

## Caulfield & Gopalla Partnership

# Newnton House Residential Care Home

### Inspection report

Newnton House, 4 Newnton Close  
N4 2RQ  
Tel: 020 7690 5182

Date of inspection visit: 29, 30 September and 6  
October 2015  
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#### Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



#### Overall summary

The inspection took place on 29, 30 September and 6 October 2015. The first day of the inspection was unannounced; the provider knew that we would be returning for the subsequent days.

Newnton House is a specialist service offering care and support for up to nine people who have mental health needs and have a forensic mental health history. This means the service is provided to people who have had a mental illness who may have been involved with the police, court or prison.

The provider offers accommodation, supervision and assistance for people preparing to live in a less supported setting. At the time of the inspection there were eight people living at the service.

There was not a registered manager in post, however, the home manager was in the process of registering with the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

# Summary of findings

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.

The provider had not always discharged their duty to inform the Care Quality Commission of significant events at the service.

Medicines that were administered on an as required basis were not always managed safely as written protocols for their use to guide staff had not been completed. Regularly administered medicines were managed safely.

Staff were not always supported to obtain the necessary knowledge for their roles as not all mandatory training had been completed. The provider needed to make improvements around monitoring people's recovery progress.

The provider had used a robust recruitment procedure to employ enough suitable staff to meet people's care needs and people told us they felt safe. The service protected people from the risk of harm and abuse because staff were aware of their duties to identify abuse and report it to the necessary authorities. Effective risk assessments protected people from harm.

Staff supported people to eat and drink enough and to obtain treatment from health and social care professionals.

Staff developed caring relationships with people using the service. Staff supported people's independence and recognised the importance of their diversity and privacy.

The provider followed the latest guidance and legal developments about obtaining consent to care. Staff used a range of communication methods to support people to express their views about their care. There was evidence that people were involved in their care planning and the provider followed the latest guidance and legal developments around the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to feedback about the service and felt they could raise complaints if necessary. There was an open and positive culture at the service and the team expressed they worked well together and could input into the running of the service. There were a range of audits conducted to monitor the service.

We have made two recommendations in relation to monitoring people's recovery and medicine protocols. We found one breach of the Regulations around the notification of significant events. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Medicines were not always managed safely because protocols for administering medicines given on an as required basis had not been completed.

Staff were recruited safely and there were enough staff working at the service who knew how to protect people from abuse and minimise the risk of harm.

Requires improvement



### Is the service effective?

The service was not always effective. Staff were not supported to complete the requisite training for their roles.

People were supported to eat and drink enough and were supported to maintain their optimum health.

The provider followed the latest guidance and legal developments around the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Requires improvement



### Is the service caring?

The service was caring. Staff developed caring relationships with people living at the service and promoted their independence and involved them in day to day decisions about their care

People's privacy and diversity was respected.

Good



### Is the service responsive?

The service was not always responsive. The service did not do all that was reasonable to monitor people's progress with their recovery and the range of activities available to them was limited.

People were involved in planning their own care and had the opportunity to raise concerns if necessary.

Requires improvement



### Is the service well-led?

The service was not always well led. The provider had not always discharged their duty to inform the Care Quality Commission of significant events at the service.

A range of audits were conducted to monitor the service but a plan of action for the required improvements had not been drafted.

The manager was viewed as pro-active and staff expressed they worked well as a team.

Requires improvement



# Newnton House Residential 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.

The inspection took place on 29, 30 September and 6 October 2015. The first day of the inspection was unannounced; the provider knew that we would be returning for the subsequent days.

The inspection was conducted by a single inspector. Before the inspection we reviewed the information we held about the service and statutory notifications received. During the inspection we used a number of different methods to help us understand the experiences of people

supported by the service. We spoke with four people who used the service and made general observations.

We spoke with the manager, the deputy manager, the operations manager and two support workers.

We looked at three people's care records, and three staff files, as well as records relating to the management of the service.

# Is the service safe?

## Our findings

Regularly administered medicines were managed safely and were stored and disposed of appropriately. Medicines administration records (MAR) were completed accurately and appropriate codes were used to indicate when someone did not take their medicines. One person managed their own medicines. They were adequately supported by staff in the home and there was an appropriate plan in place.

However, medicines that were administered as they were needed were not managed safely because there were no protocols in place for staff to follow. Permanent staff were aware of how to administer them appropriately, however, the provider could not be assured that non-permanent staff could identify when the medicine was required and how to monitor its use.

People were protected from the risk of potential abuse. People told us that they felt safe. Staff had a good understanding of what may constitute abuse and how to report it. Staff felt they could approach the manager if they had concerns about the way people were treated. The manager had a good understanding of his responsibilities in reporting allegations of abuse to the appropriate authorities although there had been no recent safeguarding concerns. Staff were supported by an appropriate policy and posters were displayed at the service informing staff about what action they should take if they were concerned about a person's welfare.

People were protected from the risk of poor practice because staff were aware that they could escalate concerns to the local authority safeguarding team, to the police and to the Care Quality Commission if necessary.

People were protected from harm by effective risk assessments. Specific risks had been identified for each person and the associated risk assessments provided staff with clear and detailed guidance and direction on how the person should be supported. For example, the risks associated with going on a holiday. Staff had a good understanding of what they needed to do in such situations.

There was an up to date fire risk assessment, gas safety and legionella certificates. The fire log book showed fire alarms were tested. However, the portable appliance test certificate had expired.

There were enough staff to meet people's needs. People told us there were staff to help them when they needed. The rota we reviewed demonstrated that staffing levels met that stated by the manager. Staff told us that more staff were provided when needed or if another person began living at the home. Cover was provided by the provider's sister homes when it was needed which meant that people were supported by staff that were familiar to them.

A thorough recruitment system meant people were supported by staff who were suitable for work in the caring profession. We reviewed three staff files that contained application forms, interview records, proof of their right to work in the UK, and two references. The provider provided evidence that staff had undergone criminal record checks.

**We recommend that the service seek support and guidance from a reputable source about administering as required medicines.**

# Is the service effective?

## Our findings

Staff were not always supported to obtain the necessary skills and knowledge for their roles. Staff had not completed the mandatory training set by the provider. The manager did not have a system to make sure staff received relevant training and to keep track of refresher training. The manager was aware that this was an area where improvements needed to be made.

Records demonstrated that staff received regular supervision sessions and underwent an annual appraisal. Staff reported they found these useful and we noted they were used as a forum to discuss their performance. Newly appointed staff underwent a probationary period and received an induction covering each aspect of their role including a period of shadowing more experienced staff.

The registered manager had submitted Deprivation of Liberty Safeguards (DoLS) applications where appropriate and had a good working knowledge of current legislation and guidance. DoLS are in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. Other people were subject to other orders which deprived them of their liberty and the manager and staff were aware of how to work within this context.

Care staff had a good understanding of mental capacity and DoLS and the provider had involved advocates and social care professionals to support people to make decisions about their care.

People were supported to eat and drink enough. Staff encouraged people to learn to plan and cook their own meals which was discussed with people individually and at resident meetings. Most people living at the home bought

their own meals and had fully stocked personal freezers, fridges and cupboards. House meals were also prepared and people could choose to have takeaways if they preferred. People told us they chose the food they wanted and it was nice. Snacks such as sandwiches and fruit were available throughout the day and night. One person told us, "Yes, there is always fruit available." Weight charts were being completed and people's weight monitored where required to ensure that any health concerns were addressed.

People were supported to maintain good health because they had good access to healthcare services for ongoing support. The provider worked with other health and social care professionals effectively to monitor the health and wellbeing of people who used the service. The majority of people were under a Care Programme Approach (CPA) after being discharged from hospital. This meant they had regular contact with the health and social care professionals involved in their care. They reviewed people's circumstances and worked with them to plan how their needs would be met. We saw there was regular contact with care coordinators, consultant psychiatrists, approved social workers, hospital and community health teams. As a result people who used the service had access to further medical or therapeutic assessment and treatment as and when they needed to promote and optimise their health and wellbeing.

Staff had a good understanding of the health needs of the people they supported and followed guidance from these professionals. People reported that they felt confident staff would seek medical treatment when required. We observed a member of staff calmly telling a person that if they got ill again then the member of staff would take the appropriate course of action such as booking a doctor's appointment. The person understood and was reassured.

# Is the service caring?

## Our findings

Staff developed caring relationships with people using the service. People told us that staff were “friendly”, “kind” and said they felt supported. Staff put an emphasis on promoting people’s independence within the service and with their personal care tasks. For example, people told us that staff showed them how to cook certain meals and complete domestic tasks. Staff told us, “People have their independence. We try and show them the path so they will cope in the community. Like laundry day. You are always encouraging them and praising them to be able to do this for themselves.”

Staff supported people to express their views and involved them in day to day decisions about their daily lives and support. For example, planning their own purchases. Staff explained that they offered choices such as different food to have for the evening meal. One member of staff said, “We are here to support them, everyone one is different and makes different choices.”

Staff knew how to communicate with people who had difficulty expressing themselves fully. For example, speaking to them in a way that minimised distress, writing things down and ensuring people understood the meaning.

People’s diversity was recognised. A person told us that they had stopped going to their place of worship but felt they would be supported by staff if they wanted to start going again. A request by the people using the service for a celebration of an upcoming religious festival was arranged by staff. When required, staff ensured that culturally appropriate food was available for people.

People’s privacy was respected. Staff told us they took measures to ensure that personal care tasks were done in private and with as much sensitivity as possible. For example, one member of staff told us that they took their lead from the person using the service during private times such as bathing and would support them as much as they requested. Another told us, “When going into someone’s room, you have to knock and the person has to invite you in before you enter.” We observed that a private telephone was available for people to make personal calls.

# Is the service responsive?

## Our findings

People's needs were appropriately assessed and people were involved in planning their own care. The transition between hospitalisation and living at the service was phased so people could get used to a different setting and level of support, this was recorded in people's personal files.

Details in care records about how people wished to be supported were personalised and provided clear information to enable staff to provide appropriate and effective support. Care records we reviewed were signed by people to demonstrate their agreement. The provider held monthly key worker sessions with people to gain their views and were also able to discuss issues with their key worker outside of these set times.

The provider did not have an effective system for setting goals and monitoring progress for each individual in order to demonstrate their progress with their recovery and rehabilitation and moving towards more independent living. There was also a need for information in care records about the steps staff should take to reach such goals. The manager was aware that treatment and recovery was an area that required improvement and said it would help demonstrate where people had made progress.

Staff were aware of how to support people in situations when their behaviour may challenge the service. Staff were provided with information on how to support people if something occurred that triggered a change in their mood. The provider had either investigated what caused someone to display certain behaviours or had worked with health

and social care professionals and had put a plan in place. This meant staff could identify that the situation was causing distress and what to do to rectify it or prevent it from happening in the first place.

Staff were aware that people's needs change and knew to monitor for a deterioration in people's mental or physical health. Recommendations from professionals were implemented such as installing a bath rail.

People were supported to take part in certain activities but the range of opportunities was limited. Most people were able to go into the community independently and enjoyed doing so. We observed the provider's policy that people were expected to inform staff before leaving. Indoor activities included pool games, boxing and group events such as barbeques. However, people using the service had requested other activities such as a pool tournament but we were told this had not yet been arranged.

Visitors were welcome at the service. Staff informed us that people's privacy would be respected if they wanted a partner to visit but that this had not happened.

The provider gave opportunities for people to feedback about the service. People indicated that they felt able to raise concerns. People could feedback in their key worker sessions which were recorded in their care plans. For example, a concern was raised about the hot water and we noted the response was polite and the issue was rectified. Meetings with people who used the service were used to discuss how things were going such as the quality of the food and their treatment by staff. No formal complaints had been raised in the past 12 months.

**We recommend that the service seek guidance from a reputable source about monitoring people's mental health recovery.**

# Is the service well-led?

## Our findings

The manager ensured safe care and a multi-agency response by maintaining good working relationships with other health and social care professionals. However, the obligation to inform the Care Quality Commission of significant events was not always discharged. For example, there was an incident where the service had not submitted statutory notifications of a significant event to the Care Quality Commission.

This was a breach of Regulation 18 of the Care Quality Commission (Registration Regulations) 2009.

There was an open and positive culture at the service. The management structure provided clear lines of responsibility and accountability. The service was being managed by a home manager who was in the process of applying for registration with the Care Quality Commission. The manager was supported by a deputy manager and a team of support staff. Staff told us that there was good team work at the service and one staff member said the manager was “hands on and works as part of the team.”

Staff explained how they felt they could improve the care they delivered and were able to suggest ways to better support individuals. For example, a member of staff told us “We can make changes. The management are very pro-active. If something needs to be done I will tell them. I suggested [a new protocol] and drafted it and they finished it.”

The provider facilitated these discussions through effective communication methods which included informal conversations, supervision sessions, annual appraisals and team meetings and handovers.

The service was organised in a way that always promoted safe care through effective quality monitoring. A ‘person in charge’ audit was used every other month to assess the running of the service and to talk to people about their experiences of living at the service. For example, medicine management and care plans were reviewed and monitored and areas for improvement were identified. However, timescales were not produced and the manager had not drafted action plans for ideas of improvement around recovery.

The provider obtained feedback about the quality of care and used this to make any necessary improvements. For example, regular residents meetings were held to listen to people’s views. Furthermore, questionnaires were given to people, visitors and a suggestions box was available for anonymous feedback to be given.

Accident and incidents were investigated and recorded appropriately and improvements in care were put in place in practice, even if documentation was not always updated following the incident. This demonstrated that the provider learnt from incidents and could adapt to prevent a reoccurrence.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

The provider had not notified the Commission without delay of incidents which were reported to or investigated by the Police

Regulation 18(1), (2)(f)