

Ms Jennifer Jonas

Newhaven

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

This inspection was announced and took place on 16 August 2017. Newhaven is a service that provides accommodation and personal care to people with a learning disability or autistic spectrum disorder. The home is registered for up to three people. It is not registered to provide nursing care. On the day of our visit there were three people living in the service.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people in relation to the premises and recruitment were not always fully identified and responded to appropriately. Governance and quality monitoring systems in the home needed further improvement to ensure they were effective at identifying and addressing issues with the service provided.

Staff demonstrated an awareness of adult safeguarding and knew how to report concerns.

Medicines were managed and stored safely. There was guidance in place so staff knew how to administer medicines. Regular audits were taken on medicines to check and ensure they were managed safely.

People were supported to access health care services and maintain their health; this included supporting people to eat healthily. Staff worked collaboratively with health care professionals to ensure people's needs were met.

Staff were supported to provide effective care through training, team work, and supportive management.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff and the management team understood the MCA and DoLS and its impact on the support they provided.. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who cared for them and treated them respectfully. Staff consulted and listened to people about their care. Important relationships were recognised and facilitated for people. People's independence was encouraged.

The support provided was individual and tailored to people's needs and interests. Staff ensured they knew people's individual preferences and needs and support was provided in a way that met these.

The service responded appropriately to any concerns raised. Relatives felt comfortable and able to raise any

concerns they had.

The management team were open, supportive, and approachable with people, relatives, and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Not all risks to people were sufficiently identified and responded to.

Staff understood their responsibilities regarding adult safeguarding and knew how to recognise and report concerns.

There were enough staff to meet people's needs.

Medicines were managed and administered safely.

Is the service effective?

Good 

The service was effective.

Staff received training and support from their colleagues which helped them to provide effective care.

Staff understood the MCA and the service was acting in accordance with this legislation.

People were supported to maintain their health and eat healthily. Staff supported people to access health care where required.

Is the service caring?

Good 

The service was caring.

People were supported by kind and caring staff that treated them respectfully.

Staff supported people's independence and the relationships they had with others.

Is the service responsive?

Good 

The service was responsive.

People received personalised care which was responsive to their

needs.

Staff supported people to engage in activities that met their individual preferences and interests.

The service investigated and responded to complaints or concerns appropriately.

Is the service well-led?

The service was not consistently well led.

Quality monitoring systems were not always effective. Some improvements were required to records in the home.

The management team were supportive, approachable, open and transparent.

Requires Improvement 

Newhaven

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 August 2017 and was announced. The provider was given 24 hours' notice because the location was a small care home for people who are often out during the day; we needed to be sure that someone would be available. The inspection was carried out by one inspector.

Before we carried out our inspection we looked at the information we held about the service. This included notifications received by us. Notifications are changes, events, or incidents that providers must legally inform us about. The provider completed a Provider Information Return (PIR) which we reviewed. 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 our inspection we spoke with the general manager, deputy manager, and four support workers. People living at Newhaven were not able to provide detailed verbal feedback on the service, however, we observed how care and support was provided to people in the home. Following our inspection visit we spoke with two relatives and two health professionals via the telephone for their feedback on the service.

We looked at two people's care records, medication records, two staff recruitment files and staff training records. We looked at other documentation such as quality monitoring, maintenance records, and records from resident and staff meetings.

Is the service safe?

Our findings

We found not all risks to people had been properly risk assessed or responded to appropriately. Records showed that whilst regular checks on the safety of the premises and any associated risks to people were carried out, checks relating to water safety in the home needed to be more robust. For example, the legionella risk assessment for the home detailed certain actions as needing to be undertaken but there were no records to show these were happening. This meant it would have been difficult for staff to have monitored this risk and assure themselves that the risk was being sufficiently managed.

We reviewed the water temperature records for the home and saw staff had recorded high water temperatures in some areas of the home. The temperatures were high enough that they could potentially cause scalding. Nothing was recorded in respect to what action had been taken in response to these high temperatures. We discussed this with the general manager who told us that water temperature controls had been fitted in the home and an external contractor had visited to review this. They said the controls had been adjusted to ensure temperatures did not reach above the recommended temperatures. However, as the most recent temperatures still showed the hot water in some areas of the home being above this we were concerned that this risk had not been sufficiently addressed.

We looked at the processes for the recruitment of staff. We found that where the required character and criminal record checks for prospective staff had identified issues, no further risk assessments had been documented. We discussed this with the general manager. From this discussion it was clear that they had taken some preliminary action to assess and respond to possible risks, however the lack of formal risk assessments meant it was not clear what measures had been fully put in place to mitigate these.

Relatives told us they felt people living in the service were safe. One relative told us, "I think the risks are generally speaking well managed."

The staff we spoke with had an understanding of how to recognise, prevent, and report harm to ensure that people were protected from the risk of abuse. For example, one staff member told us how they would keep reporting up the management chain and to the provider if they did not get a satisfactory answer to any concerns they raised. We saw in the staff room there was information for staff on the safeguarding policy, including how to raise safeguarding concerns and who to report this to. There had been no recent safeguarding incidents in the service.

Staff we spoke with had a good understanding of how to manage the associated risks to people. Health professionals we spoke with told us that staff understood the risks to people and took action in response to these. For example, one health professional told us staff had kept a good account and record of the impact one person's health condition had on them. They said this had really helped assess the risk and put in place an associated care plan.

We saw joint risk assessments and care plans were in place and were specific to each person. These covered areas such as nutrition, accessing the community, mental health, and behaviour that may be challenging to

the person and others. We saw these documents provided clear guidance for staff on how to manage identified risks.

Where incidents had occurred in the service these were recorded and reported appropriately. We saw for one person staff were recording each episode of behaviour that may appear challenging and analysing these on a monthly basis so as to identify any patterns or trends. We saw this had helped the health professionals supporting the person to address and target particular trends so as to manage the associated risks.

The general manager told us staffing levels were worked out on people's individual needs. The staff we spoke with confirmed this and told us the home was staffed appropriately. On the day of our visit we saw there were enough staff to meet people's needs and staffing levels were in line with what the provider had assessed was required.

Medicines were managed safely. We looked at three medicine administration records and saw these were completed accurately. We saw there was guidance in place for staff on how to administer 'as required' medicines. Medicines were stored safely and appropriately. We saw there were regular medicine audits in place to ensure they were being managed safely.

Is the service effective?

Our findings

Staff were supported to provide effective care through their training, management support, and team work. Staff we spoke with told us they received the training and support required. One staff member told us, "If something needs to be done we're not afraid to say so or muck in and help each other out." Another staff member told us how the management team had been supportive of them undertaking additional vocational training and ensured they had the time they needed to do this. A third staff member told us that there was always someone available and willing to give support if needed.

Records showed staff received a range of training in areas such as adult safeguarding, mental capacity, infection control, challenging behaviour training, and autistic spectrum disorder.

New staff completed the Care Certificate. The Care Certificate is a set of standards that care staff should adhere to and formed part of induction training for new staff. There was an induction process in place which also consisted of a checklist to ensure staff had been given the information they needed for their role, as well as training and shadowing more experienced staff before working on shift.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 home and hospitals are called 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.

Staff we spoke with had an understanding of the MCA and how this governed their practice. One member of staff told us how the MCA ensured care provided was based on people's ability to make decisions. We observed during our visit that staff sought consent from people living in the home when they were offering support.

Records showed that the service had considered people's individual abilities to make decisions about their care. There was clear guidance in place for staff regarding areas where people could make decisions and other areas where they might require more support or for decisions to be made in their best interests. We found that whilst this guidance was in place, some decisions that had been taken on behalf of people where they lacked the capacity did not have associated MCA assessments and documented best interests decisions. This meant it was not always clear what process had been followed and how the decision taken in the person's best interests had been made, including who had been consulted. It was clear however, from talking to the general manager and health professionals, that staff understood their responsibilities under

the MCA and were adhering to it.

We reviewed the applications made for DoLS authorisations and saw these had been made appropriately.

People's nutritional needs were met and they were supported to eat balanced meals. We observed one person regularly requested drinks during the day and this was responded to in a timely manner. Records we saw showed that meal options were discussed with people on a regular basis. People's weights were monitored and issues identified. Staff we spoke with had a good understanding of how to promote healthy eating with people. One staff member told us how they would not remove choice from people but would explain the benefits of more healthy options and support people to consider this. We saw from reviewing people's weights and associated records that they were being supported to identify and reach healthy weights.

Records showed people were supported to access health care services appropriately and staff responded to health concerns. We saw people had access to a range of health care services such as dentists, opticians, and chiropodists. Staff worked closely with other health care professionals such as psychiatrists and nurses to help ensure people's health care needs were met. A health professional told us staff worked, "Co-operatively." We saw people had hospital passports in place. These are documents to help ensure people's health needs are known and to facilitate their care and support should the person be admitted to hospital.

Is the service caring?

Our findings

The relatives and health care professionals we spoke with talked positively about the relationships staff had with people living in the home. One relative we spoke with gave us an example of how staff had supported and cared for their relative. They said this was, "Going above and beyond really." Both health professionals told us they had observed staff interacting with the people they supported in a kind and caring manner. One health professional told us staff were, "Very caring and sympathetic to [people's] needs." Then went on to say they had observed, "Warm and caring interactions."

The staff we spoke with talked in a positive and caring way about the people they supported. One staff member gave us an example of how their colleague had paid for particular items that they knew a person in the home would enjoy. They told us it was important to them that people in the home, "Had a laugh as well as making sure they are supported." A health professional provided us with an example which reflected this. They said staff had supported one person in the home to attend a health appointment with them. They told us staff had used this opportunity to, "Make the whole day out an adventure", with lots of things planned for the rest of the day so the person could look forward to and enjoy their day once they had attended the appointment.

From talking with staff it was clear they knew people in the home well and had built up relationships with them. This was echoed by the health professionals we spoke with. One health professional told us, "You get the feeling they know [name] well." A second health professional told us that staff were, 'Committed' to the person they were supporting and to getting things right for them.

Records we looked at demonstrated people were involved and listened to regarding their care. Our observations during the day also confirmed this. We saw staff asked people how they wanted to spend their day, what they wanted to eat and drink, and respected their choices. Relatives we spoke with also confirmed where appropriate that they were consulted and listened to. One relative told us, "They've kept us involved."

Some of the people living in the home had complex communication needs. We saw each person had a care plan in place which provided staff with individual guidance about how to communicate with each person. We saw there was some visual material in place to assist people to understand what was happening in the home, for example with pictures displayed of which staff were working in the home that day.

We observed staff were respectful of people and their dignity. For example, knocking on people's bedroom doors before entering. A health professional provided us with an example of how staff supported one of the people in the home at their appointments. They said staff were careful to facilitate the person's involvement, saying, "They allow [name] to speak without speaking over them."

People's independence was encouraged. For example, we observed people were encouraged to assist staff with meals and any cleaning up afterwards. Staff we spoke with provided us with examples of how they supported people with their independence. A health professional confirmed this and provided us with an

example of how staff had supported and made a positive impact on the ability of one of the people they worked with in the home. A relative we spoke with also told us how staff had worked hard to support their relative to stay living in the community. They said, "To keep [name] in the community, I think they've done an amazing job."

Staff supported people to maintain important relationships with people outside of the home. In one case we saw staff had recognised the importance of a particular relationship for one of the people in the home and had taken efforts to ensure the person was supported with this. We saw there was clear guidance for staff in people's care plans about the relationships they had with others and how to support people with these.

Is the service responsive?

Our findings

People received care that was responsive to, and that met, their individual needs and preferences. Both health professionals we spoke with gave us good accounts and examples of responsive care that took in to account people's individual needs and health conditions. One health professional told us staff were, 'Always coming up with new ideas,' to help support one of the people in the home that they worked with. They went on to tell us how the input from staff had noticeably impacted on the person for the better. A relative we spoke with confirmed this and told us that the care provided had meant their relative had made good progress in living in the community. Another relative we spoke with told us they felt the home was well suited to their relative's needs. They told us staff, "Seem to be quite mindful of [name's] needs." Through our observations and discussions with staff they demonstrated they knew the information recorded in people's care plans and how to deliver support accordingly.

We observed the care provided and saw that routines were set around people and how they wanted to spend their day rather than by any set staff routine. For example, we saw that one person had had a very busy week and was quite tired. They chose to have a long lie in. We observed staff would check in on the person every so often and suggest various activities such as lunch or going for a walk but were careful to respect the person's choices and how they wanted to spend their day.

The care records we looked at were individual and written in relation to people's individual needs and preferences. We saw they provided detail regarding people's personal histories, families, and personal preferences. Care records were up to date and were reviewed regularly to help ensure they were still accurate. We found in some instances whilst people had care plans in place that provided detailed guidance on the support people required, these were not always being followed and were no longer relevant. For example, one person had a care plan in place to help support them with managing their anxieties and associated behaviours. Staff told us they did not follow the specific guidance in this care plan as they found it did not benefit the person. However, they were able to provide us with additional strategies that they did use which they found more effective.

Relatives we spoke with told us they felt involved and listened to regarding their relatives care. We saw there were meetings with people and their relatives to review and discuss the care provided. Although one relative told us these were meetings were more often at their request and felt it would be beneficial to have more formal pre-arranged meetings. They told us whilst they did discuss their relatives care they had not had the opportunity to review their relative's care plans and contribute to these, although they went on to tell us that they did, "Feel involved" and that this was not a major issue for them.

We saw people were supported to participate in activities that met their individual needs and interests. Each person had care plans in place which detailed their interests as well as an individual activities timetable that staff supported them to engage in. During our visit we observed staff supporting one person to engage in a range of activities which their care plan stated they were interested in. This included watching DVDs on their favourite topics, completing puzzles, and going out for lunch. We heard this person telling staff how much they had enjoyed their day and the activities they had engaged in. Relatives we spoke with told us they were

happy with the amount of activities people were supported in and the individual attention they received from staff. One relative said, "It's a winning formula for [name]."

The service had systems in place to encourage feedback about the support provided. We saw people and relatives were asked to fill in a yearly survey to provide feedback on the service. Relatives we spoke with told us they felt comfortable raising any concerns they had with the service. One relative told us, "It's a nice feeling to feel if we've got concerns at least we'll be listened to." From the records we reviewed we saw any concerns or complaints raised were investigated and responded to appropriately.

Is the service well-led?

Our findings

At the time of our inspection a registered manager was not in post. The home was being supported by the deputy manager and the general manager, who provided support across all of the provider's homes.

There were systems in place to monitor the quality of the service provided however we found these were not always effective in identifying issues and ensuring improvements were made in a timely way. For example, we found audits on the water temperature in the home had not identified that temperatures were too hot and had not recorded any action taken in response to this. We saw temperatures in the home had been recorded as too high for two consecutive audits. We found another audit on health and safety had not been fully completed. Whilst audits on care plans had been carried out they had not identified, for example, where care plans were no longer relevant. This also meant that for one person in the home some of their records were not accurate and relevant to the person's care.

We found in other areas of people's care, records did not always fully provide a clear picture of the current care provided. For example, it wasn't always clear how some decisions had been made to provide care in a particular way and who had been consulted.

The provider had carried out some audits on the home themselves however it was not clear from reviewing these how frequent they should be and how any issues identified were followed up. We asked the general manager about these. They told us that audits should be carried out on a three month rolling basis; they said however due to needing to provide support to a number of other homes that they had not been able to complete these as frequently. Despite the lack of formal audits, from discussions we had with the general manager, we found they did have good oversight of the service and was providing frequent support to help maintain the quality provided.

Relatives we spoke with talked positively about the service and its management. One relative told us, "Very happy with the care [name] is receiving of late." Another relative told us, "Newhaven is the best home [name] has stayed at." They went on to tell us they were happy with how the management responded to any issues or concerns they had. They said they were, "really impressed with [general manager]" and that they were, "very very approachable."

A health professional told us that they had found the management team open and transparent. They provided us with a positive example of this and how it had helped staff and professionals work together to support one of the people living in the home. This was also echoed by a relative we spoke with. They told us that they felt the management team was not defensive and were open about any issues in the home in order to ensure improvements were made.

Staff we spoke with told us they enjoyed working in the home. One staff member told us, "I enjoy my job every day." Staff talked about positive team work and an approachable, supportive management team. One staff member told us, "Even on days [general manager] can't be here; they are on the phone and will ring straight back." Another staff member said, "Support from management is good."

Staff told us they felt listened to and consulted, team meeting minutes we reviewed also demonstrated this. One staff member told us that prior to our visit there had been a period in the home where morale had been low. They told us how the provider and management team had recognised this and taken action to address the situation. They confirmed that the actions they had taken had resulted in an improved and more positive atmosphere.

Staff we spoke with also told us that management ensured they understood their roles and responsibilities. One staff member told us, "I've learnt a lot from being here." They went on to say how the management team had provided them with extra responsibilities to help facilitate their own development.

We saw there were systems in place such as staff and resident meetings to ensure people living in the home and staff had an opportunity to discuss the service and provide feedback.