

New Generation Care Limited

New Generation Care Limited - 15 Manor Crescent

Inspection report

15 Manor Crescent
Byfleet
West Byfleet
Surrey
KT14 7EN

Tel: 01932343799
Website: www.ngcl.org.uk

Date of inspection visit:
20 October 2016

Date of publication:
22 December 2016

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

The inspection took place on 20 October 2016 and was unannounced.

New Generation Care Limited - 15 Manor Crescent provides accommodation and personal care for up to four people. There were four people living at the service at the time of our inspection. New Generation Care Limited specialises in providing residential support for adults with learning disability, autism and communication difficulties, who may also have physical disability and/or challenging behaviour.

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 and associated Regulations about how the service is run.

People were safe because there were enough staff available to meet their needs. The provider made appropriate checks on staff before they started work, which helped to ensure only suitable applicants were employed. Staff understood safeguarding procedures and were aware of the provider's whistle-blowing policy.

Risks to people had been assessed and action had been taken to reduce these risks. There were plans in place to ensure that people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly. The provider had considered how the service could be made as safe as possible for people and developed an action plan where potential improvements had been identified.

Although there were recording errors on the day of our inspection, people's medicines were managed safely overall. Medicines were stored securely and there were appropriate arrangements for the ordering and disposal of medicines. Each person had an individual medicines profile that contained information about the medicines they took. Medicines audits were carried out regularly as part of the provider's quality monitoring process.

People were supported by staff that had the skills and experience needed to provide effective care. Staff had induction training when they started work and ongoing refresher training in core areas. They had access to regular supervision, which provided opportunities to discuss their performance and training needs.

Staff knew the needs of the people they supported and provided care in a consistent way. Staff shared information effectively, which meant that any changes in people's needs were responded to appropriately. People were supported to stay healthy and to obtain medical treatment if they needed it. Staff monitored people's healthcare needs and took appropriate action if they became unwell.

People were receiving their care in line with the principles of the Mental Capacity Act 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS). Staff had attended training in the MCA and DoLS and understood the importance of consent. People and their families were involved in decisions about their care and treatment and these decisions were respected.

People were supported to have a balanced diet and to eat according to their preferences. People told us they enjoyed the food provided and that they were involved in choosing what they ate. They said they enjoyed eating out in pubs and restaurants and did this regularly.

People were supported by kind and caring staff. People had positive relationships with the staff who supported them. Relatives said staff were kind and friendly and knew their family members well. People told us that staff treated them with respect. Staff recognised the importance of encouraging people to develop their independence and supported people in a way that promoted this. People were encouraged to be involved in planning their own care and support.

People's needs had been assessed before they moved in to ensure that staff could provide the care they needed. A care plan had been developed for each person, with their involvement. Plans were person-centred and provided clear information for staff about how to provide care and support in the way the person preferred. People's plans were reviewed regularly to ensure that they continued to reflect their needs.

Staff supported people to spend their time as they chose. People had opportunities to attend colleges and resource centres during the week and regular social events in their leisure time. People were supported to pursue individual hobbies and interests.

People and their relatives had opportunities to give their views about the service. They told us their views were encouraged and listened to. We found that complaints and concerns were taken seriously and used as an opportunity to improve the service.

People benefitted from a well-managed service. Relatives told us the service was well run and that communication with families was good. They said the registered manager was always available to speak with them when necessary and knew all the people who lived at the service well. Staff told us they were well supported by the registered manager. They said the registered manager welcomed feedback from staff about how the service could be improved.

The provider had an effective quality assurance system to ensure that key areas of the service were monitored effectively. There were systems in place to ensure staff communicated important information about people's care. Team meetings were held regularly and used to ensure staff were providing care consistently. Records relating to people's care were accurate, up to date and stored appropriately.

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's medicines had not been recorded on the day of our inspection but overall medicines were managed safely.

There were sufficient staff deployed to meet people's needs in a safe and timely way.

People were supported to take manageable risks.

People were protected by the provider's recruitment procedures.

There were procedures for safeguarding people and staff were aware of these.

There were plans in place to ensure that people would continue to receive their care in the event of an emergency.

Is the service effective?

Good ●

The service was effective.

People were supported by consistent staff that had the necessary skills and experience to provide effective care.

Staff had appropriate support and training for their roles.

People's care was provided in line with the Mental Capacity Act 2005. Applications for DoLS authorisations had been made where restrictions were imposed upon people to keep them safe.

People enjoyed the food provided and were consulted about the menu.

People were supported to stay healthy and to obtain treatment when they needed it.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People had developed positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff encouraged people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People's needs had been assessed to ensure that the service could provide the care they needed.

Care plans were regularly reviewed to ensure they continued to reflect people's needs.

Staff were aware of people's individual needs and preferences and provided care in a way that reflected these.

People had opportunities to take part in activities that they enjoyed.

Complaints were investigated and responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives had opportunities to give their views and contribute to the development of the service.

Staff felt well supported by the registered manager.

Staff met regularly to discuss people's needs, which ensured they provided care in a consistent way.

The provider had implemented effective systems of quality monitoring and auditing.

Records relating to people's care were accurate, up to date and stored appropriately.

New Generation Care Limited - 15 Manor Crescent

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 was 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 inspection took place on 20 October and was unannounced. Due to the small size of the service, the inspection was carried out by one inspector.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We also reviewed the Provider Information Return (PIR) submitted by the registered manager. The 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 the inspection we spoke with three people who lived at the service. We spoke with three staff and the provider's Director of Care. We looked at two people's care records, including their assessments, care plans and risk assessments. We checked how medicines were managed and the records relating to this. We looked at three staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

After the inspection we received telephone feedback from three relatives.

The last inspection of the service took place on 14 June 2013 when we identified no concerns.

Is the service safe?

Our findings

People told us they felt safe at the service and when staff provided their care. They said they trusted the staff and felt confident when staff supported them. One person told us, "I do feel safe here. Staff look after me well." Another person said, "I feel safe with the staff." Relatives told us that staff kept their family members comfortable and safe when providing their care. They said staff were aware of any risks to their family members' safety and managed these appropriately. One relative told us, "He is safe there, I have no concerns about that."

There were sufficient staff deployed to meet people's needs in a safe and timely way. People told us staff were always available when they needed them. They said they did not have to wait for care when they needed it. Staff told us that there were enough staff on duty on each shift to meet people's needs effectively. They said they had access to management support out-of-hours if they needed it. The staffing rotas were planned to ensure that staff with appropriate knowledge and skills were always available. Staffing levels were reviewed regularly to ensure they were sufficient to meet people's needs.

People were protected by the provider's recruitment procedures. Prospective staff were required to submit an application form with the names of two referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. The DBS supplies criminal record checks on prospective staff.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. Staff told us they had attended safeguarding training in their induction and that refresher training in this area was provided regularly. We found evidence to support this in the staff training records. Staff said they had been told about whistle-blowing and how to raise concerns outside the organisation if necessary.

People were supported to take manageable risks. Staff carried out risk assessments to identify any risks to people and the actions necessary to minimise the likelihood of harm. Where risks had been identified, guidance was in place for staff about how to reduce them. Risk assessments were reviewed regularly to ensure they continued to reflect people's needs. The service aimed to learn and improve from any incidents and accidents that occurred. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence.

The provider had considered how the service could be made as safe as possible for people and developed an action plan where potential improvements had been identified. These improvements included consulting people's families on risk assessment and support plans and sharing risk assessments and behavioural support plans with relevant professionals. A health and safety forum had been introduced, which included staff and people who used the service. These meetings were used to talk to people about the actions they should take in the event of an emergency.

An annual audit was carried out by the provider's health and safety consultants and an action plan produced to address any shortfalls. Staff carried out weekly health and safety checks and monthly health and safety audits and produced an action plan for any repairs or maintenance issues. We found that these checks were up to date and included any adaptations or equipment used in people's care. The provider had carried out a fire risk assessment and staff were told about emergency procedures during their induction. Refresher fire safety training was provided for staff annually. Fire safety equipment was checked and serviced regularly.

We found some errors in medicines recording on the day of our inspection but people's medicines were managed safely overall. People told us they received their medicines on time and that staff provided 'as required' (PRN) medicines, such as painkillers, when they needed them. There were individual protocols in place for the administration of PRN medicines. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and guidelines about how they received their medicines.

Staff had received training in the management of medicines and their competency had been assessed before they administered medicines. Medicines audits were carried out regularly as part of the provider's quality monitoring process. Medicines were stored securely and in an appropriate environment. There were appropriate arrangements for the ordering and disposal of medicines.

Is the service effective?

Our findings

People received their care from regular staff who had the skills and knowledge they needed to provide effective support. People told us staff knew them well and provided their care in the way they preferred. Relatives said their family members received their care from consistent staff who knew their needs and preferences. One relative told us, "The staffing is much more consistent now than it was, which is a good thing. The staff there now all know him really well." Another relative said, "There was a period when the consistency of staffing was a problem but that is much improved."

Staff had access to the training they needed to meet people's needs. Staff told us they had an induction when they started work, which had included all elements of core training, such as safeguarding, moving and handling, first aid, food hygiene, fire safety and infection control. Staff told us their knowledge was kept up to date with regular refresher training. Staff said the induction process was also an opportunity to get to know people and their preferences about their care and support.

Staff told us they felt well supported in their roles and said they had access to regular one-to-one supervision, which gave them the opportunity to discuss their performance and development. The provider had introduced the Care Certificate for new staff and told us that all staff would be expected to achieve this award. The Care Certificate is a set of agreed national standards that health and social care staff should demonstrate in their daily working lives.

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 make 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 receiving their care in line with the principles of the MCA. Staff understood their responsibilities in relation to the MCA and DoLS and had attended training in this area. Staff understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. We observed that staff sought people's consent before providing any aspect of their care. We found evidence that, where people who had capacity did not wish to receive care or treatment, their decisions had been respected. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the service independently and constant supervision by staff.

People were supported to have a balanced diet and to eat according to their preferences. People told us

they enjoyed the food provided and that they were involved in choosing what they ate. They said they enjoyed eating out in pubs and restaurants and did this regularly. Staff told us they discussed people's individual choices with them and planned the menu accordingly. They said lunches were planned meals and that people chose what they wanted for their breakfast and evening meal at the time. We observed that staff supported people to eat what they chose during our inspection. One person told us they chose not to have the same menu as others and that staff supported them to purchase their own food separately. The person said, "I like the food here. I can choose my own food. I have my own menu. Sometimes we have a takeaway on a Saturday."

Relatives told us their family members were supported to eat foods they enjoyed whilst maintaining a balanced diet. One relative said, "They plan the menu for the week. He gets a good choice of food." Another relative told us their family member had made very specific food choices when they moved in to the service and that staff had supported these choices. The relative said staff had encouraged their family member to expand the range of foods they ate and this had increased their family member's enjoyment of different foods.

People's healthcare needs were monitored effectively and people were supported to obtain treatment if they needed it. One relative told us, "They monitor his health very well. They are very on the ball with that." Another relative said, "They've always made a medical appointment if she's been unwell." The care records we checked demonstrated that people saw a GP if they needed to and were referred to specialist healthcare professionals if necessary. Care plans contained detailed information about people's healthcare needs and evidence that people's health was monitored effectively.

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us they got on well with staff and enjoyed living at the service. They said they had developed positive relationships with the staff who supported them. One person told us, "Living here is good fun. It's relaxing. I like being with the staff."

Relatives told us their family members were looked after by staff who genuinely cared about them. They said staff were kind and friendly and knew their family members well. One relative told us, "The staff are all approachable and friendly. She gets on well with them." Another relative said, "All the staff are good, they're all very caring. They know him very well." A third relative told us, "They work really hard. They have [people's] best interests at heart." Relatives said the atmosphere in the service was relaxed and friendly and that families were made welcome when they visited. They said staff always kept them up to date about their family members' health and welfare.

People told us that staff treated them with respect. Relatives said staff provided care and support in a way that maintained their family members' dignity. They told us the registered manager set a good example in the way they treated people, which was followed by other staff. Staff had attended training in equality and diversity and the provider had commissioned training in sexuality and relationships from a specialist training provider.

The atmosphere in the service when we visited was calm and relaxed and staff spoke to people in a respectful yet friendly manner. Staff were attentive to people's needs and proactive in their interactions with them. Staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing their care. Staff communicated effectively with people and made sure that they understood what was happening before they received their care.

Staff recognised the importance of encouraging people to develop their independence and supported people in a way that promoted this. People were encouraged to participate in the daily routines of the service, such as shopping, meal preparation and cleaning. Staff supported people to be involved in managing their own finances. People had mobile telephones so they could communicate independently from staff.

People were encouraged to be involved in planning their own care and support. People's individual plans had been developed in a format that was most appropriate to their needs. Relatives told us they were consulted about their family members' care and had opportunities to contribute to the development of their care plans.

People told us that they could have privacy when they wanted it and that staff respected their decisions if they chose to spend time in their rooms uninterrupted. Staff understood the importance of respecting people's privacy and dignity. They spoke to us about how they cared for people and we saw them attending to people's needs in a discreet and private way.

People had access to information about their care and the provider had produced information about the service. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed, and staff had attended confidentiality training in their induction.

Is the service responsive?

Our findings

The service was responsive to people's individual needs. People's needs had been assessed before they moved in to ensure that the staff could provide the care they needed. Assessments also explored and recorded aspects of people's lives that were important to them, such as relationships, interests and hobbies. Where needs had been identified through the assessment process, a care plan had been developed to address them. The plans were person-centred and provided clear information for staff about how to provide care and support in the way the person preferred. People's plans were reviewed regularly to ensure that they continued to reflect their needs.

People also had an annual review co-ordinated by their local authority care manager at which all aspect of their care were reviewed. People told us they were encouraged to be involved in their reviews and relatives told us they were also invited to contribute. Relatives had given talks to staff about their family members to ensure staff had a good understanding of the person and their individual needs, strengths, likes and dislikes.

If people expressed a wish to move on from the service to alternative accommodation, they were supported to achieve this where possible. One person had recently received support to move to a supported living environment. We found evidence that, where people had moved to the service from other placements, they had benefitted from well-planned transition process. People were supported to visit the service for short periods of time, building up to overnight stays, at a pace designed to be flexible according to their needs.

Staff understood the importance of encouraging people to make choices about their lives. One member of staff told us, "We have to support them to make their own choices because they're adults. They are free to make choices." Another member of staff said, "We make sure we give them choices. We show them their clothes and they choose what to wear each day, they choose what they have to eat each day."

People told us staff supported them to spend their time as they chose. They said they enjoyed the range of activities available to them with staff support. One person told us, "I like to go for drives in my car. The staff take me. I go to college, I see my friends. I like doing the hoovering. I like going to Byfleet." Another person said, "I went to see a band at Wembley Arena. I'm going out for tea with my grandma this week." A third person told us, "I go to college one day a week. I do textiles. I can go to the corner shop if I want to buy a drink."

Three people chose to attend college and studied a range of courses including textiles, cookery and performing arts. A fourth person had expressed an interest in attending college and staff had supported the person to pursue this option. A relative told us, "He's started going back to college and he's enjoying that. His keyworker is very good, she's helped him a lot in looking at things he might like to do."

People had opportunities to attend regular social events such as clubs and parties. The service had access to a vehicle, which staff told us was used for trips to shops, parks and the coast. One person had their own car, which they told us enabled them to take part in their favourite activities. All the people living at the

service had regular contact with their families and staff supported people to visit their relatives if necessary. Relatives told us they were encouraged to be involved in the life of the service. They said they were invited to events including garden days, barbecues and Christmas parties.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider had a written complaints procedure, which was given to people and their families when they moved in and displayed in the service. The complaints procedure detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. We checked the complaints log and found that all complaints received had been investigated and responded to appropriately. One relative told us, "I've not had to complain recently. I did in the past but things are better run now."

Is the service well-led?

Our findings

People benefitted from a well-managed service. Relatives told us the service was well run and that they had confidence in the registered manager. One relative said, "[Registered manager] and [deputy manager] are brilliant. I can speak to either of them any time I need to." Another relative told us, "It is well managed. They communicate with us well. They always let us know about anything that happens and if I've got any issues, I can go to [registered manager] anytime. She knows all the residents really well, which is great."

Staff told us they were well supported by the registered manager. They said the registered manager was approachable and welcomed feedback from staff about how the service could be improved. Staff told us team meetings took place regularly and were used to discuss people's needs and ensure they were providing care consistently. One member of staff said, "She is a good manager. She listens to what you have to say." Another member of staff told us, "We are encouraged to give feedback or to raise concerns if we need to."

People and their relatives had opportunities to give their views about the service. Relatives told us they attended 'family forums' approximately every three months. They said they were encouraged to provide feedback about the care and support their family members received. Family forums were also used to keep relatives up to date with any changes within the service, new staff, training initiatives and any plans for social events. Notes of these meetings were kept and made available to relatives.

The provider contacted people's relatives regularly to seek their feedback. The provider had given thought to how methods of gathering feedback could be improved. The Director of Care told us a new survey had been developed and that people who used the service had been consulted on the format before its implementation. The Director of Care said that, in future, relatives would be able to provide feedback via a written survey, at a face-to-face meeting or a pre-arranged telephone call.

The provider had implemented effective systems to monitor and improve the quality of the service. The registered manager submitted a quality monitoring report to the senior management team every month. These reports addressed key areas of the service, such as accidents and incidents, safeguarding referrals and infection control. All investigations into accidents and incidents were recorded and action plans developed to minimise the risk of recurrence.

The Director of Care carried out a service audit each quarter. Different aspects of the service were monitored as part of each audit, including people's care records to ensure their care plans and risk assessments were being reviewed and evaluated regularly. Staff recruitment files were also checked to ensure the provider had obtained all the documents required by law. The service training record was monitored to ensure staff were up to date with core training and refresher training. Any shortfalls identified during the audit were recorded and an action plan was drawn up to address them.

There were systems in place to ensure staff communicated important information about people's care effectively. Staff beginning their shift always had a handover, which ensured they were made aware of any

changes in people's needs. Important information was recorded in a communication book, which staff were expected to read before they started each shift. There was a plan in place for each shift, which designated all tasks to individual members of staff.

The registered manager had notified CQC about significant events. We use this information to monitor services and ensure providers respond appropriately when needed to keep people safe. Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained comprehensive records for each person about the care they received, their health, food and drink and the activities they took part in. The service had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care they needed.