

Newland Hurst Limited

Newland Hurst

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 09 November 2015 and was unannounced. Newland Hurst offers accommodation for up to 16 people with learning disabilities. There were 16 people living at the home at the time of our inspection. We had the opportunity to talk with five people who lived at the home on the day of the inspection. People had their own rooms and the use of a number of comfortable communal areas, including a kitchens, lounges, craft rooms and garden areas.

A registered manager was in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

We saw people got on well with the registered manager and staff supporting them. Staff supported people to do the things they enjoyed and to keep in touch with their friends and family. Staff offered encouragement and reassurance to people when they wanted it. Staff knew how to support people so they were as independent as possible and made sure people were offered choices about how their care was given.

Summary of findings

People's health needs were understood by staff, and staff arranged for people to see health professionals when they needed to. Some people liked the independence looking after their own medicines gave them. We saw this was respected by staff.

People received care and support from staff who knew their individual needs, and recognised when these changed. Staff knew about the things people liked to do. Staff were supported through regular supervision and training. New members of staff received a programme of induction, so they could support people effectively. Staff told us if they had any concern for people's well-being they were able to get advice from senior staff or the registered manager. People's consent was appropriately obtained by staff. Staff worked with other organisations to make sure they were protecting people's freedom and rights to make decisions themselves.

People were encouraged by staff to choose what they wanted to eat. Where people had specific dietary needs staff encouraged them to make choices which would

promote their health. Some people enjoyed preparing their food with support from staff. Staff supported people to see a range of health professionals so their health needs were met and they remained well.

People liked the staff who cared for them and the other people at the home. People's privacy and dignity were respected and people were supported to make their own choices and maintain their independence. People were supported by staff to do the things they enjoyed. Staff told us they were able to provide safe and compassionate care as they were supported by the manager and senior staff.

People chose what care they wanted and people contributed to their care reviews, so they received the care which was right for them. Checks were undertaken on the quality of the care provided by the registered manager and board of trustees. Changes had been made as a result of suggestions made by people living at the home and staff.

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.

People received medicines in safe way, and where people wanted to they looked after their own medicines. There were checks in place to ensure people received the correct medicines. People were cared for by staff who had the knowledge and skills to protect them from harm. There were enough staff to keep people safe and meet their care and safety needs.

Good



Is the service effective?

The service was effective.

People were supported by staff who knew their individual risks and how to look after them. People were encouraged to make their own food choices. People received care they had agreed to. Staff encouraged people to make decisions about things which mattered to them. Staff made sure people had access to health services so their well-being was maintained.

Good



Is the service caring?

The service was caring.

Staff took time to talk with people in a way they understood. People's privacy was respected, their dignity maintained and people were treated with respect. People's preferences about how care was delivered were listened to and followed.

Good



Is the service responsive?

The service was responsive.

People were encouraged to develop and review their care plans so they received care which met their individual needs. People were encouraged and supported to maintain links with their friends and families. People's suggestions and concerns were listened to and the provider took action when any concerns had been identified or suggestions made.

Good



Is the service well-led?

The service was well-led.

People had benefited from a consistent approach to care. Checks on the quality of care were regularly undertaken. Changes were introduced by the board of trustees, the registered manager and senior staff to further improve the service, so people benefited from living in a well-led service.

Good



Newland Hurst

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 was planned to check 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.

This inspection took place on 09 November 2015 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we looked at information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences which the provider is required to send us by law. We also looked at information the provider had returned to us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We saw how staff cared and supported people who lived at the home throughout the inspection. Some people were unable to communicate with us verbally so we used different ways to communicate with people. 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 spoke with five people who lived at the home during our inspection. We also spoke with four relatives after our inspection. We spoke with the registered manager, the two senior care staff and five care staff. We spoke to Worcestershire County Council's Quality and Contract Team, and Healthwatch, to find out their views of the quality of care.

We looked at two records about people's care and medicine administration records. We also looked at records and minutes of meetings with staff and people who lived at the home, and surveys completed by people. We looked at quality assurance audits which were completed by the registered manager.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. One person told us, “I feel safe because I get along with everybody. The staff look after me and keep me safe.” All the relatives we spoke with confirmed they were confident their family members were cared for in a way which kept them safe. One relative told us how their family member’s understanding of risks to their well-being had improved since moving to the home. The relative explained staff had supported their family member to make choices in a way which promoted their independence, but still kept them safe.

Staff we spoke with knew about things which could affect people’s safety, such as if a person needed extra care to prevent them from becoming anxious. We saw staff took this into account in the way they cared for people so people’s well-being and safety was promoted. One staff member we spoke with explained how important it was to make sure people got on well with other people living at the home, so they would not become isolated or anxious. We saw people were relaxed in the company of staff and other people living at the home. We saw risks to people’s physical health had been identified and guidance was available to staff about how to reduce risks. Staff told how they were made aware of people’s individual risks. We saw that staff had access to information and guidance on risks such as people’s dietary needs. We saw that staff supported people to make choices so they would remain well.

All the people we spoke with told us they would be comfortable to raise any concerns about their safety with staff, and told us they were sure staff would take action to keep them safe. All of the staff we spoke with knew what to do if they had any concerns for people’s safety. This would include discussing concerns with the registered manager and other staff, so action would be taken to care for people in a way which promoted their safety. Staff knew where to obtain advice from other organisations such as safeguarding teams, or health specialists so that people would remain safe and well. We saw plans had been put in place to keep people safe and these were being followed.

Two staff we spoke with told us about the checks they undertook to make sure the environment was safe and pleasant to live in. Another member of staff told us how they supported people when they were travelling, so risks to people’s safety were reduced. We saw people’s risk

assessments were regularly reviewed so staff had clear guidance on the best way to support people to remain safe. The registered manager checked incident and safeguarding records and provided guidance to staff so people benefited from living in a home where actions were taken to promote their safety.

There was enough staff to meet people’s care and safety needs. People and the relatives we spoke with told us staff were available when people wanted support. One person smiled when they told us, “I get the chance to have a chat with the staff.” Three relatives told us they visited the home at different days and times, and had always seen there were enough staff available to meet people’s care and safety needs. All the staff we spoke with told us that staffing levels meant they were able to care for people in a way which promoted people’s safety. The registered manager told us staffing levels were based on the individual needs of the people who lived at the home, and told us how the number of staff had been reviewed when a new person came to live at the home. The number of staff hours had been increased to meet the care and safety needs of the new person coming to live at the home. We saw there was enough staff to care for people and to provide choices to people in ways which promoted their independence and safety. For example, there was enough staff available so people could make individual choices about the things they wanted to do with support from staff, so they remained safe.

We spoke with a member of staff who had recently been recruited. The staff member told us about checks undertaken by the registered manager before they started. The checks included obtaining two references and DBS, (Disclosure and Barring Service) disclosure, so the registered manager knew staff had had appropriate clearance to work with people. The staff member we spoke with told us they were not allowed to start working at the home until the checks had been completed.

We spoke with people about their medicines. One person told us, “I always get my tablets when I ask for them.” Another person told us they had always looked after their own medicine, and let us know how important this was to them. The person told us staff had supported them to continue to manage their own medicines since coming to live at the home. Staff we spoke with told us they prompted the person to take their medicines, so they remained safe and well. The rest of the people living at the home were

Is the service safe?

supported to take their medicines by staff. We saw systems had been put in place to reduce the possibility of medicine errors. These included the way medicines were managed by staff and how staff's competency at administering medicines was checked. All the staff we spoke with knew what they would need to do in the event of a medication error, so people's immediate care needs would be met, and

lessons learnt. Staff knew about the medicines people needed, including medicines needed for a short time. Staff knew some people needed specific types of medicines because of possible allergic reactions. We saw medicines were securely stored so people would remain well and safe.

Is the service effective?

Our findings

People we spoke with told us staff had the right skills and training to care for them. One person told us about support they received from staff and said, “Staff know what to do so I keep well.” All of the relatives we spoke with told us staff knew how to look after their family member so they remained happy and well. One relative told us about a time when they have seen how staff used these skills when their family member had been anxious. The relative told us their family member had become far less anxious because of the way staff cared for them. Another relative we spoke with told us, “(Staff) are experienced and know what they are doing.” Three staff we spoke with told us they had worked at the home for over ten years. One staff member told us this helped them to deliver effective care to people, as they knew people’s individual care needs well. Another staff member told us, “It’s a consistent staff team. People know we are always there for them.”

One member of staff we spoke with told us about their induction. The staff member told us they had chatted with people and checked their care and risk plans as part of their induction. The staff member told us this helped them to deliver effective care to people when they first came to work at the home. All of the staff we spoke with told us they had the opportunity to undertake training which helped them to deliver care more effectively. For example, one staff member we spoke with told us about some of the training they had received which helped them to provide better care to people who needed extra help to communicate. The staff member told us how they applied the training and the person’s wishes were better understood and the person was less anxious. Another staff member told us about medication and dementia training they had received, and how they had shared this with other staff, so the right care would be given to people. Two members of staff told us they received regular refresher training in areas such as protecting vulnerable people, medication and supporting people with anxieties. One staff member told us the training, “Focuses you, and gives you more confidence, which rubs off, so people are happier.” We saw there were plans in place for staff training, and the registered manager and board of trustees regularly considered if staff training met individual people’s needs. We saw records which showed the training staff had access to reflected the type of support people living at the home needed.

People told us they received the care they consented to. One person we spoke with told us they were confident if they changed their minds, staff would respect this. Another person told us, “Staff don’t stop me doing things. I can go out any time I want to.” We saw staff offered people choices, for example, about where they wanted to go and what they wanted to do, and staff respected the decisions people made. One staff member we spoke with told us about the consent forms which were completed with people, to make sure they were getting care they had agreed to. The staff member explained, “We always also ask if people are happy for us to give care.” We saw staff did this throughout the inspection, and staff offered people choices and checked to see if people were agreeing to the care offered.

All the staff we spoke with had a good understanding of how the Mental Capacity Act 2005 affected the way care and support needed to be given to people. 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The provider was ready to follow the requirements in the DoLS. At the time of our inspection the provider had assessed they did not need to submit any applications to a ‘Supervisory Body’ for authority to do so.

The provider had prepared staff in to understand the requirements of the Mental Capacity Act, and staff had received training to support them in understanding their responsibilities under the Act. Further training had been booked for the registered manager and senior staff to develop their knowledge and skills further. The registered manager told us how this would be shared with other staff, so people would continue to receive appropriate care as their needs changed. Staff told us about some recent changes in some people’s ability to give consent and make

Is the service effective?

decisions. We saw this had been recorded and appropriate action was taken to make sure people would be supported in the right way. One staff member told us how other professionals were involved in decisions taken when this happened, such as the person's GP and how this had resulted in a referral to other health professionals, so the person's rights would be respected.

People told us about their favourite foods, and how staff supported them to eat things they enjoyed which would maintain their health. All the people we spoke with were positive about the food available at the home. One person told us, "I get to have what food I want when I want it. I can choose. Sometimes I help to get things to eat myself." Another person told us, "The food is lovely, I get to choose what I have and staff help me to make it." Another person told us they were diabetic, and staff helped them to make food choices which would promote their physical health. We saw staff offered the person choices which would help them to keep healthy. Eating and drinking guidelines were in place for this person so staff knew the best way to care for them so their health would be maintained. One relative we spoke with told us how glad they were to see their family member's weight had increased since they had moved into the home. One member of staff told us how some of the people living at the home liked to prepare some of their own meals, or get involved in assisting staff to make sandwiches for the residents' meetings. Another member of staff told us they discussed menu options with people on a regular basis, including at residents' meetings, so they could be sure people had choices they liked and their health would be maintained. One person we spoke with told us how much they had enjoyed stopping for a hot chocolate with staff when they went into town shopping with staff. We saw people either helped themselves to drinks or were supported by staff to enjoy drinks throughout our inspection.

We spoke with people about how they were supported to maintain their health. All the people we spoke with told us staff made appointments with their GP when they needed help. One relative we spoke with told us their family member's health had improved since moving to the home. This was because the staff had supported them to have an operation. The relative told us their family member had not elected to have the operation when they lived in the community, but had agreed to have the operation because of the support, encouragement and care staff had given. Another relative we spoke with told us, "Staff always whisk, (person's name), to the GP if they are ill. Staff also make sure, (person's name), gets regular checks from the dentist and chiropodist." This relative went on to explain how staff supported their family member when they needed to go to hospital. Staff knew when people had health appointments scheduled, and told us about the work they did with health professionals so people would enjoy good health care. One member of staff we spoke with told us how they had worked with a person and health professionals when the person was anxious about attending the hospital for a dental appointment. The staff member explained other options had been talked through with the person in a way they understood. The person had been given reassurance, "So their confidence would be built. It must be their decision on how we proceed." We saw people had health plans, and people's health needs were regularly reviewed, so they would remain healthy and well. We saw the systems the registered manager had put in place to monitor referrals to health specialists were working, so people were benefiting from support and care to maintain their health.

Is the service caring?

Our findings

All the people we spoke with told us they got on well with staff and staff were caring. One person told us, "I tell people it's a good place to live as the staff are kind." Another person told us, "The staff look after me and take me to different places, they are good to me." One person told us how caring staff had been when their parents died, and how this had helped them. All the relatives we spoke with told us staff were caring. One relative we spoke with said, "Staff are as good as gold, and their rapport with people is good." Another relative told us "[Person's name], is a happy sole, because of the way staff care for them. They go to staff now, not me, for a fuss." One relative told us while their family member enjoyed visiting them, they were, "Always very happy to return to Newland Hurst. It's a great relief to know they want to go back." Another relative told us, "I can't fault the care, staff are very caring and considerate." One relative told us how patient the staff were and explained, "It took time for, (person's name), to settle, but they now run back into the home after visits to us, as they enjoy being with the staff and other people so much."

One senior staff member told us the best way to get to know how to care for people was by doing things with them, so they could find out how they liked to be cared for. The senior carer also told us staff got to know people by chatting with them, checking their care records, and by talking with other staff about people's care needs. The senior carer told us, "It's about them being happy." Another senior carer told us it was important to develop a good rapport with people, and "It's about how you speak to people." A member of care staff we spoke with told us the consistency of the staff team meant people looked on them as family. Another member of staff told us how much they enjoyed working at the home, because of relationships they developed with the people living there. The staff member told us, "The people come first, staff don't clock watch, they care about the people who live here."

We saw staff had developed good relationships with people at the home. Staff took time to talk with people about things which were important to them, and people showed affection to staff. People smiled when staff spoke with them, and were relaxed around staff. People enjoyed sharing a joke with staff. Staff enjoyed people's achievements, such as winning art competitions. We saw staff took time to communicate with people in a way they

understood, and listened to them so people felt valued. Staff always stopped to talk to people, and reassured them when this was needed. All the staff we spoke with knew about the things which people liked to do, people's histories, and their preferences. We saw staff chatted with people about things which interested them, and people showed they were pleased staff took a keen interest in their well-being.

People told us they were encouraged to make decisions about their daily care. One person we spoke with told us they decided what to buy and wear and how important it was to them. Another person told us they made decisions such as what time they wanted to get up, and staff respected this. Three people told us about the residents' meetings held with staff, and how they made suggestions about their care, for example, the things they like to do. One person told us they had made a suggestion to increase the opportunities for people to do one activity. The person told us staff had let them know they were in arranging this. Four staff told us about the residents' meetings, and how useful these were for making sure people had the opportunity to be involved in decisions about their care. Three staff members told us how they encouraged people to make suggestions about their care at their individual reviews. Staff members recognised some people were not comfortable making suggestions in a group situation. In this way, staff made sure people were encouraged to make suggestions about their care in the way they were most comfortable to do.

We saw staff offered choices to people about their daily care and things they liked to do, and supported people to make choices. We saw one person was asked if they wanted to go shopping or for a drive. Staff made sure the person was given enough time to decide what they wanted to do. We saw staff listened to the person and acted on the decision they made.

People were treated with dignity and respect. One person we spoke with told us, "Staff always make sure I get privacy, and knock my door and ask me if it's ok for them to come into my room." We saw this happened. Another person told us staff always made sure they had the right items with them when they went out, so their dignity was maintained. One person we spoke with told us staff made sure there was a quiet area for them to see their visitors, and how they appreciated this. All the relatives we spoke with told us they could visit their family member at any time, and were

Is the service caring?

always made to feel welcome by the staff. Staff recognised it was important people received care in a way which promoted dignity and privacy and showed this in the way they cared for people.

Is the service responsive?

Our findings

People we spoke with told us they received the care they needed from staff to do the things which were important to them. One person we spoke with told us they had always looked after their own medicines, and they had wanted to continue to do this when they moved into the home. The person told us they talked to staff about this when their care was planned. Staff had responded to the person's request positively, and the person continued to enjoy the control and independence managing their own medicines gave them. People we spoke with were enthusiastic about the wide range of opportunities they had to do the things they liked to do. One person told us how much they enjoyed visiting museums and using the train. They had requested at a care review meeting that staff support them to do this. We saw staff had recorded this in the person's care plan review and with staff support this had been done. One person we spoke with told us how important it was to them they had the opportunity to vote. The person smiled when they told us how staff had supported them to do this.

People told us how they were involved in planning and reviewing their care. All the people we spoke with told us staff listened and acted on their wishes. One person we spoke with told us, "If I ask for something, I get it." Staff were aware of people's individual interests and goals. For example, all the staff members we spoke with knew how keenly one person supported a local football team. The registered manager had taken the person to see a football match. The person told us how much they had appreciated this, and how much they were looking forward to going again, as this had already been planned.

Staff told us how they made sure they were delivering care in the ways which were right for individual people living at the home, as their needs and preferences changed. Staff told us the keyworker system they used, where one staff member led on supporting a person, worked well. One staff member told us this meant changes in people's needs were easier to identify as a result of this. Staff could then see what adjustments they needed to make so people would receive the right care. Three staff members told us about changes in one person's care needs, and how they had worked with health professionals so the person would receive the right care.

Staff told us they shared information with colleagues about people's changing care needs. We saw all of the staff team were following the guidance given to them, so the person was less anxious. Another staff member told us they sometimes used visual prompts to check on people's preferences. The staff member described how they sometimes used recipe books so people would be able to make informed choices about what they wanted to shop for, cook and eat. One staff member told us how additional support had been provided for one person living at the home during a difficult period in the person's life. We spoke with the person's relative, who told us staff had been very supportive, and sat and chatted with their family member at the time when they wanted to talk. Staff had supported the person so their well-being was maintained.

People were supported to maintain links with their families and friends. All the people and relatives we spoke with told us how welcoming staff were. People told us they could have visitors any time they wanted. One person told us how they had developed friendships through local groups, and their friends were invited to meet with them at Newland Hurst. One member of staff we spoke with told us how some people attended an advocacy group with support from staff. The staff member explained new friendships had been developed as a result of this. This had increased people's confidence in expressing their views and promoted their well-being.

No complaints had been received by staff since our last inspection. People we spoke with told us they had not needed to make any complaints. One person told us, "There's nothing I want to change." Another person told us, "I'd be happy to ask for something to be changed. Staff would listen to me." All the people we spoke with told us they knew how to make a complaint, if they needed to. We spoke with relatives about complaints. None of the relatives had made a complaint about the care their family member had received. One relative told us this was because they were able to discuss any concerns they had directly with the staff. The relative told us they had done this on one occasion, and staff had immediately addressed their concern. Staff told us they let people know how they could make a complaint at residents' meetings and care plan reviews. We saw advice on how to make a complaint was displayed in the home, and people had access to "easy read" complaints guidance.

Is the service well-led?

Our findings

People we spoke with told us the registered manager had taken time to get to know them. One person told us the registered manager had done this by taking them out to do things they enjoyed. All the people spoke warmly about the manager, and we saw people smile when they saw them. One person described the registered manager as “Great.” All of the relatives we spoke with were positive about the way the home was managed and the care their family member received. One of the relatives we spoke with told us, “The manager does his utmost to help people.” We saw the registered manager chatting in a relaxed way with people and they provided support to staff, so people received the right care.

Staff told us they enjoyed working at the home, and all the staff we spoke with told us they felt valued. One staff member told us this had a positive effect on the care people received, as staff were encouraged to work flexibly and put people first. Staff members told us they were supported well by the registered manager and senior staff. All the staff we spoke with told us if they had any concerns for people’s well-being they had the opportunity to discuss this with senior staff immediately, so people’s needs would be met. All of the staff we spoke with told us they had supervision and met regularly with the registered manager and senior staff at staff meetings. We saw people’s well-being and preferences were discussed at staff meetings and action was taken to make sure people received the right care for them. All the staff members we spoke with told us staff were encouraged to make suggestions about the development of the service during supervision and staff meetings. The registered manager told us resources had been made available to improve the home. One staff member told us how some suggestions they had made regarding the premises and staff training had been taken up, so people would receive care in the best way for them, in a comfortable and safe environment.

There had been two different people appointed as manager/registered manager since we last inspected the home. However, this had not adversely affected the quality of the care given, as there was continuity of staffing in the senior care team and staff members. Processes were also in place for the board of trustees to oversee the quality of the care delivered. Two staff explained how they had previously

discussed the development of the service with the board of trustees. Both staff members told us they had been listened to and the board of trustees had taken immediate action to address the areas identified.

People benefited from living in a home where checks on the quality of the care were undertaken. The registered manager told us about checks they regularly undertook to make sure people benefited from quality care. These included checks to make sure people received the right medicines, so they would remain well. Checks were also made on care planning reviews, so the registered manager could confirm care was being delivered in the way individual people wanted, and consider how people’s changing needs affected plans for developing the service. The registered manager also made sure staff had the right training to support people, so people had effective care. Premises and incidents were also reviewed by the manager, so any action could be taken to keep people safe. In addition, the registered manager checked how people felt about the quality of the care through surveys people completed. We saw where actions had been identified, action plans had been developed and action was taken. The board of trustees met regularly with the registered manager to review the quality of the care provided, and checked people were receiving appropriate support with their health and well-being. The board of trustees’ representatives also regularly visited the home to check people were receiving the right care. We saw the quality of relative’s feedback in relation to the care provided had been recognised by Care Homes UK who had awarded the home a place in the top 20 recommended care homes in the West Midlands in in both 2014 and 2015.

Staff we spoke with told us the registered manager made sure effective relationships were established with other organisations such as health professionals, so people would have access to the care they needed in a timely way and remain well. The leadership team were open and responsive to making further improvements so people consistently received good standards of care and treatment. The registered manager also told us about plans to further develop the knowledge of the senior team by working with other organisations, so people benefited from living in a service where senior staff had access to a wide range of support.