

Mrs C Cummings

Newton House Care Home

Inspection report

Shireoaks Road
Shireoaks
Worksop
Nottinghamshire
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Tel: 01909482960

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We inspected the service on 1 March 2016. The inspection was unannounced. Newton House is located in the village of Shireoaks, which is close to the town of Worksop. The home is registered to provide accommodation for up to twelve people who require nursing or personal care. The care provided is mainly for people who have needs that are associated with memory loss and dementia. On the day of our inspection twelve people were using the service.

The service had a registered manager in place 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.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a service where staff listened to them and cared about the individual they were supporting. People were supported to maintain and develop their hobbies and interests. There was a complaints process for people to follow and people knew how to raise concerns.

The systems designed to monitor the quality of the service were not fully effective. People were involved in giving their views on how the service was run and lived in an open and inclusive environment.

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 were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to keep people safe.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good ●

The service was caring.

People lived in a service where staff listened to them and cared for them in a way they preferred. People's choices were respected and they were cared for by staff who cared about the individual they were supporting.

Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support. People were supported to have a social life and to maintain and develop their interests.

People were supported to raise issues and staff knew what to do if issues arose.

Is the service well-led?

The service was not consistently well led.

The systems in place to monitor and improve the quality of the service were not fully effective.

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People were involved in giving their views on how the service was run. The management team were approachable and ensured the service was open and inclusive.

Requires Improvement 

Newton House Care Home

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.

We inspected the service on 1 March 2016. The inspection was unannounced and the inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. 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.

During the visit we spoke with six people who used the service and four relatives to get their views. We spoke with 3 care staff, the activities coordinator, the trainee manager, the deputy manager and the registered manager. We looked at the care records of four people who used the service, medicines records of seven people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. The people we spoke with told us they felt safe and the relatives we spoke with also felt their relations were safe in the service. One person told us, "It's safe people can't get in." Another told us, "I sleep well because I am not worried about anything."

People were supported by staff who recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and to escalate concerns to the registered manager or to external organisations such as the local authority. Staff were confident that any concerns they raised with the management team would be dealt with straight away.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. The provider told us in the PIR that they ensured all staff had a current DBS in place prior to induction, and that it was refreshed every three years. These checks are to assist employers in making safer recruitment decisions.

Risks to individuals were assessed and staff had access to information about how to manage these risks. For example one person was at risk of falling and we saw there was information in their care plan guiding staff on how to minimise the risk. We saw that if people had more than one fall then a referral was made to the local falls prevention team to get advice on how staff could support people and reduce the risk of further falls.

We saw there was guidance in people's care plans to inform staff how to support individuals in the event of an emergency, such as a fire. Staff had been trained in how to identify and respond to risks such as health and safety issues and what to do in the event of a fire.

People felt they received the care and support they needed in a timely way. All of the people and relatives we spoke with told us there were staff available when people needed support. One person said, "I can always find one (staff)." Relatives told us that whenever they visited there were always enough staff on duty to meet the needs of people. One relative told us, "There always seems to be one (member of staff) around."

On the day of our visit we observed there were enough staff available to meet the requests and needs of people. Staff were readily available to support people when they needed or requested it. Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service. Some staff felt the service would benefit from having a cook at the weekends as well as in the week as currently care staff were preparing all of the meals. We spoke with the deputy manager about this and following our inspection the deputy manager confirmed they had agreed this with the registered manager and were going to recruit a cook.

People had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. People we spoke with told us that staff gave them their medicines when they were supposed to. One person said, "They give me my tablets every day, well in the evening."

People were receiving their medicines when they should and medicines were stored and managed safely. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

Is the service effective?

Our findings

People were supported by staff who were trained to support them safely. People we spoke with told us they felt staff knew what they were doing. One person told us, "They know how to look after you, they all do." Relatives also felt staff had the skills they needed to support people appropriately. One relative told us, "They (staff) are on the ball." Another relative said, "Staff seem to be competent, no complaints at all." We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people appropriately.

Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support the people who used the service. Staff said they had been trained to follow certain procedures by the district nurses to provide some additional support people needed and said they felt confident with these.

We saw records which showed that staff had been given training in various aspects of care delivery such as safe food handling, moving and handling and infection control. Training was also given in relation to the individual job roles of staff. For example the activities coordinator said they had attended some training specific to their role, which included working with people who lived with a dementia related illness. Where people had a particular condition such as diabetes or were at risk of developing pressure ulcers, training had been given to staff to ensure they knew how to monitor these health needs.

People were supported by staff who were supported to have the skills and knowledge they needed. Staff were given an induction when they first started working in the service. The registered manager told us that new staff were completing the care certificate and that there were plans for all staff to complete this qualification. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Staff we spoke with were knowledgeable about the systems and processes in the service and about aspects of safe care delivery.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision from the registered manager and were given feedback on their performance. We saw records which confirmed these meetings had taken place.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to make decisions on a day to day basis. We observed people decided how and where they spent their time and made decisions about their care and support. Relatives told us they felt their relations were able to make decisions about their daily life. One relative told us, "[Name] seems to do what they want."

Staff we spoke with had an understanding of the MCA and their role in relation to this. We saw that where a person's capacity to make a certain decision was in question, the deputy manager had completed an assessment to ascertain if the person had capacity and what decision needed to be made in their best interests. For example where people did not have the capacity to make decisions about their medicines, there were assessments in place to show the decision for staff to manage these had been made in the person's best interests. We saw that people's rights to make decisions and give consent were recorded in their care plans to ensure staff considered this when supporting people.

The deputy manager displayed an understanding of DoLS and had started to look at whether applications would need to be made for people who used the service where there were indications they may be deprived of their liberty. This meant people would not be restricted without the required authorisation.

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat. One person told us, "I have a big appetite and the amount of food over faces me at times." Another person told us, "The food is nutritious and I enjoy it." A third person told us, "The food is very good." One relative we spoke with told us, "When they (their relation) lost weight they (staff) built them up again." We observed people were given support with meals when they needed it and were provided with regular drinks and snacks through the day.

We observed the lunchtime meal and we saw people were given support with their meal when they needed it. People were given enough to eat and staff told us they could also offer people snacks whenever they wanted them. The registered manager told us there were no restrictions on when people could have something to eat and they expected staff would provide people with something if they wanted it.

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. We saw one person had some unplanned weight loss and staff had sought advice from a dietician and the person was now being supported to maintain their weight. Staff described ways they had tried to encourage this person to increase their nutritional intake which had included the use of different coloured plates and adding additional calories to their food. We spoke with this person's relative and they told us, "They (staff) have been responsive to the weight loss."

People were supported with their day to day healthcare. We saw people were supported to attend regular appointments to get their health checked. Records showed staff sought advice from people's doctor when their health changed and people were supported to see the optician, dentist and chiroprapist.

Staff had sought advice from external professionals when people's health and support needs changed. For example staff had involved the dementia outreach team to support one person who lived with a dementia related illness. This person had been displaying some anxiety and the referral resulted in identifying this was

due to being in pain and the person now had regular pain relief. The Provider told us in the PIR that they had a good working relationship with other healthcare professionals involved in service users healthcare.

Is the service caring?

Our findings

People we spoke with told us they were happy living at the service. One person said, "I am absolutely happy, very content." Another person told us, "It is very good here, very nice." A third told us, "They (staff) are all very nice and kind." One relation told us, "All the staff seem to have nice jolly natures."

The relatives we spoke with told us they felt staff were kind and caring. One relative described how supportive staff had been when they and their relation had recently had a bereavement. They told us staff had supported their relation to attend the funeral and a member of staff accompanied their relation. The provider told us in the PIR that staff helped to provide a caring service by identifying signs of emotional and psychological distress, and offer words of comfort and a listening ear.

We observed staff interactions with people and we saw staff were kind and caring to people when they were supporting them. We observed that staff and people who used the service had developed positive relationships and there was warmth between them. Staff told us how people enjoyed their company and wanted to spend time with them. Staff told us they enjoyed working in the service and felt people received good quality care. One member of staff told us, "We are like a family; this is the only place I would let my mum come to live." Another member of staff described their work as, "Very rewarding, even if it is only bringing a smile to someone's face when they are not well." We saw staff spending time with people having discussions, walking around the home and sharing laughter with each other.

People told us they felt like the rest of the people who used the service and staff who worked there were like their family. We observed one person whose relatives were visiting introduced their relatives to the other people in the lounge and said, "This is my other family." One relative told us they felt the service excelled in, "Friendliness." They told us, "It is like an extended family." Another relative told us, "It's more like a family home. They (staff) know their residents and their relatives and have built up a relationship."

Observations and discussions with staff showed that staff clearly knew people's needs and preferences. We saw in people's care plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them.

People were supported to celebrate occasions and made to feel special. We saw one person who was celebrating a birthday was given a 'pamper day.' The activities coordinator told us they had planned this as a special treat. We saw in the person's care file they liked to have manicures and pedicures and so they would have enjoyed having the 'pamper day.' We saw staff arrived for their shift and immediately went to the person to wish them a happy birthday and there was a poster in a communal area informing people it was the person's birthday. We saw the person's relatives visited in the afternoon and there was a party held, with the person's relatives, other people who used the service and with staff.

Staff spent time with people interacting holding discussions throughout the day. For example the activities coordinator had a discussion with two people who used the service about a current affairs issue after a person had highlighted an article in the daily newspaper they were reading. We saw a staff member spend

time with a person supporting them with an interest and as result of this the person smiled and was clearly happy with the input from the member of staff. We saw from the person's care records that this was an important part of the person's routine and asked that staff spend time supporting the person with this.

People's religious preferences were sought when they moved into the service. We saw records which showed that people's religious needs were recognised and they were provided with opportunities to fulfil these. This included in religious services within the home and attending local places of worship. One person described how they got involved with the religious services held and said they often did readings at these services. The person told us that staff often asked them to pray for different things. They said, "It has given me a sense of purpose." Another person told us they were supported to follow their faith and said, "I go to church." We saw there was a religious based course being run weekly in the home to coincide with a current religious occasion.

People were supported by staff who went the extra mile to make people feel happy. The registered manager told us the activities organiser had gone beyond their expectations of the role and said they frequently got praise for the work they did. People we spoke with confirmed this was a case and told us the activity organiser worked hard to make sure they had plenty to occupy them. Staff told us they tried hard to make sure people had a good life. One member of staff described how they came in early one shift each week to go for a walk into the village with one person because they enjoyed this.

People told us their relatives could visit whenever they wished and they were made welcome. One person described dressing up as Santa Claus at Christmas and said people who used the service had made chocolates to give out to relatives on the day. Relatives confirmed they felt they were welcome anytime and were also given support from staff. One relative told us, "We appreciate the support to us." Another relative said, "We are always made welcome, we get given cups of tea." We observed one relative visiting whilst we were there and staff and people who used the service sang happy birthday to them and clearly had a good relationship with the relative.

People told us they were able to choose what they did each day. One person told us, "I can get up and go to bed when I like and I can eat my meals in the dining room or in my bedroom. Whatever I want really." During our visit we saw people making choices about what they did. We saw some people chose to spend time in their rooms, other in communal areas. Some people had decided not to get up until later in the day. Staff said most people were able to say what they wanted and determined their daily routines such as where they spent their time, when they got up or went to bed and where they had their meals. One relative told us, "I have seen staff asking people if there is anything particular they want on the menu, whilst they are doing the shopping list."

We saw people were supported to decide on menus and activities in the service through regular meetings held for them and through daily discussions. We saw their choices were acted on, for example in the most recent meeting people had requested to have haggis. We saw there had been a themed Burns night organised where haggis was served and a member of staff told us they had made a variation on cottage pie (which they called Scottish pie) which had haggis as the main ingredient. One person told us, "If you don't like what is on offer you can ask for something else and staff will get it."

The registered manager told us that there was no one currently using an advocate but that information was available so that people would know how to access one if needed. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to have their privacy and were treated with dignity. People we spoke with told us

that staff were respectful. One person told us, "They (staff) treat me with a great deal of respect. They value my opinion." We observed people were treated as individuals and staff were respectful of people's preferred needs. Staff were mindful not to have discussions about people in front of others and they showed respect when speaking with people.

Staff told us they were given training in privacy and dignity values. The deputy manager was a dignity champion and told us as part of this role they observed staff to ensure they were working to these values. We saw the dignity values were displayed in the service to remind people what they should expect from staff. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity.

Is the service responsive?

Our findings

People and their relatives were involved in planning and making choices about their care and support. People told us they were supported to be involved in deciding what went into their care plans. One person told us, "My [relative] and I were involved in my care plan and I have read it and am happy with it." Relatives also told us they had been involved in the reviews of their relations' care plans. The deputy or trainee manager told us they discussed people's care and support needs with them when they moved into the service and then included people in the reviews of the care plans regularly.

People were supported by staff who knew them well and knew how they liked to be supported. People we spoke with told us that staff knew their likes and dislikes and they felt staff understood them as individuals. Staff we spoke told us they had built up relationships with people and we found staff had a good knowledge of people and their individual likes and dislikes. They told us they knew people so well as they were a small home and worked together as a staff team. We saw people's preferences were detailed in their care records and there was also information about people's life history and their achievements.

People were supported by staff who were given information about their support needs. There was a pre admission assessment form in people's care files and these were used to develop a care plan. This contained information about people's physical and mental health needs and guided staff in how to support them.

People were supported to maintain and develop their hobbies and special interests. One person described how they used to follow a particular hobby and told us staff had "tapped into my interests" and had supported the person to develop it further. This had involved the person designing small puppetry theatres scenes for shows to be put on for other people who used the service to watch. The person showed us the scene they were currently working on ready for Easter and they were clearly very proud of the work and told us the activities organiser was working with them on ideas.

We spoke with the activities organiser about this person and they told us the person had not followed their hobby for some time prior to moving into the service and that with support and encouragement from staff the person had started up their hobby again and this had led to them putting on a show for people at Christmas. The activities coordinator told us how appreciated they had felt when the person had sent them a birthday card and include a message of thanks for how they had got them back to their old hobbies.

People described other activities they were supported to take part in. One person who used the service told us, "I enjoy the arts and crafts." The person also said, "I enjoy the singing." We observed a group of people were involved in making Easter related celebrations on the afternoon of our visit. People were clearly enjoying this activity and were proud of their achievements. There were other items people had previously made displayed in the dining room. The service had a minibuss and staff described regular trips out people were supported to take part in such as, to local parks, garden centres and other places of interest.

The activities coordinator described how they planned activities but also said some evolved through

discussion and what was happening in the service at the time. They said they tried to think about what each person liked to do. They told us about a weekly sing a long which was led by a relative of a person who used the service. A discussion with one person had also led to them organising an Elvis tribute afternoon, which had been very much enjoyed. The provider told us in the PIR that the activity coordinator used a person centred approach regarding one to one activities and group activities, and that this helped to stimulate people's minds as well as helping to maintain current interests and hobbies.

People knew what to do if they had any concerns. The people and relatives we spoke with told us they did not have any concerns but if they did they would speak to the deputy manager or staff. They told us they felt they would be listened to. One person told us, "I have never had to moan or complain."

Staff told us they would know what to do if a person raised a concern and they felt people would be confident to do so. Staff said people were very vocal and if they did not like anything or were not happy about something they would tell them.

The registered manager told us they had not received any complaints since we had last inspected so we were unable to assess how well complaints would be responded to. However staff were aware of how to respond to complaints and the registered manager had systems in place to deal with complaints if they arose. There was a complaints procedure displayed in the service so that people would know how to escalate their concerns if they needed to.

Is the service well-led?

Our findings

The systems in place to monitor, identify and improve the quality of the service were not fully robust. An electronic care planning system had been introduced a year before our visit and this was designed to record the support given to people on a daily basis, and to enable care records to be monitored and audited. However staff were not fully aware of how to utilise this system to its full potential. The deputy manager said they felt they needed to have some additional training on this to fully appreciate the options available to monitor the care planning system and the reports of information that could be run off.

Some people required regular monitoring to be provided, such as monitoring the condition of their skin. We saw that the records made to show this had been done were not always complete. The system used for staff to complete the monitoring records was not easy to access so staff ended up completing these at the end of their shift rather than at the time. This meant that the records may not be reliable as staff were relying on memory rather than completing them at the time the monitoring checks were made.

The system to monitor if people's care plans were being reviewed were not always effective and did not identify if changes in people's care needs were updated in records. We found some people's care records had not always been updated or reviewed when their needs changed. Although staff were delivering the appropriate care, a lack of up to date records meant there was a risk that new staff may not know people's current needs.

There was the facility to record any accident or incident on the electronic system to enable the registered manager to monitor accidents and incidents and to identify any trends and assess if any corrective or preventative action needed to be taken. However the system was not being used effectively to monitor accidents and incidents.

People were happy with the service they were receiving. The people we spoke with and their relatives commented positively on the service. One relative told us, "They seem to be doing fine, they get good care." Another relative said, "We are happy with the care."

There was a registered manager in post and people we spoke with knew who the registered manager was and we saw they responded positively to her when she was speaking with them. The registered manager delegated the day to day running of the service to the deputy manager and oversaw the running of the service. We found the registered manager and deputy manager were clear about their responsibilities and they had notified us of significant events in the service.

People lived in an open and inclusive service. The provider told us in the PIR that management had a hands on approach and spent a lot of time around people who used the service and staff. We observed this to be the case on the day we visited. People who used the service, relatives and staff spoke positively about the deputy manager and the way the service was run. They told us the deputy manager was approachable and listened to them. One person told us, [Deputy manager] is very good. They take an interest."

Staff told us they felt the deputy manager was approachable and worked with them as a part of the team. One member of staff described the deputy manager as, "Helpful." Another member of staff said, [deputy manager] is 'brill'. They lead well and everyone is happy." We saw the staff worked well as a team and communicated well with each other. One relative told us, "They (staff) have a good routine, work well and are efficient."

People were given the opportunity to have a say on how the service was run and to make changes and improvements. We saw there were bi monthly surveys carried out to gain people's views of the service. We saw the results of these were analysed and where people had made any comments that could improve the service they were acted upon. An example was one person had requested their nightwear was ironed which now happened.

There were also meetings held for people who used the service so their views and choices could be captured. People told us they attended the meetings and told us they felt they were listened to and their views acted on. We saw the minutes of the last two meetings and saw people had been given the opportunity to have their say.