

Kingsview Homes Limited

Newton Hall Residential Home

Inspection report

Kingsley Road
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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?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 31 January and the 1 February 2019.

Newton Hall is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and we reviewed both areas during this inspection. The service is a registered care home providing accommodation and personal care for up to 34 older people. The home is a detached property on the outskirts of Frodsham in Cheshire. Bedrooms are located on the ground and first floor. Many of the rooms on the first floor are for people who have been diagnosed with dementia. At the time of our visit, 21 people were living there.

At our last inspection in February 2016 we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection or ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service did not have a 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 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. A person had applied to become the registered manager and the registration process was being undertaken at the time of this visit.

Medication management was safe although we have raised two recommendations in relation to the storage of medicines in a refrigerator and records relating to disposal.

People told us that they felt safe with the staff team and trusted them. They told us that there was always enough staff to respond to their needs and for those taking medicines; always received them when required. The registered provider had appropriate systems in place for the reporting of abuse.

There were sufficient staff to meet the needs of people. People told us that there were always staff around to assist. Staff recruitment was safe.

The premises were clean and hygienic. The building was well maintained and well decorated.

Assessments were in place to ensure that people were not at risk from malnutrition, pressure ulcers or falls.

Staff received the training and supervision they required to perform their role. Staff new to the service received a structured induction.

The nutritional needs of people were met. People were given choices at mealtimes and staff were attentive to the wishes of people at these times.

The registered provider was working within the principles of the Mental Capacity Act 2015. Staff were aware of the principles and had received training in this.

The health needs of people were promoted. People were supported in a respectful and dignified manner. People's sensitive information was kept secure at all times. People could access independent advocacy services if they wished.

Care plans were person-centred and reflected the preferences and routines of people.

A meaningful programme of activities was in place with activities provided in-house and from the local community. People who did not wish to join in group activities were given the chance to enjoy time with staff on a one-to-one basis.

A robust complaints procedure was in place.

The registered provider had a series of effective audits in place to measure the quality of the service provided.

People and their families were invited to comment on their experiences. Where suggestions were made, these were acted upon.

The service always notified us of any incidents that affected the wellbeing of people who used the service. The registered provider had displayed the ratings from our last visit prominently.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Newton Hall Residential 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 the 31 January and 1 February 2019. The first visit was unannounced and the second day announced.

The inspection team consisted of one Adult Social Care Inspector.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at seven care plans, training records, policies and procedures, medication systems and various audits relating to the quality of the service. In addition to this we spoke to eight people who used the service. We also spoke to the manager, deputy manager, catering staff, activities co-ordinator and three members of care staff. Relatives were invited to comment on the support their relations received. This was done through the provision of posters informing them of the visit and providing the contact details of CQC if they wished to subsequently talk to us. We spoke with members of the local authority commissioning team. No concerns were raised.

The nature of the needs of some people at Newton Hall was such that it was not always possible to directly gain their views. To reflect this, we used the 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.

As part of our inspection, we ask registered providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A PIR had been returned in a timely manner by the registered

provider when we asked. We used the information in the PIR to inform this inspection.

Is the service safe?

Our findings

People told us "I feel safe with the staff here" and "I trust them to look after me well". People's comments included, "There are always enough staff around if I need help" and "They are always around and come quickly to me if I need help; they're great". People who were prescribed medicines commented, "we always get medicines on time and they never miss".

Medication was stored in lockable medication trolleys which in turn were locked in a clinic room. A refrigerator was available to store those medicines that needed to be stored at certain temperatures. Temperatures were recorded daily yet it was noted that temperatures over two days prior to our visit had recorded temperatures of 8 degrees. It was unclear whether this was fault with the temperature gauge. We raised this with the manager who said that they would look into this.

We recommend that the accuracy of the refrigerator thermometer is tested to ensure that medicines are stored at ambient temperatures.

Disposal records were in place indicating those medicines that had been unused and returned to the pharmacy supplier. We noted that there was a clear system in place for senior staff to store and account for unused medication yet this was not reflected in disposal or return records with only one signature being included on the record and no indication that these had been witnessed by another person in line with good practice.

We recommend that two signatures are recorded on medication disposal records to ensure that systems are accountable.

Some people had been prescribed controlled medication which are subject to strict legal controls. These were appropriately stored and records accurately reflected the stocks held. Senior staff told us that they had received medication training and that their competency to perform this task had been assessed. This was confirmed through records.

Staff understood the types of abuse that could occur and told us that there was a clear process in place for reporting concerns. They told us that the manager would act upon any concerns that they had. The registered provider had a system in place to report safeguarding issues as well as for reporting low level events. Low level events are those incidents that do not meet the threshold for more formal investigation by the local authority. Staff were also aware of external agencies they could talk to if they had any care concerns. This included contacting CQC and the local authority.

Risk assessments were in place for each person. These related to risks that people faced from falling, malnutrition or the development of pressure ulcers. These were all up to date and were reviewed regularly to ensure that people were not at harm. Other assessments related to the actions and consideration staff needed to take in the event of an emergency evacuation from the building. Known as personal emergency evacuation plans (or PEEPS) these were regularly reviewed and included details on how to safely evacuate

people if needed and do so in a calm and reassuring manner.

Staff rotas were available outlining that sufficient care staff were in place to support people who lived at Newton Hall. On the first day of our visit; there was a shortfall of one member of care staff. There were other members of staff who were trained in the care role available to ensure that staffing levels were safe. We observed that there were sufficient staff members available throughout the day to respond to people in a timely manner. Staff also confirmed that there were always sufficient staff on duty to meet people's needs. In conjunction with rotas, the registered provider had devised a dependency tool to reflect the needs of people.

Only one member of staff had been recruited since our last visit. This person had been subjected to appropriate police clearance checks and references to ensure that they were suitable to support vulnerable people.

The premises were clean and hygienic. Staff had access to personal protective equipment such as disposable gloves and aprons which they used during personal care tasks. An infection control audit was completed on a regular basis to ensure that good hygienic practices continued. Cleaning checks were available in the kitchen area to make sure that all surfaces and preparation areas remained hygienic. The premises were well maintained. Most of the building had been refurbished since we last visited with just the kitchen waiting to be refitted. This was imminent.

Equipment within the building was serviced to the required frequency. This included the passenger lift, legionella checks, checks to fire detection and firefighting systems. All portable appliances had also been checked to ensure the safety of people who used the service.

Accidents and incidents were recorded. Systems were in place to enable the manager to analyse these with a view to prevent future re-occurrence.

Is the service effective?

Our findings

People told us, "The staff are great and they know what they are doing" and others said "Staff know me very well". People told us, "The food is great and we always get a choice" and "If there is something I don't like they will get me something else".

Staff confirmed that they received the training they needed to perform their role. This included mandatory health and safety training as well as topics which covered the specific needs of people such as dementia awareness. Further training had been given to those who were responsible for the administration of medication and abuse awareness training had been provided to all staff including ancillary staff. A training matrix was available enabling the manager to identify what training was planned as well as what training had been completed by staff.

Staff confirmed that they received supervision with their line manager. A supervision matrix was in place indicating completed and planned supervision sessions. Staff told us that they regularly received supervision and had staff meetings. Staff also received appraisals relating to their work performance on an annual basis.

The registered provider had a structured induction programme in place. Only one member of staff had come to work at Newton Hall since our last visit and this was in relation to a kitchen member of staff. The person had received an induction to enable them to become familiar with their role. A system was in place to enable new care staff without prior experience of supporting people to receive an induction in line with the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if people are 'new to care' and should form part of a robust induction programme.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

Appropriate authorisations had been sought for some people. These related to ensuring that they were kept

safe within the service as they would be at risk unescorted within the local community. One authorisation was nearing its expiry date. We raised with the manager who made arrangements to renew the order. Staff understood the principles of the Mental Capacity Act and confirmed that they had received training in this.

We looked at how the nutritional needs of people were promoted. Weights were monitored on a regular basis and no recent concerns had been identified for people in respect of weight loss. Recent monitoring had indicated that people had put on healthy amounts of weight and that people who had previously been at risk of malnutrition were now fit and healthy.

We observed lunch. This was a relaxed occasion with most people preferring to use the dining facilities to eat their meal with others preferring some communal or informal seating areas in line with their choices. Staff were attentive to the preferences of people and always ensured that they received the choice of meal that they wanted. Meals were prepared in a clean and well-equipped kitchen. The kitchen had received a four-star good rating in January 2018. A maximum rating of five stars was not awarded as the kitchen needed refurbishment. This refurbishment was imminent.

The premises included signage to assist people in orientating themselves around the building. In addition to this, memory frames had been created outside of people's bedrooms reflecting their social history and interests and serving again as a way of orientating people to their personal space. Period pictures of music and film stars relating to when people were younger were visible in all corridor areas. Bathrooms and toilets were adapted to meet people's needs.

The health needs of people were promoted. People told us that if they felt unwell; they were always referred to a doctor or other health professional. Ongoing records were in place identifying people's health problems as they arose and the action taken in order to address these. The service had an arrangement with a local GP practice whereby a GP visited on a weekly basis in order to hold consultation with people about any health issues that had arisen or were ongoing.

Is the service caring?

Our findings

People told us that they felt cared for and that staff were very kind. They said, "the staff are great, they are really good and are like my friends and family" and "staff are really patient with me and they are very kind".

Staff interactions with people who used the service were very caring and staff spent time talking to people in a reassuring manner. One person had a period of anxiety during lunch. The staff team spent a lot of time with the person re-assuring them to alleviate concerns that they had. This was done in a discreet and patient manner resulting in the person becoming more settled.

The preferred terms of address of people were outlined in care plans and actively used during interactions. One person had a nickname that they had for themselves and were quite happy for staff to refer to them using this.

Staff outlined the practical measures they took to promote the privacy of people. They told us that assistance with personal care was always carried out behind closed doors and that curtains were closed and people covered up during intimate care tasks. We observed staff supporting people with personal care behind closed doors and staff knocking on doors before being invited to enter.

The atmosphere within the service remained calm and relaxed throughout our visit. Staff supported people in a calm and discreet manner. Communication between staff and individuals took the communication needs of people into account. In those instances where people had difficulties in hearing, staff ensured that they spoke to people in a clear and appropriate manner so that they could be understood. People were encouraged to be as independent as possible. Many people used walking aids to mobilise throughout the building and people were encouraged to do this. Staff were still attentive to the possibility that people could experience difficulty and were at risk of falling as a result and discreetly supervised people. This ensured that people were independent with their mobility but were safe.

People's needs in relation to equality and diversity were considered by staff and the registered provider under the Human Rights Act 1998. Consideration was given to protected characteristics, for example, age and disability when completing a care needs assessment and formulating a plan of care. Information relating to people's social background, religious and cultural preferences was recorded to help staff treat people as individuals.

People's confidential information was kept secure at all times. Staff had received training in General Data Protection Regulations (GDPR). This relates to the protection of people's personal data. All sensitive documents were stored securely and only accessible to those who required to refer to them. Computers containing sensitive information were password-protected.

Two people were using advocacy services at the time of our visit. Advocates are independent individuals whose role is to assist people with a range of decision affecting their lives. Information was available to other people about available advocacy services.

Compliments had been received about the support provided by the staff. These ranged from "thank you for all the care you give" and well as compliments relating to the caring approach of the staff team.

Is the service responsive?

Our findings

People confirmed the activities that were provided by the staff team. They told us "yes there is always something to do" and "we go out each week in the minibus". Some people told us that they were offered the chance to take part in activities but not always want to join in. They told us "when I don't want to join in they always respect that". People were clear about how they could raise concerns about the service they received but that they did not have any complaints at that time.

Each person had a care plan. Care plans were person-centred and included the preferences and routines of people who used the service. Care plans provided details of medication administration. These outlined how medication could be effectively provided to people and their preferred manner to receive this. In addition to this, care plans included when it was appropriate to give medication when needed (known as PRN) such as pain relief. This ensured an effective and personalised intervention by staff in those circumstances.

Care plans outlined the main personal care needs of individuals as well as any social history, religious or cultural considerations that needed to be made. Care plans were further personalised with detailed records on how to support people maintain their use of prostheses (artificial body aids), for example.

The registered provider employed an activities co-ordinator. The co-ordinator had devised an ongoing programme of activities within the service. These included in-house activities such as quizzes, light exercise and music sessions. Key recent dates such as Christmas and New Year had been recognised in the activities programme. Other included the use of external entertainers and therapy dogs for people who used the service. People had access to a minibus that was used on a regular basis to take people into the local town and beyond. The activities co-ordinator was mindful of those people who did not wish to join in with group activities and had made time to sit with these individuals on a one to one basis to prevent social isolation. Individual activities were facilitated to enable people to pursue religious and spiritual interests. Church services were held within the building on a regular basis and arrangements made to enable people to access local churches in line with their spiritual beliefs.

We checked if the registered provider was following the Accessible Information Standard (AIS). This Standard is important as it is there to ensure people who have a disability, impairment or sensory loss get information they can easily access and understand. We saw that information relating to how people liked to communicate was recorded and where people were hard of hearing, staff were encouraged to speak slowly and clearly. There was information recorded around the impact of poor hearing or sight and staff support. Signage was available within the building to orientate people and written and large print information in place to assist people. The registered provider had written menus in place but had implemented a system to ensure people could receive preferred meals at mealtimes. This involved offering two plated meals so that the person could indicate their choice. This was observed as regular practice at lunchtime.

A complaints procedure was in place and was displayed prominently enabling people to refer to it. The procedure contained the timescale for reporting any concerns and the timescale for investigation. Records of complaints made were available and these outlined that concerns had been dealt with in a timely

manner and to the satisfaction of the complainant. People told us that they did not have any complaints but were confident that the manager would address any concerns.

We looked at how the service supported people nearing the end of their lives. No-one was at this stage of their lives during the visit. Information had been gained from people about their future wishes when they arrived at the end of their lives in terms of preferred support and religious considerations. We saw decisions relating to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) had been recorded in some people's care files in line with their preferences.

Is the service well-led?

Our findings

People did not comment directly on how well they considered the service to be run but they told us "staff are great" and "I am very happy here". They confirmed that their views on the quality on the service had been sought by the registered provider.

The service had a manager but this person had not yet been registered with us. Our records suggested that this process was underway and would be completed in the next few weeks after our visit. Staff told us that the transition to the new manager had been smooth and that it had helped that the manager had worked in the service before and was familiar with the staff team. Staff further told us that the manager was approachable and supportive and got things done.

A series of audits were in place to measure the quality of the care provided. The manager had oversight of those issues that directly affected people, for example people's weights and patterns of accidents that occurred. In this way, the manager could look to see how future accidents could be prevented or minimised. The manager demonstrated a good understanding of the needs and personal preferences of people who used the service.

Other audits were in place. These included audits on training, medication, infection control and environmental standards. The registered provider had devised a schedule for auditing so that such checks could be done at a regular basis.

The registered provider had sent surveys to staff, people who used the service, their families and other professionals. The results of these had been made available clearly to people who used the service. Any observations made by people or their families, for example, had been acted upon and the action taken again on prominent display. One action involved the offering of a choice of plated meals for people who had indicated that they could not recall their preferred choice made in advance. Their checks had been made in respect of the quality of the service. A representative of the registered provider visited on a monthly basis to report on all aspects of the quality of the service. Any points for action were recorded and addressed when completed. The manager stated that she received good support from this representative. Other external agencies had checked the quality of the service. One involved a visit and subsequent report made by the local authority commissioning team who had raised no concerns at their visit in October 2018.

The registered provider demonstrated that they co-operated with other agencies. This included social workers and healthcare professionals. The local GP visited the service each week for a consultation with people and to promote their health. The service facilitated this. In addition, the activities co-ordinator had reported that community links with the local town of Frodsham had increased in frequency.

The registered provider always informed us of any events that adversely affected the wellbeing of people who lived at Newton Hall or the smooth running of the service. Ratings from the last inspection in February 2016 were on display within the home and on the service's website. From April 2015 registered providers were legally required to display their CQC rating. The ratings are designed to improve transparency by

providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.