

Mrs Jennifer Grego

Newhaven

Inspection report

19 Emerys Close
Northrepps
Norfolk
NR27 0NE

Tel: 01263576873

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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 ●

Summary of findings

Overall summary

This was an announced, comprehensive inspection visit completed on 25 September 2018. The inspection was announced to ensure staff and people living at the service would be available to speak with us during the visit.

Newhaven is a 'care home' providing residential care to people with learning disabilities, autism and mental health conditions. 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy

The service is registered to provide care to a maximum of three people. There were three people living at the service at the time of the inspection.

The service had a manager who had been in post for eight weeks prior to the inspection, and was in the process of completing their CQC registration. 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.

At our last inspection completed on 16 August 2017 the service was rated as requires improvement overall with no breaches of regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The rating of requires improvement was because risks to people in relation to the premises and recruitment were not always fully identified and responded to appropriately. Governance and quality monitoring systems in the home needed further improvement to ensure they were effective at identifying and addressing issues with the service provided, and there was no registered manager in post.

At this inspection we found staff treated people with care and compassion, and took pride in their caring roles. Staff understood how to identify and report safeguarding concerns and demonstrated a good understanding of each person's individual care and support needs and associated risks. People had choice of food and fluids, with value placed on nutrition and food quality.

People accessed activities in the local community and spent time with relatives and friends. People were encouraged to live life to the full and maintain involvement in hobbies and interests. Relatives knew how to make a complaint, and were encouraged to give feedback to the new manager to improve the overall standard of the service and care experience for the people living at Newhaven.

The service had governance processes in place for monitoring standards and quality of care provided, this included completion of regular audits in areas such as medicines management and infection prevention control.

There were flexible staffing levels to meet the daily needs of people living at the service. Staff supported people in line with their personalised care records to manage individual risks and care needs. The new management team had completed a review of people's training, supervision and appraisal needs, and an action plan had been implemented to address any shortfalls.

We did identify the need for some improvements in the condition of aspects of the care environment, particularly people's bathrooms. The management team needed to update their environmental risk assessment to ensure this accurately reflected the risk levels of the people living at the service at the time of the inspection.

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

People had individualised risk assessments linked to their care plans. These covered areas of care such as the management of medical conditions and behavioural support

People received their medicines as prescribed

There were enough staff to meet people's needs with flexibility built into each shift to allow for people's changing needs and attendance at activities and appointments

Is the service effective?

Good ●

The service was effective

Staff received the necessary training for their roles and plans were in place for staff to attend refresher and role specific courses where applicable

People's mental capacity was assessed, with best interest's decision making in consultation with relatives and other professionals

Value was placed on the importance of people having a choice of food and drink to meet their nutrition and hydration needs

Is the service caring?

Good ●

The service was caring

People were treated with kindness, respect, dignity and compassion

We received positive feedback from people's relatives about the care and support provided by staff

Is the service responsive?

Good ●

The service was responsive

People's care records identified individual needs and risks, and contained clear guidance for staff to follow to ensure provision of consistent standards of care

People engaged with activities onsite and in the community

Is the service well-led?

Good ●

The service was well-led

The service took account of the views of people, their relatives and staff to help drive improvement

The service had a management team in place, offering leadership and support to staff, people living at the service and their relatives. This was an improvement since the last inspection

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 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 was an announced comprehensive inspection, which took place on 25 September 2018. The inspection was announced to ensure staff and people living at the service would be available to speak with us during the visit. The inspection team consisted of one CQC inspector.

Before the inspection, we asked the provider to complete 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 looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law.

During the inspection we spoke with the three people living at the service and observed care and support being provided in communal areas. We spoke with three relatives by telephone after our visit.

We spoke with five members of care staff including the manager, the general manager, senior and apprenticeship carers. We spoke with one healthcare professional to source their feedback by telephone after the inspection.

We reviewed two people's care records in detail, and aspects of the third person's care record. We checked three people's medicine administration records (MAR) including administration of topical medicines such as creams where applicable, and reviewed the medicine management procedures in place. We looked at two staff recruitment files as well as training, induction, supervision and appraisal records. We reviewed quality audits, policies and procedures relating to the running of the service.

Is the service safe?

Our findings

During our inspection on 16 August 2017, we found the service was not consistently safe and was rated requires improvement in this key question. This was because not all risks to people were appropriately identified and responded to.

During this inspection, we found the overall standard of care records and details around individual risk management had improved, however there were some environmental risks that needed to be addressed. We sourced assurances from the manager that action would be taken to address these risks, with additional evidence provided after the inspection. We therefore rated safe as 'good.'

Staff demonstrated a clear understanding of safeguarding practices and procedures, and recognising types of abuse. Staff completed mandatory safeguarding training and were booked onto refresher training as required.

Relatives told us that they felt people's risks were well managed, particularly in relation to the management of conditions such as epilepsy. The home was on one floor, preventing the need to manage risks related to walking up and down stairs.

Staff completed detailed risk assessments identifying individual needs relating to people's health and wellbeing. Care plans included guidance on areas of care such as the management and safety needs for people living with epilepsy. Staff checked the condition of people's skin when offering support with personal care tasks. None of the people living at the service had pressure care needs. However, we found a good example of where staff had identified that a person had a sore area of skin. Staff had acted quickly, and sourced medical advice. Care plans contained guidance for staff to support people with eating and drinking and to prevent risks of choking.

Staff completed risk assessments which contained guidance and techniques to follow when working with people with physical and behavioural support needs. Risk assessments detailed least restrictive approaches and reflected in depth knowledge of each person to encourage participation in their daily routine.

Staff completed environmental safety audits, including infection prevention and control. The service had up to date fire and electrical safety checks in place and they completed fire safety drills each year. Window restrictors were in place in the main building to maintain people's safety while having the windows open. We noted that windows in the annex building did not have window restrictors. This was discussed with the manager as an area for consideration to improve the overall security of the home. Following the inspection, the manager confirmed that the main gates to the complex were closed at night time to maximise site security.

Newhaven was visibly clean throughout, although some areas including bathrooms were in need of redecoration, and one bathroom smelt musty due to poor ventilation. Staff told us the shower had previously leaked and this further impacted on the smell. Some radiators were rusty and uncovered. One

dining chair was damaged, with a screw sticking out which a person or staff member could catch themselves on. We sourced assurances from the manager that action would be taken to address these environmental issues after our inspection.

Each person had an evacuation plan in place for use in the event of an incident such as a fire. These contained clear guidance for staff to follow. Plans recognised that people living at the service may not understand or react to noises such as fire.

Some care recorded indicated risks of people consuming items such as personal care products, but such items were accessible. We discussed this with the manager, who was clear that risks to people living at the service were appropriately managed by staff familiar with their needs. However, it was agreed this should be clarified in the home's environmental risk assessment, and this would need to be updated when changes occurred.

Staff completed regular legionella water safety temperature checks, flushing of the water system and had a legionella risk assessment in place for the home. The service did not hold a legionella test certificate, but arrangements were put in place for the tests to be completed following the inspection visit.

People living at the service were expected to participate in keeping their home environment clean and tidy, with support from staff. Staff accessed aprons and gloves to use when completing personal care tasks to reduce risk of cross contamination or spread of infections. The management team advised that new kits had been ordered for use in the event of an incident such as a spillage of bodily fluids.

The provider did not use a dependency tool to determine the level of staffing required on each shift. Instead, there was a fixed, minimum number of staff during the day and overnight. There was additional staff incorporated into the rota as needed for example to support people to attend medical appointments. We examined staff rotas and found that staffing levels were maintained in accordance with the provider's minimum levels. Staff told us they worked as a team ensuring people received consistent standards of care. There was one waking staff member on shift at night-time. If needing support, this staff member could contact the out of hours manager or staff at other homes within the organisation.

Relatives told us that historically there had been a high turnover rate of staff. They said this impacted on the relationships built, on ease of communication and staff's knowledge of people. Relatives spoke positively about having a new manager in post. They told us the staff team was becoming more stable, with greater management oversight of any changes.

People living at the service were unable to tell us if staff responded to their needs in a timely manner. However, from observations completed during the inspection, staff monitored people throughout the building. If a person chose to spend some time alone in their bedroom, staff completed regular checks and offered them snacks and drinks.

Employment records examined contained character references and Disclosure and Barring Service (DBS) checks (which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups) undertaken before new staff started work. This helped to ensure people's safety by employing staff who were suitable to work in the care sector. We did identify one employment record without a copy of photographic identification held on file, this matter was followed up on by the manager after the inspection.

We examined three medicines administration records (MAR). We used these to review medicine levels and

adherence to administration procedures by the staff. Staff completed medicine administration training, with regular reviews of their competence to ensure they kept up to date with current practice. The manager completed monthly medicines audits and drew upon their skills and knowledge base as a registered nurse to ensure medicines were managed and administered safely.

We observed part of the morning medicines round. The staff member explained to the person what medicines they were receiving. They followed protocols in place on how they liked to be given their medicine, for example by having tablets placed in their hand.

Two of the people had locked cabinets for medicine and creams storage in their bedrooms. One person had their medicines stored in the staff office with this arrangement linked to an individualised risk assessment.

Some people had medicines given on a when needed basis (PRN). Written PRN protocols were personalised and kept in their care folders making them accessible for staff to follow. Staff used pain scales when needed and there was a detailed decision-making protocol to be followed. The decision to give PRN medicines was in consultation with a member of the management team. The protocol was in place to ensure all alternative options were exhausted before the use of PRN medicines.

From speaking with a healthcare professional after the inspection, they identified that historically, PRN medicines had been regularly used. They told us that use of PRN had reduced, with PRN used as a last resort for the management of people's behaviours. The healthcare professional said staff recognised where people may be finding situations stressful or noisy and supported people to leave or move onto another activity. This prevented situations from escalating which in the past would have resulted in use of PRN medicines.

We identified one person's allergies were not reflected on their MAR charts, but this was rectified immediately by the manager. We found one person's cream that was no longer needed, was stored in the main food fridge. This was removed immediately, and measures agreed for if cream refrigeration was needed in the future by the general manager.

People had regular visits and overnight stays with their relatives. At the time of the inspection, people could take more medicines home than needed due to the way this was packaged by the pharmacy. We suggested for the manager to review arrangements in place, for taking medicines off site. We discussed the need to further develop this area of the home's risk management procedures.

Staff demonstrated understanding of accident and incident reporting procedures. There had only been one, minor incident in the six months prior to the inspection, but records demonstrated staff followed the procedures in place.

On the day of the inspection the heating boiler had stopped working. We sourced assurances from the manager after the inspection visit that this had been fixed.

Is the service effective?

Our findings

During our inspection on 16 August 2017, we found the service was effective and was rated good in this key question. During this inspection, we found the service continued to be good for this key question.

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 so that they can 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). Records and DoLS authorisation paperwork examined demonstrated staff worked within the principles of MCA.

Care records contained decision specific MCA assessments, and examples of best interests decisions involving relevant professionals and relatives. Staff recognised the importance of least restrictive practices and balancing decision making relating to risk against people's wishes and preferences.

Employment records, staff meeting minutes and data held by the service detailed completion of regular staff supervision sessions. Supervision offered staff the opportunity to discuss their work, receive feedback on their practice and identify training and development needs. The new management team had introduced new supervision paperwork and supervision agreements to encourage staff engagement with the process. The service encouraged staff to develop through role specific training. The new management team were in the process of implementing a new annual, performance appraisal programme as this was a shortfall identified when they started in post. Clear timescales for this to be addressed were in place.

Staff completed the provider's mandatory training through on line and face to face sessions, including safeguarding adults, mental capacity and deprivation of liberty safeguards. New staff completed the Care Certificate as part of the induction process; the Care Certificate is a set of induction standards that care workers should be working to. Since the new management team had started, they had reviewed all staff training, and where gaps had been identified an action plan to address shortfalls had been implemented. Staff demonstrated implementation of training into practice and linked this information to people's individual care and support needs.

We observed the serving of breakfast, with people helping to butter their own toast and carry their plates between the kitchen and dining room. Staff offered support while encouraging people to be independent. When needed, staff monitored certain people for signs of choking in line with their individualised risk assessments. People drew up menu plans for each week and completed the home food shop jointly with staff. Staff ate their evening meals on site, and would use this opportunity to sit and talk with people. People could access drinks and healthy snacks as they wanted.

Staff told us about kitchen based activities involving people living at the service. These included baking and help with preparing the weekly roast dinners that was cooked during the week rather than at the weekend to ensure all three people had the opportunity to enjoy this meal together as one of the people living at the service always went home at weekends.

Staff recorded people's weights, and the management team were introducing use of a monitoring tool to have greater oversight of people's weights on a monthly basis. Staff worked with families and the people living at the service to encourage healthy eating choices.

Relatives told us the staff took their feedback on board in relation to people's weight management, and monitored people's food intake to reduce the risk of people becoming unhealthy. Relatives spoke about staff supporting people to access exercise based activities such as going swimming and for countryside walks.

People gave feedback on the quality of food. One person said they enjoyed the food when asked. Relatives spoke positively about staff eating their evening meal with people, and identified the benefits this had to their social skills through role modelling.

The service made onward referrals to speech and language therapists and dieticians in consultation with the GP to source specialist advice and assessments for people when needed. Staff and relatives supported people to access GP and medical appointments as needed. The service had its own vehicle to enable staff to support people with attending appointments and accessing community activities to prevent social isolation.

People gave feedback on going out into the community. One person spent time showing me the vehicle and giving examples of where they would go with staff in the car. Relatives told us they were involved in review meetings and attending medical appointments and that staff could attend appointments to offer additional support when required.

Is the service caring?

Our findings

During our inspection on 16 August 2017, we found the service was caring and was rated good in this key question. During this inspection, we found the service continued to be good in this key question.

From observations of staff interaction with people, staff treated people with dignity, care and respect and were familiar with each person's care, support needs and preferences. We observed staff knocking on bedroom doors before entering. The service had policies in place to support staff with management of people's dignity in relation to protected characteristics including areas such as disability and sexuality. Staff supported people to make sure they were well presented before leaving the home to access the community. One staff member was observed, with the person's agreement to tidy their collar so they looked 'smart' before going out for the day.

People were encouraged to access the local community with support from staff or relatives. Staff supported people to maintain their personal appearance and presentation, and encouraged people to make their own clothing choices whilst ensuring people dressed appropriately in relation to weather conditions.

Relatives gave feedback on the care people received. One relative told us the care and support given was 'worthy of their praise.' Another relative told us staff worked with the people's 'best interests at heart.' Relatives used the terms 'brilliant' and 'excellent' when describing named members of staff.

We saw staff position themselves to be at eye level with people when speaking with them. Staff called people by their preferred name, and adapted their communication techniques and approaches to accommodate people with communication and sensory difficulties. Staff gave reassurance and emotional support to people when they showed signs of distress or feeling unwell. Staff gave examples of techniques and approaches that worked well for each individual, for example one person would approach a particular staff member with their hand out if feeling worried, and would find the staff member circling their palm with a finger reassuring.

Staff encouraged people to maintain contact with their relatives with telephone and video calls used for example between visits home. Staff demonstrated familiarity with each person and their relatives, and sourced feedback from people on their experiences of using the service, and suggested areas of improvement. Communication books were used by staff and relatives to keep each other updated on events and activities participated in, and to offer a topic of conversation. The new management team had met with each person's relatives when they started in post to provide an opportunity to source feedback on any areas of concern, and as a means of getting to know each other. Weekly community meetings offered people the opportunity to raise concerns or share feedback with support from staff.

Relatives told us they felt comfortable to raise any concerns with the new management team and confident that issues were dealt with in a timely manner. Relatives described the manager as 'approachable' and all three relatives told us they felt reassured with a stable management team in post. One relative said, 'we can talk to [name] and they take our concerns on board and act on them immediately.'

Staff supported people to maintain choice, control and involvement in their care and daily routine. Staff discussed care plans with people and their relatives to ensure incorporation of opinions into the development of their plans. People had personal effects in their bedrooms and choice over what to watch on television or what music they wished to listen to. People were encouraged to maintain personal hobbies and interests such as supporting sports teams, and visiting museums. One person showed me a leaflet on a travel museum and explained that they planned to visit the museum with their family.

Relatives told us they were involved in the development of people's care plans with the staff at Newhaven and through contact with healthcare professionals involved in people's care. One relative said, 'I feel we are involved, and can contribute ideas and suggestions that staff incorporate into the care plans.'

Care plans indicated people's individual preferences for showers or baths, and staff placed value on completion of regular personal hygiene tasks to maintain people's comfort and dignity particularly where people experienced difficulties with continence management.

Is the service responsive?

Our findings

During our inspection on 16 August 2017, we found the service was responsive and was rated good in this key question. During this inspection, we found the service continued to be good for this key question.

Staff wrote care plans collaboratively with people and their relatives. Plans were person centred and holistic incorporating areas of personal importance such as people's spiritual and religious needs.

Relatives gave examples of improvement for people, from the point of admission into care. Examples included improvements in people's levels of independence and in their overall mental health and wellbeing since living at Newhaven. People benefited from having personalised care and support tailored to meet their individual needs.

Staff provided group and one to one activities, and trips into the community such as visits to the local care farm and social club. People had access to activities during the evenings and at weekends when staying on site. We observed people involved in watching a film during the inspection with staff using the setting and characters from the film as a topic of conversation. People told us they enjoyed going to the care farm, and what animals were kept and how they helped to care for them.

Relatives told us the level of activities and time spent in the community had greatly improved in recent months. Care records contained weekly activity programmes, and some people had pictorial daily planners in their bedrooms so they knew what activities they would be attending each day.

The service had received two recent complaints, both from neighbouring houses complaining about staff parking their cars outside their homes. These complaints had been dealt with in line with the service's policies and procedures, and staff had been formally asked to be more considerate when parking. Information on how to make complaints was accessible for people and relatives. All three relatives confirmed that they felt comfortable to raise any concerns or issues with the management team as needed. They told us they felt any concerns raised have been dealt with in a timely manner by the new management team.

People's care plans documented, that in the event a person's condition deteriorated, end of life care arrangements would be made in full consultation with people's relatives to ensure their wishes and preferences were fully considered. We listened to one person who was speaking with the manager about musicians, and asking which ones were still alive, or had died. The manager demonstrated clear skills in discussing the subject of death to a level of detail the person could understand without causing distress, while encouraging an open and honest conversation.

Is the service well-led?

Our findings

During our inspection on 16 August 2017, we found the service was not consistently well-led and was rated requires improvement in this key question. This was because quality monitoring systems were not always effective. Some improvements were required to records in the home.

During this inspection, we found the overall standard of care records had improved. The new management team had reviewed quality monitoring systems in place, and where shortfalls had been identified, had implemented measures to address this. We therefore rated well-led as 'good.'

The service had a manager who had been in post for eight weeks prior to the inspection, and was in the process of completing their CQC registration. This was an area of improvement since the last inspection.

The management team used feedback from people, their relatives and staff, to make improvements to the service, and discussed findings with staff as appropriate.

Staff completed quality audits including monthly evaluations of care records, infection control and medicines management. The management team monitored completion of care provided to people, to ensure this was to a consistent standard. Staff provided daily updates, and shared findings from the support provided to people during shift handover meetings. The new management team had made improvements to the handover process, with the aim of improving management of confidential information. Completion of quality audits and acting on findings was an area of improvement from the last inspection.

We did identify that people's hospital passport documents were not included in the monthly evaluation checks, and suggested this may be something the manager wished to include as it contained information such as medicine lists which could become out of date. We did identify some areas of the manager's monthly monitoring checks that lacked detail, we were given assurances by the general manager that this was an area under continual review and improvement.

The general manager attended a community forum for infection prevention and control. This offered an opportunity to keep up to date with current good practice and access to resources and advice to assist with development of service policies and procedures.

Each person's care records were stored securely. This meant that they were only available to people authorised to see them and protected people's privacy.

Staff told us they worked closely as a team, to offer high and consistent standards of care to the people living at the service and their relatives. Staff morale was good, and staff spoke positively about their relationship with the new manager. Staff told us the manager had an open-door policy and offered hands on support when onsite. Staff told us they felt their workload was distributed fairly, with staff helping each other when needed to ensure people received compassionate, quality care.

Staff demonstrated awareness of the service's whistleblowing process to enable them to report concerns or areas of unsafe practice. Staff told us they felt confident to raise any concerns without fear of reprisals. There were no whistleblowing concerns under investigation at the time of the inspection.

The provider demonstrated awareness of staff performance management processes and gave examples of procedures being implemented to address concerns in relation to individual staff members performance. There was a staff member under performance management proceedings at the time of the inspection.

The service had good links with other care homes within the wider organisation, and with health and social care professionals. The new management team were using networking opportunities to implement improvements in care provision.

Staff understood their responsibilities in relation to the duty of candour, in the management of complaints, and acknowledgement of where things needed improvement.