

Newbrae Care Home Limited

# Newbrae Care Home Limited

## 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 ●

# Summary of findings

## Overall summary

This inspection took place on the 2 July 2018 and was unannounced.

Newbrae Care Home Limited is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 10 older people, some of whom may be living with dementia related needs. At the time of our inspection, 10 people were living at the home.

There was a registered manager in post. 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.

People told us they felt safe living at Newbrae Care Home. Staff were aware of their responsibilities to keep people safe and to protect them from the risk of harm and abuse. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

There were effective systems in place to ensure suitable staff were recruited; this ensured people were protected from the risk of avoidable harm. People were cared for by a consistent staff team and there were sufficient staffing levels to meet people's needs. There were effective systems in place for the safe management of medicines. People received their medication as prescribed from staff who were trained and assessed as competent to do so.

People were protected from the risk of the spread of infection. People lived in a clean environment and regular health and safety checks were undertaken of the environment; this included the maintenance and servicing of equipment. There was a business continuity plan in place in the event of an emergency. Accidents and incidents were monitored to ensure any trends were identified and appropriately managed.

Staff received regular supervision and support to enable them to acquire the skills and knowledge to meet people's care needs. People's dietary needs were met and people were supported to maintain a healthy and balanced diet. Where required, people were supported to access health and social care professionals.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff had established good relationships with people and were kind and sensitive to their needs, ensuring people's privacy and dignity was respected at all times. People's independence was promoted and they were encouraged to do as much as they could for themselves. Visitors were made to feel welcome and staff encouraged people to keep in contact with those who were important to them.

The service was responsive to people's individual needs. People and their relatives were involved in the planning and review of their care. Care plans were comprehensive and contained information and guidance, including people's preferences and individual needs and how they wished to be cared for. Care plans were reviewed regularly, or as and when people's needs changed. Staff shared information effectively which meant any changes in people's needs were responded to appropriately.

People were supported to spend their time as they wished, and had the opportunity to participate in activities and pursue their hobbies and interests.

There was a positive and open culture at Newbrae Care Home. Staff felt valued and enjoyed working at the home and were clear about the ethos and aims of the service. They shared the registered manager's commitment to providing good quality care.

There were effective systems in place to regularly assess and monitor the quality of the service and drive improvements. This included opportunities for people, relatives and staff to say how they felt about the home and to make suggestions. The service had a complaints procedure in place which was clearly displayed. This provided information on the process and the timespan for response; relatives were confident that any concerns would be listened to and acted upon.

## 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.

Staff had a good understanding of abuse and had received safeguarding training. They were aware of their responsibilities in reporting any concerns.

There were safe recruitment procedures in place to ensure people received their support from staff who had been deemed suitable and safe to work with them.

The risks to people's safety and well-being were assessed and reviewed regularly.

People were supported to receive their prescribed medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff received the training, supervision and support they needed to deliver effective care to people.

The service was working within the principles of the Mental Health Capacity Act 2005 (MCA).

People were supported to maintain a healthy, balanced diet and to maintain good health. Where required, they were supported to access health and social care professionals.

### Is the service caring?

Good ●

The service was caring.

Staff had established good relationships with people and knew people's care and support needs well. People, relatives and visitors said staff were caring and kind.

People's privacy and dignity and independence were respected by staff.

## Is the service responsive?

The service was responsive.

Staff were responsive to people's care and support needs. Care plans were person-centred and regularly reviewed and updated when needs changed.

There were effective systems in place to deal with people's concerns and complaints.

Good 

## Is the service well-led?

The service was well led.

The registered manager promoted strong values and a person-centred culture, and was well regarded by people, relatives and staff.

Systems were in place to seek the views of people, their relatives and staff to support continuous improvements to service delivery.

There were effective quality assurance systems in place to ensure the service maintained its standards.

Good 

# Newbrae Care Home Limited

## **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 unannounced inspection. The inspection took place on the 2 July 2018 and was completed by one inspector.

Prior to our inspection we reviewed the information we had about the service. This included statutory notifications. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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.

During our inspection we spoke with two people. Some people chose not to speak with us, so we used observation as our main tool to find out about the service they were receiving. We also spoke with one relative, one visitor, three members of staff and the registered manager.

We looked at a range of documents and records including four people's care files, three staff recruitment and support files, staff rotas, training records, arrangements of medication, minutes of resident and staff meetings, and quality assurance information.

# Is the service safe?

## Our findings

People and relatives said they felt safe using the service. One person told us, "I'm not quite sure how long I've lived here, it has been a while, but I do feel safe." A relative who visited the home regularly told us, "I think [person] is safe. The staff are very kind and [person] is happy."

People received care and support from a consistent staff team, who had received training in how to safeguard people from the risk of abuse. Staff we spoke with, were aware of the signs to look for that someone was being abused and knew how to report any concerns to keep people safe. This included reporting to external organisations such as the Care Quality Commission (CQC) and the Local Authority Safeguarding team. One member of staff said, "I would immediately report any concerns to [registered manager]. If they didn't do anything I would go to [registered provider] or to a social worker or CQC." The service had a whistle-blowing policy in place which sets out what staff should do if they have any concerns regarding the behaviour or attitude of other staff or the organisation they work for. Staff confirmed that they had read the policy and would feel confident to whistle-blow if required. A member of staff told us, "[Registered manager] is very strict with us and makes sure we read the policy."

Risks to people's safety had been routinely assessed and these had been managed and regularly reviewed. People's care plans included a variety of assessed risks to people such as falls and the use of bed rails. Where risks had been identified, staff had, where possible, managed these without restricting people's choice and independence. When people's needs changed, this information was shared with staff so that they always had the most up to date information on how to support people to stay safe. Staff we spoke with were able to demonstrate a good knowledge of people's care needs and associated risks and how to manage them.

People received their prescribed medicines in a safe way. Staff responsible for administering medication had received training. The registered manager told us they observed staff administering medication however this was not formerly recorded. We discussed this with the registered manager who informed us they would immediately develop a competency form to evidence staff remained competent and skilled to administer medications. However, it was noted there had been no medication errors since the service's registration. We observed staff administering medicines to people and these had been stored, administered and disposed of in line with current guidance and regulations. Regular medication audits were completed to ensure the safe management of medicines. On checking a sample of people's medication administration records (MARs), no anomalies were seen.

Safe recruitment practices were followed before staff were employed to work with people. Staff files included application forms, records of interview and references Checks had been made with the Disclosure and Barring Service (DBS) to make sure new staff were suitable to work with vulnerable adults. All relevant checks had all been completed prior to staff commencing work at the service. A recruitment checklist was used to ensure all elements of the recruitment process had been completed.

The registered manager used a dependency tool to monitor people's dependency levels to ensure there

were sufficient staffing levels to meet the needs of people living at the home. A review of people's dependency levels was completed monthly, or when there was a change in a person's care needs. Relatives and visitors told us they felt there was enough staff. Our observations during our inspection, showed people being well supported by staff in a timely way. Staff also told us they felt there were enough staff to provide the care and support people needed.

People were cared for in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. All relevant safety and monitoring checks were in date. The registered manager informed us redecorating works were on-going to ensure the home was safe and well maintained.

There were systems in place for reporting accidents and incidents and staff were aware of the procedures. These were monitored by the registered manager and the provider. This ensured if any trends were identified, prompt action would be taken to mitigate reoccurrence.

Staff had received training in infection control and followed good practice guidance. Staff told us, and we observed, they had sufficient personal protective equipment such as aprons and gloves, to support staff to prevent the spread of infection. The registered manager carried out regular infection control audits. We noted the environment of the home was clean and there were no malodours.

We asked the registered manager how are lessons learned and improvements made when things go wrong. They informed us there had been no significant incidents at the home, however they had made improvements from external incidents such as installing self-closing internal fire doors within the home.



## Is the service effective?

### Our findings

People's care and support needs were continually reviewed to enable staff to deliver effective personalised care, in line with legislation, evidence based guidance and best practice. Relatives told us they were involved in the planning and review of their family member's care and staff knew their needs well. One relative told us, "[Staff] know [person's] needs well and we are actively involved in the reviews of their care." They went on to tell us they felt staff were well trained to meet their loved one's care needs.

People received support from staff who were well trained and supported. Staff received an induction when they started work at the service. They told us the induction was very good and had provided them with the knowledge they required. One member of staff told us, "[Registered manager] showed me everything including getting to know the layout of the building and where the fire exits are. I also spent time getting to know people and their needs; it was a good induction."

People received care and support from staff who had received appropriate training to meet their needs. In addition, the registered manager held a 'train the trainer' qualification in manual handling to ensure that staff had the necessary skills and competence to move and position people safely. Staff were complimentary of the support they received from the registered manager to enable them to acquire the skills and develop their knowledge to deliver good care. One member of staff told us, "We have a lot of training. [Registered manager] always asks us to complete training; it's good as it helps us improve." A relative told us, "Yes, I think the staff are well trained, they all know what they are doing."

Staff received regular supervision and an appraisal of their performance. Supervisions and appraisals are important as they are a two-way feedback tool for managers and staff to discuss work related issues and training needs. Comments from staff included, "We can discuss anything. I have just finished my NVQ Level 2 and, at my last supervision, we spoke about doing NVQ Level 3, I'm going to do it." And, "I get regular supervision, it is helpful as I continue to learn and be kept updated on any changes." Staff told us the registered manager was approachable and they did not have to wait for a supervision to discuss anything with them.

People were supported to access healthcare professionals and services, such as GPs, district nursing team, psychiatrists and occupational therapists. Records showed staff worked in partnership with other organisations to ensure people received effective care and support. The registered manager had implemented the 'Red Bag Pathway'. This is an initiative which has been designed to support care homes, ambulance services and hospitals to meet National Institute for Health and Care Excellence (NICE) guidelines when people are admitted to hospital. A red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the person throughout their stay in hospital and returns back with them to the care home on being discharged from hospital. This helps to support continuity of care and reduce people's anxiety. Relatives and visitors informed us they were kept informed if their family member/friend was unwell.

People were supported to drink and eat enough and maintain a balanced diet. A pictorial menu board was

displayed in the lounge and care plans recorded people's dietary needs and preferences. People were able to choose alternatives if they chose not to eat the planned menu choices. People were complimentary about the food. One person told us, "The food is good here and I enjoy what I have." We noted one person followed a vegetarian diet. Staff we spoke with were aware of the person's dietary needs and explained to us how they ensured these were met. Minutes of resident meetings showed people's views on the meals provided had been sought and, where necessary action taken following feedback.

Mealtimes were sociable and we saw people and staff relaxing and chatting together. Where people were supported to eat their meals, staff did so sensitively and at the person's own pace. On the day of our inspection it was a particularly warm day and we observed staff encouraging people to drink plenty of fluids. People's care plans also recorded the importance of fluid intakes to prevent dehydration.

Newbrae Care Home is an adapted three storey building. People were free to access all areas of the home and garden area, including a communal lounge/diner on the ground floor. There was a passenger lift to access all floors. There was a 'homely' atmosphere within the home. A relative told us, "There is a family atmosphere here, [person] would have got lost in a larger home."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where required, we saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Where conditions had been placed on DoLS authorisations, we noted the service was following these. Staff understood the principles of the MCA and the importance of gaining people's consent prior to care tasks being carried out. We observed people being given choices by staff and staff gaining people's consent to care, involving them in any decision making. Throughout our inspection, we observed staff asking people if they were happy to receive support and respecting people's decisions. Phrases such as, 'would you like me to' and, 'would you like a drink?' were consistently used and staff gave people the time they needed to make a decision. This showed us people's rights were being protected.

## Is the service caring?

### Our findings

People told us they were happy living at Newbrae Care Home. They told us staff were kind and caring and treated them well. These views were also shared by relatives and visitors. One relative told us, "[Person] is very happy. The staff are kind and friendly. I think they have a soft spot for [person] and know their needs well." A visitor told us, "The carers are all very nice, kind and helpful. They also treat me very well and make me feel welcome whenever I visit."

Staff had developed positive relationships with people and clearly knew people well. We observed staff interacting with people in a warm and compassionate manner. They took time to listen to people, showing patience if they had to repeat anything. Where required, staff engaged with people by kneeling to communicate at eye level with them. At no time during our inspection were staff rushed or task orientated, and it was clear the needs and well-being of people were of primary importance.

People were involved in making decisions about their care and support, for example they were able to make choices about what they wanted to wear and how they liked to spend their time. Care plans also contained information about people's likes, dislikes and preferences regarding all areas of their care. It was evident from speaking with staff, and from our observations during our inspection, that staff had a good knowledge of people's preferences.

People were treated with dignity and respect. Throughout our inspection we saw people and staff were relaxed in each other's company. There was free flowing conversation and exchanges about people's well-being. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way, offering reassurance where required.

Staff described how they protected and respected people's dignity such as knocking on people's doors before entering their rooms, ensuring curtains and doors were closed when supporting people with personal care and helping people to maintain their personal appearance so as to ensure their self-esteem and self-worth.

People's independence was promoted. Staff we spoke with recognised the limitations of each person and empowered them to be as independent as possible. They explained to us that it was important for people to do as much as they could for themselves if they were able to such as wash or dress themselves. They went on to say they would always be nearby in case people required additional support.

People were supported to maintain relationships with friends and families. With the exception of mealtimes, visitors were welcome to visit at any time. The registered manager told us they had supported one person to 'skype' their family whilst they were away on holiday, which had a positive impact on the person. They went on to say they were planning to support the person to do this again for a family wedding which they were unable to attend, so they could feel involved on such a happy occasion.

People's diverse needs were respected and recorded in their care plans. The registered manager said staff

would support people to access religious services should they require this. A religious service was held at the home and some people were supported to access faith services within the local community. We saw comments from relatives thanking staff for the care their relatives received. Feedback included, "I would like to thank you all for all the care and love you gave to [person], and welcoming them to be a part of your family. I will never forget you all for your kindness."

Information was available regarding advocacy services. The registered manager told us one person was currently being supported to access advocacy. An advocate is a person who speaks on behalf of a person if they are unable to fully express their views.

## Is the service responsive?

### Our findings

People received care and support which was responsive to their needs. Staff were committed to providing person centred support to people to enable them to lead as independent and happy life as possible.

Prior to moving into the home, a pre-assessment was completed to identify people's health, personal care and social support needs to ensure these could be met by the service. Information from the pre-assessment process was used to develop people's care plans. Care plans were personalised and covered a range of care needs such as mobility, medication, mental and physical health and socialisation needs. Care plans were regularly reviewed and, people who were able to, were involved in the review of their care. Relatives were also invited to be involved in the review process. A relative confirmed to us they were invited to participate in the reviews of their family member's care and their views were listened to. If a person's needs changed these were discussed at staff handover meetings and recorded in the person's care records. This meant there was clear up to date information available on how staff were to support people.

From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. The service was meeting this standard. For example, a whiteboard was used to effectively communicate with a person with a hearing impairment. The registered manager confirmed to us that they would always ensure appropriate formats would be sourced if required to enable effective communication.

People were supported to pursue their interests and hobbies and take part in social activities. A weekly activities schedule was displayed in the lounge. This included activities such as chair exercise, group walks, and bingo. On the day of our inspection, we observed seated exercises. Most people chose to participate in the activity and it was clear they were thoroughly enjoying it. Another person was discussing the football world cup and was busying themselves completing a chart. They told us how they enjoyed football and was following England's performance closely. They went on to say they were supported by staff to attend a local football club's home games. Another person was folding laundry. They said, "I like to make myself useful and help out around the home." Photos were displayed in the lounge of people participating in various activities.

Regular resident meetings were held where people had the opportunity to be involved in the day to day running of the service. Records showed that various topics had been discussed at meetings such as activities, outings and the weekly food menus. Regular questionnaires were also undertaken and the registered manager analysed the responses. The sample of resident questionnaires we reviewed were positive about the service. Questionnaires were also received from friends and relatives; these too were very complimentary of the service provided at Newbrae Care Home. A suggestion box was also available for people, relatives/visitors and staff.

There were systems and processes in place to manage complaints. Information on the service's complaints

and compliments procedures were clearly displayed. One person told us, "I will talk to staff if something is worrying me, I wouldn't be able to keep quiet if something was worrying me; if you tell someone it can help." Relatives and visitors told us they knew how to raise a complaint if they needed to and felt they would be listened to and their concerns acted upon. A visitor told us, "I have strong views on care and I would be the first person to speak up if something wasn't right. I would go to [registered manager] and I know he would listen." Records showed no complaints had been received within the last 12 months of our inspection.

The home provided care to people at the end of their life and records showed staff had received end of life training. At the time of our inspection, no one was receiving end of life care, however, we found that people's preferences and choices for their end of life care had not been formally recorded. We discussed this with the registered manager who told us they would immediately address this to ensure that people's preferences and choices for their end of life care are clearly recorded, regularly reviewed and upheld.

## Is the service well-led?

### Our findings

The service had a registered manager who was visible within the service and knew people well. Staff told us they felt well supported and valued by the registered manager and shared their ethos of promoting a positive person-centred culture, which consistently focussed on ensuring people's life experience at Newbrae Care Home was of the utmost importance. One member of staff told us, "[Registered manager] is a strong leader and is approachable. We can go to him for guidance at any time." Relatives and visitors were also complimentary about the registered manager and told us they thought the service was well led and managed. A visitor said, "[Registered manager] is very helpful and is here all the time and is very good with people. I can think of nothing which needs improving. I don't ever want to go into a care home but, if I had to, I wouldn't mind coming here. It's a good place and run well."

Staff had a good knowledge about the people they were caring for, were positive about their roles, clear on their responsibilities and enjoyed their work. A staff member said, "I really like working here, we are a hard-working team and we all work effectively together." Regular staff meetings were held and topics such as updates on people living at the home, culture within the home and training had been discussed. Staff told us that they felt involved in how the service was run and their views were listened to. The registered manager actively sought feedback from staff and carried out regular questionnaires. We reviewed these and found the responses to be positive. The registered manager told us they had recently implemented a staff reward scheme. They were extremely proud of their staff team and wanted to celebrate this by awarding a high street voucher in recognition of staff who had 'gone the extra mile'.

The registered manager actively sought the views of people who used the service and others. This was done in several ways such as daily interactions with people, resident meetings, suggestion box and questionnaires. We looked at the results of questionnaires and noted that all the responses had been very positive about the quality of the service. The registered manager advised us they analysed the responses and, where necessary, would develop action plans to make improvements.

There were systems in place to regularly monitor the quality and safety of the service being provided. The registered manager was committed to delivering a high standard of care to people and carried out regular checks and audits such as daily walk-arounds, health and safety, medication and the fire system to ensure people's health and welfare. A quality monitoring visit had been undertaken by the Local Authority in December 2017. The outcome of the visit was that a good service was being provided. This demonstrated that the service had a quality assurance programme in place which was effectively monitored.

The registered manager was passionate about delivering an excellent person-centred service and had plans for improving the quality of the service. For example, for the on-going refurbishment works. They were also encouraging and supporting staff to become 'champions' in specific areas of care such as infection control, dementia and manual handling. The registered manager told us they were fully supported by the registered provider. They also attended local care forums and researched websites such as NICE and Skills for Care, to enable them to continually improve the service provided to people and keep up to date with changes in the care sector.

