

Mrs C Cummings

Newton House Care Home

Inspection report

Shireoaks Road
Shireoaks
Worksop
Nottinghamshire
S81 8LX

Tel: 01909482960

Date of inspection visit:
11 February 2020

Date of publication:
06 March 2020

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

About the service

Newton House Care Home is a residential care home which provides accommodation for up to 12 people who require personal care in one adapted building. At the time of the inspection there were 11 people living at the service, some of whom were living with dementia.

People's experience of using this service and what we found

The provider had developed an auditing process to check the quality of service being provided. These audits enabled them to monitor all areas of the service being provided and make any necessary changes to the benefit of the people living there.

People felt safe living at Newton House Care Home and felt safe with the staff who supported them. Risks associated with people's care had been assessed and managed. People's medicines were handled safely, and new staff had been appropriately recruited into the service. There were overall, enough suitably trained staff to meet people's needs. The provider's infection control procedures were followed, and lessons were learned when things went wrong to improve the service moving forward.

People's needs had been assessed prior to them moving into the service and plans of care had been developed. Staff had the appropriate skills and knowledge to be able to meet people's needs and they made sure people could access healthcare professionals when they needed them. People were supported to eat and drink well and staff ensured they obtained people's consent to care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were provided with a comfortable place to live and people's rooms were personalised.

People were treated with respect and their privacy and dignity were promoted. People were supported by kind and caring staff who involved them in decisions about their care.

People's care was centred on them and they were supported to enjoy activities of interest. People knew who to talk to if they had a concern of any kind and felt they would be listened too. Staff had received training on how to look after a person at the end of their life, and people's wishes were being explored.

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

Rating at last inspection and update The last rating for this service was requires improvement (published 19 August 2019) and there were seven breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Newton House Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one assistant inspector.

Service and service type

Newton House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The provider is registered with CQC as a sole individual. Therefore, there is no requirement to have a registered manager. Registered persons are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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 reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and support people received and Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with four people living at the service and eight relatives. We spoke with the provider, the deputy manager and five members of the staff team. We observed support being provided in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included two people's care records and associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for two new staff members employed since our last visit. We also looked at a sample of the providers quality assurance audits the management team had completed.

After the inspection

The provider provided us with further evidence to demonstrate compliance with the regulations.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to report incidents of a safeguarding nature to the local authority and staff had not taken appropriate action to safeguard people from harm or abuse. The provider had not taken reasonable steps to ensure all risks people were exposed to had been documented or assessed and there was no detailed analysis of the reason why an incident had occurred. People had not always been protected against the risk of infection, medicines were not always managed safely, and robust recruitment procedures had not always been followed. This was a breach of Regulation 17: Good governance. Regulation 12: Safe care and treatment and Regulation 19: Fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17, Regulation 12 or Regulation 19.

Systems and processes to safeguard people from the risk of abuse

- The provider was now aware of their responsibilities to report all potential signs of abuse to the relevant organisations, including the local authority safeguarding team and CQC.
- Incidents and accidents were monitored and analysed, and actions were taken to reduce the chance of reoccurrence.
- People felt safe living at Newton House Care Home and felt safe with the staff who supported them. Relatives we spoke with agreed.
- One person told us, "I do feel safe, I get excellent care." A relative explained, "I come every day and I can say with my hand on my heart, [person] is safe."
- Staff had received training on the safeguarding of adults and knew their responsibilities for keeping people safe from avoidable harm. This included the reporting of any concerns. One explained, "I would go to my manager first and if it wasn't resolved, I would go to an outside agency and whistle blow."

Staffing and recruitment

- The provider undertook appropriate pre-employment checks, to make sure prospective staff were suitable to care for people. This ensured staff were of good character and were fit to carry out their work.
- People felt there were suitable numbers of staff working at the service to keep them safe.
- One person explained, "When I ring my bell, they come quickly." A relative told us, "There are always staff around."
- Staff spoken with felt there were enough staff on duty to meet people's needs in a timely manner. One told us, "Yes, there's enough of us, we don't have to rush people."

- We did note there would be times when only two carers were on duty and at least one person needed the support of two people for personal care. A staff member told us, "[Person] is always on call if we need them, but I would prefer an extra staff member in the afternoon." We discussed this with the provider. They assured us that as they lived next door to the service, both they, and their relative were available in those instances.

Assessing risk, safety monitoring and management

- Risks to people had been identified, assessed and managed.
- Risks assessed included those associated with people's mobility and their ability to eat and drink safely. Where risks had been identified, appropriate actions had been taken, and staff had been provided with information on how best to support people and keep them safe.
- A health and safety audit had been introduced since our last inspection and this was being completed monthly. This meant any issues around health and safety could be quickly identified and addressed.

Using medicines safely

- People were supported to have their medicines at the right times and in a safe way.
- One person told us, "I get my tablets when I need them."
- Staff responsible for supporting people with their medicines had received training in medicine management, and their competency was regularly checked.
- For people who received their medicines via a patch on the skin, body maps were used. This provided a robust method of recording where the patch had been applied and reduced the risk of it been applied on the same area, causing irritation.
- Protocols were in place for medicines prescribed to be given only as required, such as medicines prescribed for pain relief. Information on any allergies people suffered was also included in the records held.

Preventing and controlling infection

- Communal areas, bedrooms and equipment were regularly cleaned and monitored to ensure people were provided with a comfortable place to live.
- The provider had developed an infection control audit, and this was being carried out monthly. This meant any shortfalls could be identified and addressed.
- Staff had received training on the prevention and control of infection. They followed the provider's infection control policy and ensured the premises were clean, tidy and odour free.

Learning lessons when things go wrong

- The provider had learnt lessons following the concerns raised at our last inspection. They had made significant improvements to the auditing processes and checks were now being carried out on all aspects of the service. This meant potential risks to people were promptly identified and addressed.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to follow the principles and guidance related to MCA and capacity assessments had not been completed for decisions made on behalf of people who lacked capacity. It was unclear if all training deemed mandatory by the provider was delivered to staff and the training matrix did not show the dates on which staff had attended training. Supervision records did not demonstrate staff knowledge and competency were assessed and there was no training available for staff to meet the needs of people with specific health conditions. This was a breach of Regulation 11: Need for consent and Regulation 18: Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11 and Regulation 18.

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

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. 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.

- The provider was working within the principles of the MCA. Mental capacity assessments and best interest decisions had been completed for individual decisions people were unable to make for themselves.
- Staff had received training on MCA and those spoken with understood their responsibilities within this. One staff member explained, "MCA is there to safeguard vulnerable adults who can't make specific decisions for themselves."
- People's consent was always obtained, and staff encouraged and supported them to make decisions about their day to day routines and personal preferences.

Staff support: induction, training, skills and experience

- Staff had received an induction into the service when they first started working there and training relevant to their roles had been provided.
- One staff member explained, "I had an induction. They showed me round and introduced me to the residents. I also did some shadow shifts until I was comfortable to do my first shift." Another told us, "I've recently done training on mental capacity, safeguarding and tissue viability. They have introduced a load of new ones (training sessions) this year."
- Staff had been provided with an annual appraisal and two monthly supervisions sessions had been completed. At these meetings staff knowledge and competency to carry out their role had been checked.
- Staff felt supported by the provider. One explained, "I do feel supported and I know I can go to [provider] or [deputy manager] with any concerns I had."

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

- People's individual care and support needs had been assessed prior to them moving into the service. This ensured people's needs could be met by staff.
- A relative told us, "[Member of the management team] came to see [person] before they came here."
- People were being supported daily to make choices and decisions about their care and support. One person told us, "You can choose what you want to do. I like to sit here and look out of the window and listen to music. That's what I choose to do."

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

- People were supported to eat and drink well and maintain a healthy balanced diet.
- One person told us, "They always make sure we have plenty to drink."
- Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements and people's weight was monitored regularly.
- People told us the meals served at Newton House Care Home were good. One person explained, "The food is alright and if you want something else you can have it."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had regular access to healthcare professionals such as GP's and community nurses.
- Staff were observant to changes in people's health and when concerns were raised, support from the relevant healthcare professionals was sought.

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

- People lived in a service that had been adapted to meet their needs. There were a number of communal areas including a large lounge, dining room and conservatory. These spaces were homely and inviting and allowed people space to spend time with others or to be alone.
- Signage was used within the service to help orientate people to their surroundings.
- People's rooms were well presented and personalised with their personal possessions. One person told us, "My family came and put my pictures up. It makes it more homely."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to evidence that people had been involved in making decisions about their care. This was a breach of Regulation 17, good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

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

- People were encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences.
- A staff member explained, "I always ask a person before I do anything. It is their choice if they don't want to do something."
- We observed staff offering choices and supporting people to make decisions throughout our visit. This included, whether to join in an activity, whether to have an extra drink or a snack or whether to listen to music on the radio.
- Regular meetings had been held for the people using the service and their relatives. This gave them the opportunity to express their views on the service provided.
- Advocacy services were made available to people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

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

- Staff were patient and had the time to support and talk to people.
- There was a relaxed atmosphere within the service and staff responded to people in a timely manner when required. One staff member told us, "I love it (working here) Only 12 residents means you can get to know everyone. It's like an extended family."
- People were supported by kind and caring staff. One person explained, "The staff are very good, they will have a bit of fun with you." A relative told us, "You can't fault the staff they are all so kind and caring."
- We observed support being provided throughout our visit. Staff actively engaged people in a kind, caring and person-centred way.
- The staff team had received training in equality and diversity and understood the importance of promoting

this and respecting people's wishes and beliefs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and people were supported to be as independent as possible.
- The staff team were aware of their responsibilities for maintaining people's privacy and dignity when supporting them. One explained, "I always make sure the door and curtains are closed, and always explain what I am going to do."
- A relative told us, "[Person] is treated with respect, 100%, no doubt about it."
- We did note one occasion when a staff member spoke about one of the people using the service with another staff member in front of them, rather than conversing with the person themselves. We shared this with the provider for their information and action.
- Relatives and friends were able to visit at any time. This meant people could maintain relationships that were important to them. One relative explained, "We can come any time, we couldn't wish for a better place. Everyone is lovely, it's like home from home."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure people received personalised care and support. This was a breach of Regulation 17, good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support based on their individual needs and preferences.
- Plans of care had been developed when people had first moved into the service. These were comprehensive and included personalised information in them. This included information around the person's mobility needs and the personal care they required.
- People's plans of care also included information about their past lives, their spiritual needs and the hobbies and interests they enjoyed. This ensured staff understood people's life history and what was most important to them. This information meant staff knew people well and were able to interact in a meaningful way.
- People's plans of care had been reviewed regularly with them and their family members whenever possible. One person explained, "I am involved in my care plan." A relative explained, "They involved us all the way."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people well and knew how each person communicated.
- The provider understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. This included large print documents and pictorial aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities.
- The provider employed four people to carry out activities which were offered seven days a week. Both group and one to one activities were provided and involved everyone using the service, including people who preferred to stay in their room. One person told us, "The activities person comes to my room and does activities with me here."
- The activities leaders knew people well. Activities were person centred and based on the things people liked.
- On the day of our visit we observed people enjoying card games and dominoes and a session of sensory therapy was also enjoyed.

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and people knew who to talk to if they were unhappy about anything.
- One person told us, "I would talk to [staff member] or [provider] they are around all the time."
- Whilst no complaints had been received by the provider, they knew their responsibility to handle any complaint in line with their complaint policy.

End of life care and support

- People had been provided with the opportunity to discuss their wishes at the end of their life during the care planning process.
- Plans of care seen had people's wishes recorded, though some were more comprehensive than others.
- The staff team had received training to enable them to properly support people at the end of their life. A staff member explained, "We try to keep them as pain free as possible and we keep them comfortable. We always get the time we need to care for people."

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good.

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

At our last inspection the provider had failed to have systems and processes in place to assess, monitor and improve the health and safety of people using the service. They had failed to take timely action to address the health and safety concerns which had been identified by another healthcare professional and had failed to display their previous rating. This was a breach of Regulation 17: Good Governance and Regulation 20A: Requirement as to display of performance assessments, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had also failed to ensure effective systems were in place so that notifiable events were reported to CQC. This was a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009: Notification of other incidents.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17, Regulation 20A and Regulation 18.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Audits and checks had been developed and completed. These showed continual and sustained improvements had occurred at the service since our last inspection. The new auditing systems had been embedded within the monitoring and management of the service. This ensured any shortfalls were quickly identified and suitably addressed.
- The provider was now in day to day charge of Newton House Care Home and had good oversight of the management of the service.
- Systems were in place to monitor the quality of the service being provided.
- Weekly and monthly audits had been carried out. These included checking the environment, infection control, people's plans of care, medicine records and records of pressure ulcers, weights and falls. Records showed where issues had been identified, appropriate action had been taken to further improve the service moving forward.
- The provider was committed to ensuring the quality of care for people using the service was the best it could be.
- The provider understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. They were also aware of their responsibility to have the rating from their latest inspection on display. We saw the rating was clearly on

display within the service.

- Staff understood their roles and responsibilities and the provider was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required.
- The provider understood their responsibilities under the duty of candour and worked in an open and transparent way when incidents occurred at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the provider and the staff team.
- One person told us, "They always keep us informed and always make a point of speaking to us." Another explained, "The staff are so good. It's more like a family home. There's always music on which [person] loves. Communication is really good and we always get a cup of tea."
- Staff felt supported by the provider. One explained, "I do feel supported, and I know I can go to them [provider] If I have a concern."
- Staff understood the provider's vision for the service and they told us they worked as a team to deliver good standards of care. One staff member explained, "We work together to ensure people are safe, happy and cared for in the right way."

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

- People and their relatives had been given the opportunity to share their thoughts of the service being provided. This was through the use of surveys, regular meetings and informal chats. A comment in a recently returned survey read, "Absolutely wonderful care. Management most certainly always listen and assist."
- Staff had been given the opportunity to share their thoughts on the service and be involved in how it was run. This was through formal staff meetings, supervisions and day to day conversations with the provider. One explained, "We have supervisions quite often, they are a chance to feedback, they are useful."

Continuous learning and improving care; Working in partnership with others

- The provider was committed to improving care and many improvements had been made since our last visit. This included the development of an auditing system which looked at all areas of the service.
- The provider worked with stakeholders and other agencies. This included liaising with social work teams and other professionals when appropriate.