

Community Integrated Care Newgate Lane

Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

- Newgate lane is a care home. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided. Both were looked at during this inspection.
- The service provides accommodation and care for up to four adults with learning disabilities. At the time of this inspection there were 4 people living at the service.
- The service applied the principles and values that underpin Registering the Right support and other best practice guidance. This ensures that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and / or autism to live meaning full lives that include control over their own lives, choice and independence.
- Newgate lane is part of a national organisation called Community Integrated Care which is a social care charity.

People's experience of using this service:

- People received safe and effective care from staff who understood how to recognise and report issues of concern and potential abuse.
- The provider had effective systems in place to maintain staff's skills and knowledge through training and development.
- Systems and processes were in place to monitor the quality of the service provision and to make any necessary improvements when shortfalls were identified.
- Peoples care plans were detailed and contained sufficient information for staff to help them meet people's needs.

Rating at last inspection:

- At our last inspection, we rated the service good (report published 2nd January 2017). At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because the overall rating of the service has not changed since the last inspection.

Why we inspected:

- This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up:

- We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

The service remains good

Good ●

Is the service effective?

The service was effective

The service remains Good

Good ●

Is the service caring?

The service was effective

The service remains Good

Good ●

Is the service responsive?

The service was responsive

The service now requires improvement.

Requires Improvement ●

Is the service well-led?

The service was well-led

The service remains Good.

Good ●

Newgate Lane

Detailed findings

Background to this inspection

The inspection:

- We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection team was made up of two inspectors.

Service and service type:

- Newgate lane is a care home. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided. Both were looked at during this inspection.
- The service provided accommodation and care for people with learning disabilities or autistic spectrum disorder. Some people at the service were living with a physical disability or sensory impairment.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

- We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

- Due to technical problems we did not ask the provider to complete the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report
- We reviewed information that we held about the service such as notifications. These are events that

happen in the service that the registered provider is required to tell us about. We considered the last inspection report and information that had been sent to us by other agencies, this included commissioners who had a contract in place with the registered provider.

- During our inspection visit we undertook a tour of the premises along with the registered manager and one person who lived at the service to view their room. We spoke with two people and observed how staff interacted with and communicated with people. We also spoke with four staff members, the registered manager and the providers area manager, who visited the service during our inspection.

- In addition, we looked at specific parts of the records for two people and records in relation to the management of the service. These included quality assurance checks, staff training, three staff recruitment files, safeguarding, complaints and accidents and incident information.

- After the inspection we spoke with two people's relatives and one person's advocate. We asked for some policy documents to be sent to us. These were provided to us the day after the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were robust processes in place for investigating any safeguarding incidents. Where a safeguarding incident had occurred, it was reported to CQC and the local authority.
- Staff had received the necessary training to enable them to recognize and act to protect people from abuse. This training was updated annually.
- The registered manager and staff knew what constituted safeguarding. One member of staff said, "If I suspected abuse I would tell the registered manager and if they were not about I would inform the local authority or CQC. I have a duty of care to make sure the people I look after are safe."

Assessing risk, safety monitoring and management

- We noted that on arrival at the service a cupboard door was unlocked. It contained the hot water cylinder, this put people at risk of injury from hot water pipes, later in the afternoon we checked the cupboard again which remained unlocked, we alerted the registered manager to this who acted to ensure the cupboard was locked as per instructions on the cupboard door. The registered manager told us that she would raise this issue at the next staff meeting to ensure staff carried out safety checks in this area.
- Environmental safety checks were completed to help ensure the safety of utilities such as, gas, water and fire safety equipment.
- The registered manager told us that when fire drills took place they involved the people living at the service. This helped to ensure people understood procedures to follow in an emergency.
- Risks to people were assessed, recorded clearly in their care plans and updated when people's needs changed.
- Risks to people were assessed and mitigated. Care records described any potential risks to people's safety, for example, safety when accessing the community or risks associated with mobilising within the home.
- One person had a risk management plan in place in respect of falls. The person had specialised mobility equipment and wore a protective head mask to lessen impact on the head if they fell. Staff ensured that they did not make any sudden noises whilst the person was walking as they could become startled and fall, our observation confirmed this practice.
- Equipment such as overhead hoists and other moving and handling equipment were serviced and checked regularly. This helped to ensure they were safe for people to use.
- The provider had systems and processes in place which ensured robust recruitment checks were completed before any new staff member started work at the service. Staff files confirmed that application forms had been completed, references from previous employment had been obtained, and disclosure and barring service (DBS) checks had been carried out.
- There were sufficient staff to keep people safe. One person told us, "When I visit sometimes there is

agency staff on duty and they do not always know people as well as the regular staff." The registered manager had told us that two new members of staff will be joining within the next two weeks which will lessen the need to use agency staff, they said, , " it is important to employ sufficient regular staff to ensure care is delivered to a high standard by staff who know people's needs well."

- The registered manager added that, "I have been concentrating on employing additional staff to ensure we can maintain and develop our care practices and we have two new staff members joining the team soon."

Using medicines safely

- People were supported to take their medicines safely and the providers procedures for administering medicines were aligned with national guidance and best practice.
- Staff had received training to ensure they were competent in medicines administration and only staff who had completed the training undertook this task.
- Information recorded on the medicine administration records (MARs) was followed closely to make sure people took their medication on time and in a way prescribed. One person received their medicines at 8am then went back to sleep for a short period of time. This ensured that the medicines dispensing instructions were followed before eating.
- Regular audits were carried out to check that medicines were being managed safely and action was taken to address any issues the checks had highlighted.
- Safe systems were in place for people who had been prescribed topical creams.

Preventing and controlling infection

- There was an up to date infection control policy in place, which was understood by staff.
- The service was clean and odour free and the registered manager had effective systems for infection prevention and control in place, staff used the appropriate personal protective equipment (PPE) prior to assisting people with personal care.
- Staff had received training in the managing the risk related to cross infection and the registered manager carried out regular audits to ensure infection control measures were effective.

Learning lessons when things go wrong

- There was a robust process in place to monitor incidents, accidents and near misses. Reports were stored electronically which enabled the registered manager to review incidents when away from the service.
- Incidents, accidents and near misses were clearly recorded, acted upon and analysed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- One person told us that they thought the care was very good and regular staff knew their needs well.
- People's needs were assessed prior to arriving at the service. Information from assessments was used to help formulate people's care plans.

Staff support: induction, training, skills and experience

- Staff had access to a structured induction when they started to work for the service. This included face to face training and on-line training. New staff had the opportunity to carry out shadow shifts to get to know people living in the service.
- Staff told us training was provided regarding equality and diversity issues and they used their learning in taking account of people's social and cultural needs. This helped ensure there was no discrimination, including in relation to protected characteristics under the equality act (2010).
- A range of on-going training was provided for all staff, which included subjects such as; first aid, medication, health and safety, moving and handling, safeguarding. There was a comprehensive training portfolio to help staff develop skills.
- Staffs working performance and training needs were reviewed at formal supervision meetings with the registered manager. This helped to ensure they were performing effectively in their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered drinks throughout the day, one person frequently asked for more food and drink, staff were observed handling this consistently by reminding the person of their previous and upcoming meals.
- We saw one person sitting in the lounge eating their lunch, they told us they are happy eating meals in the arm chair in the lounge.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- One person had a detailed eating and drinking support plan that detailed instruction on how to support this person to ensure they received a balanced diet and the effect of diet in relation to their medical condition.

Staff working with other agencies to provide consistent, effective, timely care

- Where appropriate, there was guidance for staff in people's files which reflected recommendations from external professionals. An example of this was advice from the speech and language therapists when people were at risk of choking.

Adapting service, design, decoration to meet people's needs

- Not all aspects of the environment were suitable for people's needs.
- The providers internal audit in October 2018 had identified that a first-floor bathroom was in poor state of repair. This included issues with the tiling and the sink. During the inspection we brought to the attention of the registered manager that a window restrictor was broken and in need of replacement.
- The registered manager told us one person only used the bathroom infrequently and the person was not at risk of falling through the window.
- During the inspection, the registered manager acted to ensure this bathroom was no longer in use, pending repair.
- People could decorate their bedrooms in line with their preferences and needs. One person told us that he had chosen the wallpaper for his bedroom this meant a lot to him as the wallpaper showed super heroes, the person said that he liked his room and showed us the view from his bedroom window, another person had sensory lighting fitted in the bedroom and ceiling hoists, this demonstrated that the service had made adaptations to the service to meet the need of the people living in the home.

Supporting people to live healthier lives, access healthcare services and support

- People at the service maintained their registration with their own GP (general practitioner).
- People had access to healthcare services as required. Healthcare input included, dementia screening, input from occupational therapy regular visits from chiropodists and therapeutic massage. People had been offered the flu vaccination.
- We saw that people had reviews with their GP and had referrals made to dieticians and occupational therapy when their health needs required specialist input.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The registered manager and staff had received training about the MCA and understood how to apply this legal guidance when they supported people with their decision making.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of this inspection three authorisations had been granted and one application was in progress. We had been notified of these outcomes as per legal requirement.
- Best interest decisions were used in the service around permission to share and consent to care, all best interest decisions had been recorded appropriately in the care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people and their families reflected they felt that staff were caring. Comments included, "They (staff) are great and lovely. "and, "They (staff) went over and beyond to ensure the people are happy and safe."
- Staff were friendly and polite. Interactions between staff and people were natural and showed positive relationships had been developed. Throughout the inspection we heard staff being respectful to people.
- Staff knew how people liked to be addressed and called them by their preferred name.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning and reviewing their care with the support of family and advocates, one relative said, "I am always asked to attend care meeting as the person cannot always speak for themselves, I have been involved with planning a holiday for my relative and asked my opinion,
- Staff understood people's needs. Staff spent time with one person who was distressed, staff calmed the person with activities that the person liked to do, staff engaged people with kindness, patience and enthusiasm, taking an interest in what people were saying.

Respecting and promoting people's privacy, dignity and independence

- We observed that any direct personal care was delivered discreetly and in private to ensure peoples dignity was fully respected.
- All rooms were single occupancy and people were encouraged to have their rooms set out in the way they wanted them.
- People's personal records were stored securely. Care plans were held in the office and medicines records were stored in people's bedrooms. The service did hold some information on computer, which was stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records had been created together with people and those identified within their circle of support. These were kept updated to reflect the changing needs or choices people made.
- Care plans contained detailed information about the persons background, preferences around personal care, behaviour, communication and routines.
- Weekly pictorial planner was displayed in the dining room. However, it was unclear how this was used and the activities planned did not correspond with what took place on the day of inspection. People appeared unclear about what their schedule of activities were. The impact was that people did not really know what they were doing throughout the day.
- One person asked staff to go out with other people in the morning, but this was not really acknowledged by staff, however staff did spend time with this person talking about the persons past and playing puzzles, but it did not appear that the person had a focus to his day. Staff did tell us that the person had recently cut down day services as he wanted to slow down and that is why the planner does not match with activities.
- We brought this to the attention of the registered manager who acknowledged that the provision of person centred activities was an area which could be developed further.

Improving care quality in response to complaints or concerns

- Systems were in place to enable the registered provider and manger to respond to any concerns or formal complaints they received.
- The registered manager told us that no complaints had been received since last inspection. Staff told us that they had not made any complaints but were happy to raise concerns if required.

End of life care and support

- Some people did have funeral plans on record. However, the provider did not have any end of life care plans in-place. This meant that it was unclear about how people's care would be planned or delivered in the event they are nearing the end of their life. The manager had made a commitment to develop plans with people. However, at the time of inspection, there was insufficient detail about how people's preferences and needs would be met in the event of this circumstance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us that they felt the manager was good and led the service well. One person said that they felt confident that the registered manager would deal with any concerns they had and felt that the registered manager supported the staff.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents and incidents occurred. For example, one person told us, "When something had happened in the past the manager informed me and kept me up to date with the investigation that was carried out."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles in how to provide safe and effective care to people.
- Extensive policies and procedures were in place to aid the smooth running of the service, for example there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control.
- The registered manager understood their regulatory responsibilities in reporting significant incidents to the Care quality commission (CQC)

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their families were given the opportunity to be fully involved in the running of the service, a relative said " I am always asked for my opinion when the care needs of my relative change".
- Staff were kept up to date through regular staff meetings; supervision and handover meetings between shifts.

Continuous learning and improving care

- The registered manager monitored complaints, accidents, incidents and near misses and other occurrences monthly or more frequently if required.
- The registered manager sought feedback from people, staff and professionals to monitor quality and make improvements.
- All learning was shared with staff during staff meetings, handovers.
- The registered manager used quality assurances processes to identify areas which could be improved. Areas for improvement were discussed at regular staff meetings.

Working in partnership with others

- Staff had positive relationships with people and demonstrated an in-depth knowledge and understanding of their needs.
- External professionals were complimentary about the service. One healthcare professional said, "The staff and manager go over and above to provide people with support they need."
- Staff supported people to attend local community events and access activities and support from external agencies.