

Kingsview Homes Limited

Newton Hall Residential Home

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Newton Hall on the 1 March 2016.

Newton Hall 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. Bedrooms are located on the ground and first floor. Many of the rooms on the first floor are for people who are living with dementia.

The service has 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 2008 and associated Regulations about how the service is run.

People told us that they were happy living at Newton Hall and felt safe living there. They told us that they felt cared about and had their needs met. They told us that that they were given a choice in how they wanted to live their lives and were complimentary about the Registered Manager.

People lived in an environment that was clean and hygienic. The premises were in need of decoration and refurbishment and this had been recognised by the registered provider. An extensive programme of refurbishment had commenced in 2016 and the refurbishment of bathroom and corridor areas had already been completed. The environment was designed to enable people to move independently and remain safe. Medication was well managed and promoted the health of people who used the service. People were further protected by the robust recruitment of new staff.

The registered provider demonstrated that staff received up to date training on topics which related to the needs of people. Staff demonstrated a good understanding of the Mental Capacity Act and associated safeguards. The nutritional needs of people were met and when people were at risk of malnutrition, prompt action was taken.

People received care that was personalised and met their needs effectively. Care plans had been recently re-written to enable a person centred approach to care. Care plans included an acknowledgement of the health needs of people but also placed emphasis on their social history and interests. We saw that care practice matched the information included within care plans.

An activity programme was in place and ensured that people had the opportunity to join in if they wish as well as them being able to maintain links with the local community. People did not have any complaints but were confident that the registered manager would listen to them and act upon them. Where complaints had been made, the registered manager showed evidence of investigation and feedback to the complainant to their satisfaction.

The registered manager adopted an open and transparent style of manager and sought the views of all concerned about how the standards of care in Newton Hall could be maintained and improved upon. The registered manager also demonstrated a thorough knowledge of the individual needs of people living there and had sought to refine organisational records to achieve a smoother running of the service of findings.

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 told us that they felt safe living at Newton Hall

Staff demonstrated a good understanding of the types of abuse and what they would do if they witnessed any abusive practice

The registered manager had taken the risks posed by the environment and individual needs faced by people into account

The management of medication promoted people's health needs

Is the service effective?

Good ●

The service was effective

People told us that staff knew how to support them in their daily lives.

People told us that they were happy with the meals provided and that they received a choice of food.

Staff were supervised, trained and appraised in their role to ensure their competence.

People who used the service had their mental capacity to make decisions for themselves taken into account by the registered provider.

Is the service caring?

Good ●

The service was caring

People told us that staff cared about them.

People told us that they felt their privacy was always respected and that they were treated in a dignified manner.

People were given full information about their care.

Is the service responsive?

Good ●

The service was responsive

People told us that they were given the choice in all aspects of their care.

People were supported to access a variety of activities in the local community and there were planned activities in house available.

Care plans had been re-written with a view enabling a more person-centred approach towards support.

An effective complaints procedure was in place.

Is the service well-led?

Good ●

People told us that the manager maintained a presence within the building was approachable and understood their needs.

The registered provider had set up systems to measure the quality of the service and to ensure accountability and transparency. People's views on the service were sought.

All records were up to date and secure.

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.

This inspection took place on 1 March 2016 and was unannounced.

The inspection was carried out by an 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 and other records such as staff recruitment files, training records, policies and procedures and complaints files. Before the inspection, the provider completed 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.'

We spoke with the Local Authority Commissioning Team who had visited the week before our visit. They had no concerns about the service.

We checked to see if a Healthwatch visit had taken place. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of care provided. Healthwatch visited in May 2015 and found that the quality of care was satisfactory.

We spoke with seven people who used the service, four staff and a visiting professional. We also observed care practice within the service and the interactions between service users. We provided the registered

manager with a poster to display informing people of our visit and to encourage them to share their views. We reviewed records relating to the service. These included seven care plans, risk assessments, medicines records, two personnel files and audits.

We were taken around the premises. This was done to ensure that standards of hygiene and decoration were being maintained.

Is the service safe?

Our findings

People told us that they felt safe living at Newton Hall, "I feel safe definitely" and "I am happy here with no worries about anything". People told us that they received medication when they needed it and that it was never missed. They told us that there was always staff around to help them if they needed it. People told us that they were happy with the cleanliness of the building and stressed that they had been able to personalise their own bedrooms.

Staff demonstrated an understanding of the types of abuse and the action they would take in the event of witnessing any abusive practice. They told us that they felt confident that the management team would deal with any concerns and pass them on to the appropriate authorities. Staff had received safeguarding training and felt confident that they had all the information they needed to report concerns. They were aware of other agencies other than the registered provider that they could alert to any abusive practice. The registered manager maintained records of those events that would be considered as low level concerns. They had recently reported a medicine error as a concern to the local authority and we saw evidence that steps had been taken to prevent a re-occurrence. The Local Authority safeguarding team told us that there had been no safeguarding concerns relating to the service and our records confirmed this.

We saw from walking around the premises that steps had been taken to ensure that people's safety had been taken into account. Fire doors were kept shut and those areas such as the laundry and kitchen were not accessible to people unless supervised. The building was clean and hygienic and we did not detect any malodour odours. An infection control audit had been undertaken by the local infection control and prevention team and no concerns had been highlighted. This had been reinforced by regular infection control audits carried out by the registered manager to ensure that the standards of hygiene were maintained within the building.

The premises appeared to be in need of redecoration, in particular carpets and general décor. A bathroom had been refurbished as well as a shower room and a corridor area had been repainted. The registered manager advised us that a planned programme of refurbishment had been identified for 2016 and that this would be carried out in phases. Despite the need of redecoration, the building was well maintained with people not exposed to any unnecessary risks.

Risk assessments were in place for people to reflect potential risks faced by them in their personal care, their health needs and the general environment. Risk assessments were in place, for example, to determine the risks people faced from malnutrition or from developing pressure sores. All assessments were up to date. Further risk assessments were in place outlining people's susceptibility to falls. Some people were determined as being at more risk than others. Where falls had occurred, the registered manager had recorded these and had included detailed action of how these were to be prevented. Daily records indicated that when people experienced falls, care staff had intervened in a caring and appropriate manner.

We looked at two personnel files relating to staff that had come to work at Newton Hall over the past twelve

months. Files demonstrated that appropriate checks had been undertaken to determine the integrity of people such as Disclosure and Barring checks as well as references. Interview notes had been maintained as well as information verifying the person's identity and their physical fitness to perform their role. One member of staff who had recently been recruited told us that the recruitment process had been fair and efficient meaning that they could start their new role quickly but only after checks had been obtained by the registered manager.

Staff rotas indicated that there was a mix of senior staff, care staff and ancillary staff on duty through each week. Staff told us that generally there were enough staff. One staff member felt that whilst the service employed an activities co-ordinator it would be beneficial to have additional staff time for one to one activities. A dependency assessment for each person was available indicating how needs had changed. There was a vacancy for the Deputy Manager and for a domestic position. Interviews were to be held on the week of our visit. An administrator role had also been created to support the running of the home and recruitment to this post had commenced.

No-one who lived at Newton Hall managed their own medicines. This was down to person choice from people or was the result of people lacking the mental capacity to do this. This was determined through a mental capacity assessment. Our visit coincided with the administration of medicines. Two portable trolleys were used to transport medicines through the building and when not in use, these were locked and stored in the medication room. Staff administering medicines wore aprons indicating that they were to be disturbed. Medication records were appropriately signed and stocks of medicines accounted for. A monthly medication audit was undertaken to ensure that medicines had been administered. Controlled drugs were prescribed and kept in a separate cabinet. The records were countersigned by two members of staff after it had been administered. Staff responsible for managing medicines told us that they had received medication training. In addition to this, their competency at the task had been assessed and observed

Is the service effective?

Our findings

People told us "staff know what they are doing" and that staff "do their work well". They commented that "the food is brilliant, we get a choice and it is well cooked". They stated that they were happy with the building they lived in and could "get around and go where I need to go".

Staff told us that they had received supervision and this was confirmed through supervision records as well as a supervision schedule. Where practice issues had been identified, the registered manager had sought to discuss these with staff and identified how these impacted on the daily lives of people, what improvements were needed and how the implementation of these could be best ensured. Appraisals had been carried out last year and would be the ongoing responsibility of the Deputy Manager once they are in post.

Staff told us that they had received training in a number of topics of late. These had included training in health and safety, safeguarding and dementia awareness. They told us that the training they received equipped them to do their job. One member of staff told us about the induction they received. This had included four days of training and familiarity into what the registered provider sought to achieve in the services they operated. Further documentation evidenced that the member of staff had received an orientation of the building, made familiar with the fire evacuation procedure and the general aims of Newton Hall. It was felt that the induction process had prepared them for their role. A training plan for 2016 was available and this indicated where refresher training was needed. Training certificates were also available.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff gave a satisfactory account of the implications of the MCA on the daily lives of people and were able to identify those people who either were subject to DoLS or when an application had been made. Staff were clear that restrictions were designed to enhance the safety of people rather than limit their choices. Staff had received training in the MCA and this was confirmed through training certificates.

Discussions with the registered manager showed their understanding of the needs of those people who had been diagnosed with dementia or were starting to show early signs of the condition. One element of this was the consideration of enabling people to become orientated to their surroundings and the provision of suitable activities.

We looked at seven care plans. An initial capacity assessment was completed on admission to give the management team an indication of whether an application for a DOLS might be appropriate. These were available in all care plans we looked at. We saw evidence that DOLS had been granted by the Local Authority and the registered manager had identified timescales for these to expire. We also saw evidence of applications made by the registered manager seeking the application of DOLS to individuals. The registered manager reported that this was an on-going process and that they sought to be in attendance when medical professionals visited seeking information to support the applications.

Although care plans indicated the potential for individuals to display degrees of challenging behaviour linked to their health conditions no restraint was used. Where applicable, records were maintained outlining the triggers to such behaviours and how they were managed by staff. These were centred on verbal challenges rather than physical aggression and as a result, no restraint procedures were necessary. Such situations were managed by staff through talking to people in order to re-assure them and keep them and others safe.

Staff ensured that they assisted people to indicate consent. Care plans included reference to the communication needs of people. These included the person's ability to verbally make their needs known as well as their ability to understand what was said to them. Staff ensured that any information had been clearly understood by people.

Staff were able to identify those people who were at risk of malnutrition. This was confirmed through the same individuals care plans. Risk assessments were in place and where appropriate people had their weight monitored on a weekly basis. Care plans indicated that when there were issues with nutrition, for example, a loss of appetite, these were referred to other health professionals.

All meals were served in the dining room. People were able to eat independently with no assistance required. Lunch time was a relaxed occasion again with staff only needing to prompt some people into eating or advising them as to what their meal consisted of.

Care plans indicated that a small number of people needed softer diets. This information was available to the chef who demonstrated a good understanding of people's needs.

Is the service caring?

Our findings

People told us that they were happy with the way they were supported by the staff team and felt that they were cared about. They felt involved in making decisions about their daily lives and told us that they were treated in a dignified manner at all times. While people said that they were generally well, they commented that if they experienced any health conditions, the staff team always sought the appropriate medical help for them. People considered that the staff team helped them to maintain their independence.

Interactions between staff and people who used the service were positive and friendly. Staff took the time to determine whether people wanted assistance and if they did, explain how this was to be provided. This level of positive interaction extended to all levels of the staff team. The registered manager demonstrated a detailed understanding of the needs of people and was able to discuss issues with people in a knowledgeable and reassuring manner.

The privacy afforded to people included staff knocking on bedroom doors before entering. Staff were aware of those people who preferred to enjoy their own company and remain in their bedrooms. One person had a query about their bedroom would be affected by proposed refurbishment. Reassurance was given. They showed that they had been aware that a refurbishment programme was being implemented and had questions about how they would be affected during it. This demonstrated that people were kept informed and up to date with any developments affecting their home and personal space.

Staff took the time to explain things to people and did this in a patient and helpful manner. At a service level, a residents and relatives meeting had been set up recently and it was hoped that this would continue with people who used the service being kept up to date with anything going on in their home. Advocacy services were available and one person received the involvement of an independent advocate on a monthly basis.

Records suggested attention paid to the health needs of people. Care plans highlighted those health conditions that people had and how their quality of life could be best maintained. Evidence was in place to suggest that when health conditions developed, action was taken to ensure that people were provided with the right assistance from other agencies. We spoke with one health professional who was visiting. They told us that the staff team always followed the recommendations that they made and that they had no concerns at all about how people were cared for.

Other health appointments were in place for routine checks on people's eyesight, foot care and dental check-ups. During our visit one person was going to a dental appointment and steps were taken to ensure that the person was aware of the appointment and how the person was to be supported during the visit.

People were able to mobilise around the building independently. Those who had been assessed as being at risk of falls were monitored to ensure their safety if they walked without aids or relied on mobility aids such as zimmer frames. Staff enabled people to walk independently yet discreetly supervised those who appeared unsteady on their feet; ready to give assistance only when people agreed to it.

Is the service responsive?

Our findings

People told us that they had all their needs met and were able to be involved in activities. People said that when activities took place, they were always asked if they want to participate. Individuals expressed no concerns about the standard of support provided to them and did not have any complaints. They were aware of who to speak with if they had a complaint and were confident that staff would listen to them and act on concerns.

Initial assessments were available outlining the main needs of people and how the staff team could meet these needs. Information was also obtained from service commissioners in order to ensure that a full pre-admission assessment was completed and the service could meet the needs of the individual. Assessments included an indication of whether a person had the mental capacity to make specific decisions for themselves.

Assessment information was translated into a plan of care. We looked at seven care plans. Two care plans related to people who had only just come to live at Newton Hall. These plans were linked to key activities of daily living such as nutrition, communication, medical/social needs and risk of developing pressure ulcers. Where risks were present, risk assessments had been completed and actions were identified that staff could take to minimise the risk of harm.

All care plans had recently been re-written. The aim of this was to ensure that care plans were more person centred and detailed. This had been a significant exercise for the management and staff team to undertake yet it was considered that this process had been beneficial for the people who used the service because it enabled the delivery of care to be more person centred. The occurrence of any changes to people's lives were reflected in care plans with addition goals set to achieve a positive outcome. All care plans had been reviewed and evaluated with any progress noted and changes made.

All care plans were accompanied by daily records which provided a day to day account to progress. These were detailed and provided a clear account of events that had happened to people during each day.

Care plans included details of past and present preferred interests and activities. An activities co-ordinator had been employed by the registered provider. Details of activities were on display yet the registered manager was reviewing the display of this information so that everyone was fully aware of what activities were on offer. During our visit, the service's minibus was used during the morning and afternoon to take people to places of local interest. People who remained behind during these trips did confirm that they had been asked if they wished to go out yet had preferred not to. In house activities were also available to those who wished to pursue them. Activity records were maintained outlining those activities that people had participated in over a period of months and these were audited to ensure that people had equal opportunity to join in.

Lounge and other communal areas were busy during our visit with few people preferring to stay in their own rooms. One care plan indicated that the person did spend a lot of time in their room yet care practice indicated that staff would regularly check to ensure that the person was fine and not feeling isolated. We

spoke with this person who said that they were quite happy to enjoy their own company.

Care practice was such that people were given the opportunity to choose. This included choice in whether they wanted to join in activities, where they wanted to spend time, or what they wanted for lunch. Individuality was taken into account. One person had a preference in relation to their diet and this was recorded in their care plan and the chef was aware of this person's preference. Another care plan indicated the spiritual wishes of one person and again this was recognised.

A complaints procedure was available and was presented in a format that was as appropriate as possible to the needs of all people living at Newton Hall. The complaints procedure was easily accessible for people to refer to. Complaints records were maintained and where complaints had been made by people, there was evidence of a swift response to the concerns and an investigation took place. Feedback was then provided to people and complaints were investigated to the satisfaction of each person. The service sought to recognise compliments that had been made. Thank you cards were on display and copies of these retained so that staff could be told about positive outcomes of their work. The registered manager was seeking to include more recording and acknowledgement of verbal compliments passed on by people. Our records indicated that no complaints had been raised in respect of Newton Hall.

Is the service well-led?

Our findings

People who used the service told us that they thought that the registered manager was "Very helpful" and "Nice". They told us that the registered manager always spoke to them each day and was always around if they needed to speak to them.

The registered manager displayed a clear understanding of the needs of each person. They interacted with people who used the service in a positive manner and showed a clear awareness of the main issues that people wanted to talk about.

Staff told us that the registered manager was supportive and approachable. They considered that the service was well managed and well run. They told us that the registered manager was seeking to generally improve the standards of care within the service, for example, the review of care plans, continuously.

Our records suggested that the registered manager always notified us of incidents when needed and always responded to requests that we made. The Provider Information Return had been completed and returned to us within the deadline for submission. Other information we required during our visit was provided on the day or subsequent to our visit.

A certificate of registration was on display within the building. The registered manager displayed a clear understanding of the service being a care home for people with personal care needs and how changing needs of people would either result in either nurse professionals being asked to assist with health issues or re-assessment of people's needs.

The registered provider had a clear expectation that the quality of the service be measured and reported upon. Recent questionnaires had been sent to all those involved in aspects of the support provided and the results of these had just been made available. These suggested a positive response. A suggestion box was available for use and comments when received were acted upon.

A representative of the registered provider visited on a monthly basis to comment on the quality of the support provided. A series of audits were required and completed so that the registered provider could maintain quality of care. These audits included health and safety, infection control and care plan audits. The registered manager had added to these documents to enable them to demonstrate progress made and further action required. A recent error in medication administration had led to the introduction of aprons indicating that people administering medication should not be disturbed. This included action taken to minimise falls as well as action taken to maintain people's nutrition.

All records were accurate and up to date. Care plans had all been re-written in order to make them more person-centred. Care Plan audits had been suspended whilst the records were being updated but these would recommence shortly. All records were securely stored and personal information retained in the main office had been anonymised to enhance confidentiality.