Superior Care (Midlands) Limited

Newbury Manor

Inspection report

Newbury Lane
Oldbury
West Midlands
B69 1HE

Tel: 01215321632

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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

The inspection took place on 28 November 2016 and was unannounced. At our last inspection of the service in January 2016, the provider was rated as Requires Improvement due to concerns around the management of medications. At a follow up inspection in August 2016, the provider had made the required improvements and was meeting regulation.

Newbury Manor is registered to provide accommodation and nursing care to adults who may have learning disabilities or physical disabilities. At the time of the inspection there were 39 people living at the home.

There was a registered manager in post who was present throughout the 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 sufficient numbers of staff who had been recruited safely. Staff knew how to report any concerns of abuse and managed risks to keep people safe. Medications were managed in a safe way.

Staff received training and supervision to enable them to meet people's needs effectively. People had their rights upheld in line with Mental Capacity Act 2005 and were supported to have choices at mealtimes and access healthcare services where required.

People were supported by staff that were kind and treated them with dignity. People were encouraged to maintain their independence and where required, advocacy services were accessed for people.

People were involved in the planning and review of their care. Staff knew people's preferences with regards to their care and acted in line with this. Activities were available that met people's individual interests and information was available about how people could make complaints.

People spoke positively about the leadership at the home and were given opportunity to feedback on their experience of the service. Systems were in place to monitor the quality of the service and make improvements where issues were identified. The registered manager had not consistently notified us of incidents that occurred at the service as is required as part of their registration.

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 understood how to report concerns and manage risks to keep people safe.

There were sufficient numbers of staff available to support people.

Medications were managed in a safe way.

Is the service effective?

Good

The service was effective.

Staff had access to ongoing training and supervision to enable them to support people effectively.

People had their rights upheld in line with Mental Capacity Act 2005.

People were supported to have sufficient amounts to eat and drink and were supported to access healthcare services where required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and treated them with dignity.

People were supported to maintain their independence.

People had access to advocacy services where required.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning and review of their care.

Activities were available for people that met their individual interests.

People were informed on how they could make complaints.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The registered manager had not notified us of incidents that occur at the service as required as part of their registration.

People spoke positively about the leadership at the home and staff felt supported by the registered manager.

People were given opportunity to feedback on their experience of the service and audits were completed to monitor the quality of the service.

Newbury Manor

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 28 November 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for a person who uses this type of care service.

We reviewed the information we held about by home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We also spoke with the local authority commissioning team to obtain their views about the home. We used the information gathered to plan what areas to focus on as part of the inspection.

We spoke with four people living at the home and five relatives. As some people were unable to tell us their views of the service, we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three members of care staff, the head chef, the deputy manager and the registered manager.

We looked at care records for three people and twelve medication records. We looked at records relating to staff recruitment and training, as well as records kept on accidents and incidents, complaints and audits completed to monitor the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us, "I have been here a few weeks and I like it". A relative we spoke with said, "Yes, [person's name] is far safer here than at home".

Staff we spoke with understood the types of abuse people were at risk of and could explain what action they would take if they suspected someone was at risk of harm. One member of staff told us, "I would speak to the nurse and the manager if I had a concern". Staff told us that they had received training to support them in identifying and reporting concerns and records we looked at confirmed this.

People were supported to manage risks to them in order to remain safe. One relative we spoke with told us that staff supported their family member in a safe way when they became distressed and could have posed a risk to themselves or others. The relative told us, "When [person's name] gets aggressive they know how to handle the situation". Staff we spoke with displayed a good understanding of how they would support people if they displayed behaviours that can challenge. We saw that some people required support with their mobility. Staff we spoke with could explain how they support people to do this in a way that kept people safe. One member of staff told us, "We will try to support people to mobilise safely by being with them when they walk and supporting their arm if needed". We saw people being supported with their mobility and saw that staff provided this support in a safe way and used equipment appropriately. Records we looked at showed that people had risk assessments in place that identified what risks were posed to them and how staff should manage these. The risk assessments looked at areas including; pressure areas, mobility and nutrition. A log of accidents and incidents that occurred at the service was kept alongside details of the action taken to reduce the risk of the incident reoccurring.

Staff we spoke with told us that prior to commencing their role; they had been required to provide evidence that they were suitable for employment. This had included providing references from previous employers as well as details of their full employment history and completing a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective employee had a criminal record or had been barred from working with adults. The records we looked at confirmed that these checks took place.

Some people we spoke with did not feel there were always enough staff available to meet their needs. For example, one person told us, "I have personally said that there should be more staff but the management said that there are enough, so that's the end of that". However, the people who felt that there were not enough staff, also told us that this had not impacted on the care they received and that staff respond to them in a timely way when needed. One person said, "There is always staff around and you never have to wait long [for help]". Relatives we spoke with told us that they felt there were enough staff available when they visit. One relative told us, "I would say there is enough staff". This was confirmed by staff and one staff member told us, "Yes, we do have enough staff, I don't feel rushed". We saw that staff were visible around the home and that where people required support, this was provided in a timely way.

People we spoke with told us that they were happy with the support they received with their medication. We observed staff supporting people with their medication and saw that the staff member told the person it was

time for their medication, and then stayed with the person until they had taken these. Staff responsible for giving medication told us that they were observed giving medication to ensure they remained competent in doing this. Records we looked at confirmed these observations took place.

We saw that medication had been stored in a safe way and that temperatures had been checked daily to ensure that medication would not be adversely affected by the temperature in the medication room. Where people required medication on an 'as and when required' basis, there was guidance available advising staff on when these should be given and staff knowledge reflected what was in the guidance. This ensured that people were given these medications in a consistent way. Where people required medicinal patches applied to their skin, records were maintained detailing where the patch had been applied to ensure that the patch was applied in a safe way.

We looked at medication records and saw that the number of medications available matched what had been recorded on the Medication Administration Record (MAR). This demonstrated that medications had been given as prescribed. One record we looked at showed that the amount of tablets available did not match what was recorded on the MAR. We addressed this with the nurse who identified that this was a recording error and that this error would be addressed.

Good

Is the service effective?

Our findings

People and their relatives told us they felt that staff were well trained and had the skills needed to support people effectively and we saw that this was the case. One relative told us, "I have seen they have training sessions every now and again so I know the staff are well trained".

Staff told us that when they started work at the home, they had been required to complete an induction that involved attending training and shadowing a more experienced member of staff. The staff we spoke with told us that this was effective in equipping them with the knowledge they needed to support people. One member of staff told us, "The induction went through everything. I really enjoyed it and learned a lot. I had to shadow and do all of my training".

Staff told us they were also provided with ongoing training to ensure they had the knowledge required to be able to meet people's needs. One member of staff told us, "We do training online and it does help with the knowledge but the skill comes from practising it [the training] here". Other staff told us the training they received had been beneficial and said, "The training gets updated every six months to a year. The training is useful and I enjoy the different courses". Staff confirmed that they receive regular supervision with their manager to discuss their development and could request further training if they wished. One member of staff said, "I can ask if I want extra training". However, staff we spoke with had not requested any extra support.

We saw that there were effective communication systems in place to ensure that staff had the information they required to support people effectively. We saw that handovers took place daily to ensure staff beginning work were aware of any changes to people's needs. One member of staff told us, "The communication between staff is good. We have a handover every day and discuss every person. We get all of the information we need and get told of any changes".

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. People told us that staff sought their consent before providing their support. One relative told us, "They [staff] will always be friendly and ask, 'would you like to go to the toilet' and get her permission that way". We saw staff seeking people's consent and supporting people to make their own decisions. For example, we saw that one person was assessed as occasionally needing support to eat. We saw this person sat in the dining area at lunchtime, but was not eating their meal. The person was asked by staff if they would like support with eating their meal. The person responded, "No, I will eat in my own time" and staff ensured they respected the person's right to

refuse support and did not insist on supporting them with their meal.

Staff we spoke with told us they had received training in MCA and DoLS and could provide examples of how they ensured they did not unlawfully restrict people. One member of staff told us, "I would always get people's permission by explaining what I want to do; whether they have capacity or not. They [the person] can then tell us if they are happy to go ahead". Another staff member said, "You should explain what you would like to do and ask them if it is ok". Staff knew that some people living at the home had a DoLS authorisation in place and could tell us what these were for and how they should support people with DoLS in place.

People told us they were happy with the meals they were provided with. One person told us, "The food is lovely; you can have what you want". Another person said, "[The food is] good, as usual". There was information displayed within the dining area informing people of the food choices that day and we saw that as people arrived in the dining room, staff gave them a choice of what they would like to eat. We spoke with staff working in the kitchen and saw that they had been provided with information about people's specific dietary requirements to ensure that people were provided with meals that met their needs. The kitchen staff also held information about people's food likes and dislikes. Mealtimes were seen to be relaxing and where people required support to eat, this was provided by staff in a discreet way.

People told us that if they had felt unwell, staff had acted in a timely way and supported them to access a GP. One person told us, "The doctor is only next door. I can see him whenever I want". People we spoke with also confirmed that they were supported to access a range of other health services and one person told us, "I'm waiting for a dental appointment at the moment". Staff we spoke with could explain the action they would need to take to seek healthcare support in an emergency. One staff member said, "If someone was not well, I would go to the nurse who would check the person and call the GP. In an emergency though, I would just call 999". All staff we spoke with had a good understanding of people's individual health needs and records we looked at showed that people had been supported to access other health services that included; audiology, district nurses and podiatry.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring in their approach. One person said, "They [staff] are great". Another person said, "The staff are lovely. Very friendly". We saw that staff had friendly relationships with people and took time to speak with each person individually when they were in communal areas. We saw people laughing and joking with staff and people were visibly enjoying their company. Staff spoke about people in a caring way and one staff member told us, "I love my job. If I can make people happy then that is all I need".

People told us that they were supported to be involved in their care and that staff ensured they were offered a choice when being supported. One relative told us, "[person's name] gets given a choice". Staff we spoke with could provide examples of how they ensured people were involved in their care. One staff member told us, "I would ensure choice by not just putting a person's clothes protector on for example". We saw that people were offered choices throughout the day. For example, people were supported to sit where they chose, choose what meal they would like and were given a choice of whether they wished to wear a clothes protector or not. People were also offered choice about the activities they would like to take part in.

People felt that staff treated them with dignity and gave examples of how staff did this. One person told us, "Staff will knock before coming in [my bedroom]". Staff told us that they promoted people's dignity by using the person's chosen name, covering them up while supporting with personal care and presenting food in an appetising way where people required meals to be pureed. We saw staff promote people's dignity. For example, we saw that one person used a therapy doll and that all staff who communicated with this person, took time to interact with the doll; referring to the doll by the name the person had given, and handled this doll with care; displaying a clear understanding of the significance of the doll to the person it belonged too. We saw that where people had requested privacy, this had been respected by staff. We spoke with people who had remained in their rooms and all confirmed that they had requested to remain in their room and that staff had supported them in this.

People were supported to maintain their independence where possible. One person told us, "They [staff] encourage you to maintain your independence". We saw that one person had been supported to use their mobility equipment independently so that they would be able to transfer from bed to chair without staff support. The person confirmed they did this and that staff had respected their wish to maintain their independence where possible.

The registered manager informed us that some people living at the home had support from advocacy services. We saw that the registered manager had identified the need for an advocate and sourced this support for the person to ensure they were supported appropriately. The registered manager had an understanding of when advocacy services would be required and how to access these services.

Good

Is the service responsive?

Our findings

People told us that when they moved into the home, they were involved in an assessment that involved them discussing their identified care needs. One person told us, "Yes, they [staff] asked what help I needed when I moved in". This was confirmed by a relative who told us, "When [person's name] came out of hospital, we all sat down and agreed what to do. They asked what food she likes and what she likes to do, we told them everything as she moved in". Records we looked at showed that these assessments took place.

People told us they were involved in reviews of their care to ensure that the care received continued to meet their needs. One person told us, "Yes there are reviews. I'm very much involved and it's all under control". A relative told us they had also been involved in reviews and said, "Every now and again we have a review and we are asked how we think it is going". We saw that care records had been reviewed to ensure that the information held was accurate and met the person's needs. People felt that staff knew them well and staff displayed a good understanding of people's likes, dislikes and preferences with regards to their care. We found that staff's knowledge of people reflected what was in the person's care records.

People were supported to take part in activities. We saw that in addition to employed activity staff, a number of volunteers also visited people and supported the activity provision. People were given choices about the activities they wished to take part in and we saw a variety of activities take place. For example, we saw that some people took part in ball games, while others got up and danced with staff. People visibly enjoyed the activities and were laughing throughout. One person commented, "I really enjoyed that". People told us they were supported to pursue their individual interests and one person informed us they had access to the internet and a computer in their room. The person enjoyed this and told us, "It has opened up a new world to me". In addition to the planned activities, we saw that staff would encourage spontaneous activities with people. For example, we saw that a conversation between a member of staff and two people ended with an impromptu sing along between the people in the room. This demonstrated that activities were flexible and would be adapted to what people wished to do.

People were supported to maintain their religious preferences where they had expressed a wish. There were regular fellowship meetings held that people were able to attend and we saw further events planned to celebrate Diwali and Christmas.

People told us they had never had to complain but would know who to go to if they wished to. One person told us, "I would just go up to the staff or the manager. They listen to you". Another person said, "You just have to talk to them [staff] and they sort things out". We saw that no complaints had been made but information had been displayed informing people how they could make a complaint should they need too.

Requires Improvement

Is the service well-led?

Our findings

The registered manager and the provider have a legal obligation to notify us of incidents that occur at the service. However we found that we had not always been informed of incidents as we should have been. For example, we saw from accident and incident records that two incidents had occurred between people that we would require the registered manager to inform both Care Quality Commission and the local authority safeguarding team about. However, we could not see that this action had been taken. We spoke with the registered manager about this who detailed the actions they had taken to ensure people were safe. The registered manager had investigated the injuries and taken action including arranging a GP, sourcing appropriate equipment for the person and increased staff support but acknowledged that notifications had not been sent in. The registered manager was informed that these notifications needed to be sent to the relevant authorities to ensure that people were kept safe.

People told us they knew who the registered manager was and spoke positively about their leadership at the home. One person told us, "She [registered manager] is very approachable. They all are". A relative we spoke with said, "The [registered] manager is here quite often and I can approach her for anything". We saw that the registered manager had a visible presence around the service. It was clear that she knew the people living at the home well and had developed friendly relationships with people.

Staff told us they felt supported by the registered manager. One member of staff said, "I do feel supported. I can raise issues and they do get dealt with". Staff told us they could approach the manager for advice or support at any time and that there was a manager contactable by telephone outside of office hours should they need anything. Staff also confirmed that they attended regular staff meetings with the registered manager to discuss the service. One member of staff told us, "Staff meetings happen once a month. They are good as we discuss the home, any issues we have, everything really". Records we looked at confirmed that these meetings took place. Staff we spoke with were aware of how to raise concerns and how they could whistle blow if needed. One member of staff told us, "To whistle blow, I would call the local authority or Care Quality Commission".

We saw that people were given opportunity to feedback on their experience of the service. This was done via questionnaires. We saw that people were asked for their feedback in July 2016 and that the feedback given had been analysed to identify areas for improvement. For example, we saw that feedback had indicated that people were not always aware of how to make complaints. The registered manager had taken action to address this and ensured that notices informing people on how to complain had been displayed more visibly around the home. The results of the questionnaires, alongside the action taken in response to these, had been displayed in the reception area of the home for people to view.

At our last inspection in January 2016, we found that quality assurance systems had not been effective in identifying concerns around the management of medications. At this inspection, we found that these concerns had been addressed. There were systems in place to monitor the quality of the service. For example, we saw that audits were completed on medication, care records, nutrition and people's pressure areas. Where areas for improvement had been identified, we saw that the registered manager had

documented how these would be addressed and had taken action to make the required improvements.

The registered manager told us that they felt supported in their role and had clear plans for the future of the service. These plans included an extension to the home to accommodate more people and the recruitment of further care staff and nurses to support in the delivery of care.