

Mr Danny So

Newhaven

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Newhaven is a residential care home providing accommodation and personal care to 11 people with learning disabilities and or autism at the time of the inspection. The service can support up to 16 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 16 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

During this inspection we found improvements in regard to Registering the Right Support and notifying the Care Quality Commission (CQC) of all incidents in accordance with our statutory requirements.

We have made recommendations in regards to documentation, updating best practice knowledge and environmental risk management.

Some refurbishment had taken place at Newhaven and further refurbishment was planned.

People we spoke with felt safe living at Newhaven and in observations we saw people appeared relaxed around staff. We observed familiar, warm and caring relationships and people were treated with dignity and respect. Staff were able to effectively communicate with people who had non-verbal forms of communication.

Care plans and risk assessments were in place that held appropriate information on how to support a person effectively. People were supported to maintain a healthy diet and had access to healthcare professionals should they need them.

There was an ongoing process where people were asked for their feedback about the service using a range of quality assurance systems that measured and monitored the quality of care and the service.

Accidents, incidents and complaints were dealt with appropriately and people's medication was administered safely. The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults and whistleblowing.

Staff received induction, training and were supported in their roles to be able to provide safe effective and responsive care for people living in Newhaven.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills, if they chose to, and become more independent.

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: The last rating for this service was requires improvement (published 18 December 2018).

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. However, at this inspection recommendations have been made.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Newhaven

## 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.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This person was also the provider for the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the 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. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with four members of staff including the provider and deputy manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with a visiting learning disability nurse.

We reviewed a range of records. This included four people's care records and multiple medication records. The provider had not employed anyone since the previous inspection, so we looked at two staff files to ensure safe processes were followed in relation to recruitment, supervision and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- When we assessed whether the service was safe, we found some areas where improvements were needed for instance Legionella testing and the fire risk assessment had not been completed appropriately. This was immediately rectified by the provider and evidence of the actions taken were provided following the inspection. We considered these issues as part of record-keeping and governance; people told us they felt safe and we also received some very positive feedback from people we spoke with and health and social work professionals.

We recommend the service review their processes regarding environmental risk management to ensure consistency of checks.

- Risks were identified, assessed and recorded in people's care plans. They included what action staff needed to take to keep people safe. If relevant risks were assessed and managed in consultation with health professionals and these were regularly reviewed.
- Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest way to evacuate a person from the building in an emergency.

### Using medicines safely

- The majority of medicines were managed safely. However, we identified aspects of the management of the administration of medication needed improvement. For example, there were no protocols in place for medicines given 'as and when needed' in people's medication administration files however these were found later in care files. These need to be kept with people's medication to ensure important information is accessible for staff when administering people's medication. Appropriate measures were in place for controlled medicines however the official controlled drugs register was not in use. We identified that there was no risk to people living in the home and we considered these issues as part of record-keeping and governance

We recommend the provider consider current guidance on safe recording and administration of prescribed medication and take action to update their practice accordingly.

- Staff who administered medication received training and had their competencies regularly checked.

### Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with had no concerns about the service, were aware of safeguarding responsibilities and had confidence in managers to address concerns.

- The registered manager was aware of their responsibilities to protect people from the risk of abuse and had shared any concerns with local safeguarding teams for further investigation.

#### Staffing and recruitment

- The provider had not recruited any new staff since the last inspection however we looked at two staff files to ensure appropriate processes had been followed and they had.
- Feedback from people living in the home, staff and other professionals was that generally there were enough staff to provide effective support.

#### Preventing and controlling infection

- Newhaven had systems in place to reduce the risk of infection. Staff had access to personal protective equipment such as gloves and aprons and received training in infection control.
- The service appeared clean and hygienic.

#### Learning lessons when things go wrong

- We saw how lessons were learnt through any errors that had been identified, for instance the previous inspection findings had been used comprehensively as an improvement and learning tool.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act 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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Staff obtained consent for people's care and support and people were supported wherever possible to make their own decisions.
- We saw best interest meetings had been held when significant decisions about the persons care needed to be made. However, some of this documentation was not easily found. We considered these issues as part of record-keeping and governance.

We recommend the provider consider current best practice on handling and storing of documentation and take action to update their practice accordingly.

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

- People's needs were assessed prior to moving into Newhaven and care plans were developed based on these assessments, as well as assessments provided by other health and social care professionals.
- The provider and deputy manager outlined the transitional processes for coming to live in the home. These were personalised and an assessment was made to ensure that the home environment was suitable for a person.

Staff support: induction, training, skills and experience

- Staff received the training they needed to be effective in their role and received an induction when they started working at the service. Management also carried out regular competency checks on various aspects of the support staff abilities.
- Staff received regular supervision and staff told us that they were very well supported by the management

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

- We observed the mealtime experience for people and saw that this was inclusive and pleasant. We observed staff to be courteous and people were supported at their own pace to eat and drink.
- People spoke positively about the quality of the food provided. One person told us "It's always lovely."
- Where people's care plans stated they required support or observation when eating and drinking, this support was provided.

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

- The service worked with other health and social care professionals to ensure people's healthcare needs were met. An example was when other health and social care professionals such as dietetic services, were involved in people's care, any advice given was incorporated within their plans of care.
- We received very positive feedback from other health professionals. One GP said, "From my point-of-view they are quick to call the surgery for advice or to request visits when they are concerned about patients and tend to be very sensible in their requests, probably helped by the staff all having a good knowledge of a patients' baseline status because of the continuity of care that they provide."
- Staff were aware of people's individual healthcare needs and we were able to see how they met these needs through the provision of care, support and activities.

Adapting service, design, decoration to meet people's needs

- The building was two adjoining converted semi-detached houses that fitted in with the local neighbourhood and is in keeping with the principle of supporting people to live ordinary lifestyles in their local community.
- The provider had recently refurbished the communal area and made the grounds more accessible by installing patio doors that had a detachable ramp.
- People had their own personal space and there were communal areas available.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We observed warm and caring interactions between staff and people living in the home.
- Staff spoke kindly and laughed and joked with people throughout the day, which showed that they knew people they were supporting well. Everyone appeared relaxed and happy.
- The two people we were able to speak with were able to tell us how they were treated well and how they were able to choose how they spent their day. We were told anecdotes of what they would do in the grounds of the home during the summer months.
- Staff were able to give us information about people throughout the day, without needing to refer to their support plans.

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

- People were supported to express their views throughout our inspection. Staff responded quickly and appropriately to their needs.
- We observed how staff were able to recognise people's request through non-verbal communication. We spoke with an advocate of a person living in the home who said "They [staff] are able to pick up on cues you wouldn't be able to recognise."

Respecting and promoting people's privacy, dignity and independence

- Staff gave people their full attention during conversations and spoke with people in a considerate and respectful way.
- Staff understood the importance of respecting people's individual rights and choices. People's right to privacy and to be treated with dignity was respected.
- Staff respected confidentiality. All confidential information was kept secure so that personal information about people was protected.
- Those people who were able, left the premises when they wanted. We also saw how people had specific equipment to drink from which encouraged their independence.
- The table in the communal dining room had a height adjustable part that enabled a person to sit in a social setting with other people when eating their meals. They would not have otherwise been able to sit at the table with the others.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection we recommend that the service follow best practice for supporting people with a learning disability to ensure the principles of choice, independence, inclusion and living as ordinary a life as any citizen are implemented throughout the service they provide. The provider had made improvements.

- During the last inspection we saw evidence of institutionalised care and the environment did not support Registering the Right Support and other best practice principles. At this inspection we saw that people chose how to spend their day and that the provider had removed aspects of the environment that had not been in line with best practice guidelines.
- We observed people being given their own post to open and that they asked for support if they needed it.
- Mealtimes were inclusive, we observed how one table had a section that could be lowered for those who has different postures. This meant that people were able to eat their meals in a communal environment and reduced social isolation.
- The registered manager, deputy manager and staff knew the people they supported very well. Support plans included how best to approach people and how to support people if they became agitated or upset.
- Care plans matched relevant risk assessments. This meant that staff now had the correct guidance on how to support an individual appropriately. This reduced the risk of people not receiving person centred, responsive and safe care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had some documentation that was available in different formats for example their own 'Charter of personal safety; rights and responsibilities', this was in a pictorial form. The provider was in the process of reviewing their documentation to ensure that all of their information was available for people with differing communication needs.
- The communication needs of people were assessed and care plans contained information about people's individual needs. This included when people were unable to communicate their views verbally. We observed how staff were able to communicate effectively with each person regardless of their communication needs.
- Staff were aware of people's communication needs and whether people needed equipment to effectively

communicate their needs.

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

- People living in Newhaven had done so for a significant amount of time. The staff had developed caring and meaningful relationships with the people and endeavoured to support interests and encourage activities. However, people did not always want to access activities and in some cases caused significant anxiety, so the provider endeavoured to arrange for visiting entertainment where possible.
- Care plans contained details of peoples interests and staff knew people's personal histories and their likes and dislikes.
- We observed that those who were able to came and went as they wished, for example one person was able to independently "pop to the shops" when they wanted.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was readily available.
- People confirmed they knew how to raise a complaint and would be confident in doing so.
- One complaint had been received since the previous inspection and had been investigated and responded to appropriately.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care.
- The deputy manager told us how they would support people with their wishes and needs. The provider had an end of life policy to provide guidance for staff.

# 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.

The service management and leadership was consistent and the leaders and managers had created a culture that supported the delivery of quality, person centred care. However, concerns were identified in regard to governance and records management.

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

At our last inspection the provider's systems were not always effective at monitoring and improving the service people received and did not notify the Care Quality Commission (CQC) of all incidents that had occurred in the home in accordance with our statutory requirements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations, however additional improvements were needed.

- The registered manager and deputy manager were fully aware of the need to keep their own knowledge about best practice up to date in regards to supporting people with learning disabilities and had made some improvement where they were involved with registered managers meetings. However, they were also fully aware that additional improvements were needed in regards to their knowledge of current best practice, and we discussed the importance of this during the inspection.
- The provider was now notifying the Care Quality Commission (CQC) of all incidents that had occurred in the home in accordance with our statutory requirements.
- We identified through the inspection that the storing and recording of information was not at times effective and all documentation requested by the inspection team was not always readily available, however was eventually found and provided. At times the inspection team found the required documents not the provider. We discussed this with the provider and deputy manager who were fully aware and was committed to improving systems and processes.

We recommend the provider consider current best practice on storing and recording information and that the provider ensures their knowledge is kept up to date in regards to current best practice guidance in regards supporting people with learning disabilities.

- The registered manager and deputy manager understood the duty of candour. They adopted an open and honest approach when things went wrong or did not go as planned. They were very responsive to our feedback during inspection and sent evidence of actions following the inspection.
- The most recent CQC rating was clearly displayed in the communal areas.
- The provider had a range of audits in place to maintain performance and drive improvements, for example a regular check on the safe administration of medication.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There was a person-centred culture at the service. This was shown in the way the registered manager, deputy manager and staff spoke about their work and the people they supported with.
- The registered manager and deputy manager worked with external professionals to ensure outcomes were achieved for people. Feedback from professionals included instances of how staff and registered manager had supported people to achieve good outcomes.
- Regular, open communication and partnership working with people's health, social care and education professionals was central to the way the service supported people. One professional told us, "They [managers] are very much about least restrictive processes for people." Another healthcare professional said, "I find them both to be easily amongst the best-organised homes that I deal with. The patients are all very ably looked after, and the staff are all very caring towards them."

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

- We saw that there was ongoing consulting with people on a daily basis and that comfortable relationships had formed so people felt at ease.
- People we spoke with told us they 'loved' the staff and that they were listened to.
- Staff told us they were well supported. One staff member told us, "It is a lovely place to work, it is like being at home, no schedule, it is people's home. Lie in whenever, eat whatever they want, It's a relaxed home environment." Another staff member told us, "I love it, I keep coming back." We were told that that the management were fair and staff were well supported.