and recruitment

- The provider used safe recruitment practices to check new staff were suitable to work with people. The registered manager said they made sure sufficient staff were in place before accepting new care packages so these could be safely provided.
- People said staff generally came at the agreed times and stayed the full length of time to support them. They told us, "The timekeeping of the carer I have in the morning is very good, sometimes they come a bit earlier which is not a problem for me as I am up" and "They are usually on time and if they are late, it is no more than 10 minutes."
- There were enough staff to support people with their individual visits. There was always a minimum of two staff in the building including overnight. Some people may benefit from a copy of the staff rota so they could see who would be attending to them.

Using medicines safely

- Medicines were managed safely. People controlled their own medicines unless assessments determined that they needed some support.
- Staff had training in medicine management and had regular competency checks.
- Medicine records were well completed and regular audits were carried out to support any areas for improvement.

Preventing and controlling infection

- The provider had made sure infection prevention and control systems were in place. The provider had

clear, up to date guidance for staff about how to protect against COVID-19 and what to do in the event of an outbreak.

- Staff received training in infection control and had access to supplies of personal protective equipment (PPE).
- People confirmed that staff had followed PPE requirements during the pandemic. They told us, "All the staff are very good with wearing PPE correctly. I am reassured by this" and "Staff wear the PPE and they ensure it is worn correctly."

Learning lessons when things go wrong

- The provider had a system for recording incidents and accidents and the actions taken to manage them. The reports were held electronically so they could be accessed by various management personnel.
- The registered manager reviewed all accidents and incidents regularly. Any trends identified were acted on to improve the quality of the care provided to people.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had a system for assessing people's needs before using the service to make sure the right care could be provided. The assessment were used to develop detailed plans of care and these were regularly reviewed.
- People said they were fully involved in discussions about their care package and agreements about how their care was provided.
- Care was delivered in line with current standards and best practice guidance.

Staff support: induction, training, skills and experience

- The provider made sure staff had induction and essential training relevant to their role. This included training in specific needs such as learning disability and dysphagia (swallowing difficulties).
- People and relatives told us staff were skilled in their roles. Their comments included, "I am confident that the staff know what they are doing" and "We now have a good mix of experienced carers."
- Staff said they felt fully supported in their role. They commented, "We get a really good package of training and most of that is in-house, face to face training" and "We can go to [management team] at any time if we're unsure about anything, they're very approachable and very helpful at all times."

Supporting people to eat and drink enough to maintain a balanced diet

- The provider ensured staff had training in nutrition and hydration. People's nutritional health was assessed before using the service.
- People were supported with meal preparation if this formed part of their individual care package. Any special dietary needs and preferences were clearly set out in care plans in a person-centred way.
- Where necessary, staff discreetly monitored people's nutritional well-being to make sure they had sufficient to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff worked in collaboration with other health and social care agencies, where appropriate, to support people's well-being.
- People and relatives said there was good support if they needed to access health services. One relative told us, "The staff definitely recognise my [family member's] needs as there have been several occasions when they have had infections and the staff have got straight onto the GP."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff received training in MCA and followed those principles. People were not unnecessarily restricted, and their rights were not compromised.
- People were fully involved in discussions about their care service. There were written records of people's consent to receive support, for example with medicines.
- Staff respected people's rights to make their own decisions. People said staff always asked permission before carrying out any care or other support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they were well-treated at the service. They gave many positive comments about the kind, friendly attitude of all staff.
- People said the service had a positive impact on their well-being. Their comments included, "I have benefitted immensely from moving here. The staff all bend over backwards to help us" and "Moving here has been the best thing I could have done. Staff look out for you, which is really reassuring."
- Relatives praised the staff for their caring attitude. They told us, "When the carers visit my relative, they leave them feeling better" and "They are absolutely brilliant to my [family member]."

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in decisions about their care. They told us, "I was involved in my care plan" and "My care file is kept in my flat so I can read it."
- Staff said it was important people made their own decisions about how they were supported. For example, one member of care staff commented, "One of the best things here is we have time to listen to what people have to say so we can do things the way they want."
- The service would provide support for people to access advocacy services where necessary.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity.
- People said their independence was promoted and celebrated. Some people had moved to the service from residential care and, with staff support, had regained skills they had previously lost.
- Staff spoke with admiration and pride at the improved independence and confidence people had with daily living skills and going out in the community since using the service.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support that met their individual needs and preferences.
- People said they had choice and control over how their support was provided. One person commented, "I feel that all our needs are met here and we are involved in making it a really lovely place to live."
- Care records were personalised and provided clear, detailed guidance for staff about how each person wanted to be supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were respected and supported.
- Information was provided in alternative formats to suit people, for example in large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although not part of the personal care service, people told us living there had given them access to a social life which kept them active. Their comments included, "There's a good community spirit and this place is great for socialising which keeps me healthy mentally" and "There is a community gardening group, keep fit and crafting events."
- In a communal lounge area, people could help themselves to free tea, coffee and biscuits. They told us their friends and family could join them which kept them in with touch with others and they valued this.

Improving care quality in response to complaints or concerns

- The provider had a clear procedure for managing complaints. People had information in their apartments about how to make a complaint.
- People were encouraged to give their comments and suggestions and people said they knew who to discuss any concerns with. For example, one person said, "I can talk to the manager at any time and it is a private meeting, just between the two of us."
- There had been no formal complaints about the service. One informal complaint had been investigated and addressed. We advised the registered manager to record informal complaints for future analysis and lessons learnt.

#### End of life care and support

- The provider had clear policies and training for staff in advanced directives and end of life support.
- No-one had required end of life care since the service registered last year. The registered manager was aiming for the service to achieve the Gold Standards Framework, which supports the best palliative care for people at the end stages of their lives.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive culture which focused on people receiving good quality, personalised care. People were empowered to lead independent, fulfilled lifestyles.
- People said the service was well run and the management team were open and approachable, although some people found it harder to find staff to discuss anything at the weekends.
- Staff were very positive about the ethos and culture in the service. They told us, "There is brilliant teamwork and I'm happy to work with any of my colleagues because we all share the same caring values" and "I've worked in lots of care services and this is the best place I've ever worked. I really enjoy coming to work."

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

- The provider had systems to monitor the quality and safety of service and acted where improvements could be made. The registered manager carried out audits of the service and reported their findings to the provider.
- The management team also carried out spot checks of each staff member make sure they continued to meet good standards of care practice. The registered manager told us, "We value, appreciate and respect care workers and this has led to excellent team work."
- The provider and registered manager understood their responsibilities to be open and transparent if anything went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team sought the views of people who used the service. This included during regular spot checks of care staff and individual reviews of people's care package.
- People and staff confirmed the provider used a survey to gather their comments and suggestions, although they had not seen the results. The registered manager was going to look into how the provider would share the responses.
- Staff had meetings to discuss organisational standards and to give their views.

Continuous learning and improving care;

- The registered manager was committed to continuous improvement of the service.
- The provider shared any lesson learnt from the rest of the organisation so that all its services could learn, adapt and improve their practice.
- Some people and relatives described how the service had improved over the past few months. They commented, "There were minor issues but it is running smoothly now" and "There were teething problems in the early days when we felt that my [family members] were not getting the right service. It is now a good all-round package here."

#### Working in partnership with others

- The provider held monthly meetings for managers, and quarterly leadership meeting to discuss briefings, organisational expectations and future developments.
- The service staff worked in collaboration with other health and social care professionals to support the people who used the service.