

Alexander's Care & Support Limited

ACASA

Inspection report

Newman Court
Barber Road
Basingstoke
Hampshire
RG22 4BW

Date of inspection visit:
08 June 2018
11 June 2018

Date of publication:
26 July 2018

Website: www.parkgroupcare.co.uk

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 8 and 11 June 2018 and the service was rated 'Good' overall.

Newman Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation, in a shared site or building. At Newman Court this accommodation consists of individual flats in one complex, which have been rented by individuals and is their own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support provided by the service. Not everyone living at Newman Court received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection the service was supporting 25 people with personal care.

The service had a registered manager in place at the time of our inspection. 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 were kept safe from harm by staff who knew what to do in order to maintain their safety and protect them from abuse. People were consulted about risks relating to their safety, how they were managed and how their independence could be promoted. Risks to people were assessed and action was taken to minimise any avoidable harm.

Staff supported people to maintain high standards of cleanliness and hygiene in their homes, and to safely manage the control and prevention of infection, particularly in relation to the safe preparation of food.

Staff underwent appropriate training to support people to manage their medicines safely and had their competency to do so regularly assessed.

The provider applied thorough recruitment procedures to ensure staff were suitable to support people made vulnerable by circumstances living in their own home. The registered manager completed rotas which ensured that enough suitably qualified staff, with the right skills mix, were deployed to provide care and support to meet people's needs safely.

Staff raised concerns with regard to safety incidents, concerns and near misses. The registered manager analysed incidents and accidents to identify trends and implement measures to prevent a further occurrence. When mistakes happened the provider responded in an open and transparent manner, apologising to people where necessary, and taking prompt action to put things right.

The provider had enabled staff to develop and maintain the necessary skills and knowledge to meet people's needs effectively. People were supported to eat and drink enough to meet their nutritional needs.

Staff supported people to maintain their health and ensured they were referred promptly to appropriate healthcare professionals whenever their needs changed.

The registered manager and staff clearly understood their responsibilities in relation to the Mental Capacity Act 2005. People were involved in making every day decisions and choices about how they wanted to live their lives.

People's independence was promoted by staff who encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

People experienced good continuity and consistency of care from staff who were kind and compassionate. People were relaxed and comfortable in the presence of staff who invested time to develop meaningful relationships with them.

The service was responsive and involved people in developing their support plans which were detailed and personalised to ensure their individual preferences were known. People were supported to complete stimulating activities of their choice, which had a positive impact on their well-being. People were supported by staff to maintain special relationships with friends and relatives to protect them from the risks associated with social isolation.

Opportunities were available for people and their families to regularly contribute to the development of the service and to help drive continuous improvement. The service had a structured approach to obtaining feedback from people using the service, including satisfaction surveys and quality assurance visits.

The service was well managed and well-led by the registered manager who provided clear and direct leadership, which inspired staff to provide good quality care. The provider ensured the service delivered high quality care by completing regular audits, site visits and reviewing the registered manager's monitoring reports, which detailed all significant events. The safety and quality of support people received was effectively monitored and identified shortfalls were acted upon to drive continuous improvement of the service. The area and operations managers were very approachable and listened to staff feedback which made staff feel valued.

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 were protected from avoidable harm and abuse by staff who had been trained and understood the action required to keep people safe.

Risks specific to each person had been identified, assessed, and actions implemented to mitigate them.

The registered manager completed robust pre-employment checks and a staffing needs analysis to ensure there were sufficient numbers of suitable staff to support people to stay safe and meet their needs.

People were supported to manage their medicines safely, by staff who had completed relevant training and had their competency assessed regularly.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate supervision and support to ensure they had the required skills and experience to enable them to meet people's needs effectively.

People were supported to make their own decisions and choices and their consent was always sought in line with legislation.

People were supported to eat a healthy, balanced diet of their choice, which met their dietary requirements.

People were supported by staff to maintain good health, had regular access to healthcare services and received on-going healthcare support when required.

Is the service caring?

Good ●

The service was caring.

People were consistently treated with kindness and compassion.

Staff supported people to express their views and be actively involved in making decisions about their care

People were treated with dignity and respect at all times and without discrimination.

Is the service responsive?

Good ●

The service was responsive.

People, their families and staff were involved in developing their care, support and treatment plans.

People knew how to complain and had access to provider's complaints procedure in a format which met their needs.

People were provided with regular opportunities to make decisions about their preferences for end of life care.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted a positive culture that was person-centred, open, and empowering, which achieved good outcomes for people.

The registered manager operated effective quality assurance systems, which identified and managed risks safely.

The collaborated effectively with key organisations and agencies to support care provision and service development.

ACASA

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This announced inspection of Newman Court took place on 8 and 11 June 2018 and was carried out by one inspector. The inspection was announced, which meant the provider and staff knew we would be visiting. We announced the inspection to ensure that people we needed to speak with would be available.

When planning the inspection visit we took account of the size of the service and that some people using the service could find unfamiliar visitors unsettling. As a result this inspection was carried out by one adult social care inspector.

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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

During our inspection we spoke with four people living at Newman Court and two visiting relatives. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual using the service. We pathway tracked the care and support of five people.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes and when medicines were administered. During the inspection we spoke with nine people who were using the service, three relatives and three health and social care professionals. We also

spoke with the registered manager, the operations manager, the area manager, one team leader and nine staff.

We reviewed ten people's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at nine staff recruitment, supervision and training files. We examined the provider's records which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering May and June 2018, health and safety audits, medicine management audits, infection control audits, contingency plans and minutes of staff meetings. We considered how people's and staff feedback were used to drive improvements in the service.

This was the first inspection of this service.

Is the service safe?

Our findings

People and their families consistently told us they felt the service was safe. Staff had developed positive and trusting relationships with people that helped to keep them safe. One person told us, "I was worried when I first came here but now all the ladies[staff] look after me so well I wouldn't want to be anywhere else." Another person told us, "The girls [staff] often just pop in to say hello if I'm not feeling well and always know when I need to see the doctor."

The service had effective safeguarding systems, policies and procedures and managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation. People consistently told us they felt comfortable raising concerns about their own or other people's safety. One person told us, "The carers really care about me and will do whatever it takes to make sure I am looked after properly." When concerns had been raised, the registered manager carried out thorough investigations in partnership with local safeguarding bodies. People experienced safe care provided by staff who had the knowledge to enable them to respond appropriately to concerns about people's safety.

There was an open culture within the service where learning from mistakes, incidents and accidents was encouraged. Staff performance relating to unsafe care was recognised and responded to quickly, for example; medicine errors. Lessons learned from such incidents were shared with staff immediately to protect people from a future recurrence.

People and where appropriate their relatives were involved in managing their own risks. People's needs and risk assessments were person-centred, proportionate and contained the necessary information for staff to meet people's needs safely and to mitigate any identified risks.

Staff were aware of people who were at particular risk of avoidable harm, for example; staff knew people who were at risk of choking, developing pressure areas or falling and how to support them safely to mitigate these risks.

Each person had needs and risk assessments which detailed the level of support required to keep them safe in any situation. These assessments specified the ratio of staff required to support each person at different times and during specific activities. Staff understood people's risk assessments and the action required to keep people safe. Staff shared information about risks during shift handovers, staff meetings and one-to-one supervisions, to ensure they were managed safely. Prior to providing care to people, staff had the opportunity to read their care plan and ask the registered manager questions to ensure their understanding. People consistently told us staff delivered their care in accordance with their risk assessments, which kept them safe and met their individual needs.

When required staff made referrals to relevant health professionals, such as the district nursing team, physiotherapists, occupational therapists and speech and language therapists. This ensured that the person's changing support needs were urgently reviewed and plans could be put in place to provide the most appropriate care and treatment to keep them safe.

The provider had procedures for dealing with emergencies which could reasonably be expected to arise from time to time. Records showed staff had been given training on how to deal with different types of emergency, for example; where people experienced health conditions which may require support in an emergency, this was clearly detailed within the person's care records. The provider had established systems and processes to keep people safe in an emergency.

Staff had undergone relevant pre-employment checks during their recruitment process, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

The registered manager regularly reviewed staffing levels and adapted them to meet people's changing needs. Staff told us the current staffing levels enabled them to provide safe and effective care, which we observed in practice. The registered manager ensured there were always sufficient numbers of staff with the right mix of skills, experience and knowledge, to meet people's individual needs safely.

If people displayed behaviours that challenge, these were monitored and where required referred to health professionals. Staff were aware of the different triggers of people's behaviour. During our inspection we observed timely and sensitive interventions by staff, ensuring that people's dignity and human rights were protected, whilst keeping them safe. Risks to people associated with their behaviours were managed safely.

People's prescribed medicines were managed safely, by appropriately trained staff who had their competency to do so regularly assessed by the registered managers and team leaders. Staff told us they felt confident managing medicines and that their training had prepared them to do this. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects. People told us that staff supported them where necessary with their prescribed medicines, in accordance with their support plan. The provider's management of people's prescribed medicines followed guidance issued by the National Institute for Health and Care Excellence.

People were protected from the risks associated with food preparation and contamination by staff who had completed relevant training about how to mitigate these risks. Staff supported people to maintain high standards of cleanliness and hygiene in their homes, which reduced the risk of infection. We observed staff followed current national guidance to ensure people were protected from the risk of infections. All staff clearly understood the provider's policies and procedures on infection control, which were up to date and based on relevant national guidance.

Is the service effective?

Our findings

In August 2017, ACASA (Alexander Care and Support Limited) began to provide a service for people living in Newman Court, having taken over from another care provider. Some people and staff experienced a process where their respective contracts, either for services delivered or terms and conditions of employment, were moved from another care provider.

People, relatives and staff consistently provided feedback that this transfer had had a positive impact on the quality of care and support they received and had improved the service delivery. One person told us, "I know the girls [staff] are mainly the same but the organisation is much better and they all seem much happier in their work." Another person told us, "Before there used to be a lot of confusion but the communication is a lot better and the teamwork is much better."

People and their families felt the service provided effective care and support and consistently told us staff understood their needs and how they wished to be supported. One person told us, "The ladies are lovely. They know just what I need and how to do it, but will do anything for me." Another person told us, "I am so happy because they [staff] have given me the help I need to live my life in my own home."

People and their relatives told us they found the needs and risk assessment process completed by senior staff before they received a service reassured them and instilled confidence from the outset. One relative told us, "The girls [staff] know what they are doing and [their loved one] needs are their main concern when they are there." Staff told us it was important get to know people and their needs before they received a service at Newman Court. People's physical, mental health and social needs were thoroughly assessed to ensure their care and treatment was effective and achieved the desired outcomes.

The provider's induction and training programme ensured that all staff had completed the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve. Staff had completed an induction course based on nationally recognised standards and spent time working with experienced staff. Staff told us how they had shadowed experienced staff to learn people's specific care needs and how to support them, before they worked unsupervised. Staff consistently told us the provider's induction process and training programme had given them the skills to carry out their role and support people effectively. Records demonstrated the provider's required training had been refreshed regularly to keep staff knowledge and skills up to date.

Staff who had been involved in the transfer process consistently told us the quality of the provider's training was better than that previously experienced, and had improved their skills because it was more classroom based. One person told us, "The training is much better because there is a trainer who can show you how to do things and answer any questions you have."

One professional told us, "Staff make referrals quickly when they identify concerns and are good at following our guidance." Professionals consistently made positive comments about how staff had provided care in accordance their advice, which ensured people's healthcare needs were met.

People told us staff were very good at persuading them to seek professional advice or allowing them to make a referral on their behalf, when they had been uncertain or reticent to do so. Records demonstrated that prompt interventions initiated by ACASA staff had led to positive outcomes for people, for example; referrals to GPs, community nursing specialists, occupational therapists, speech and language therapists, specialist learning disability and mental health services.

People and their relatives, where appropriate, told us they experienced support from staff in accordance with their support plans, which we observed in practice. People consistently told us staff were 'well trained' and provided good quality care to meet their individual needs.

Where people required more complex care, staff underwent specific training and had their competency assessed to meet people's individual needs, for example; supporting people with catheter care (Catheters are devices used to support people to manage urinary incontinence), living with cancer, dementia, diabetes, epilepsy multiple sclerosis and individual mental health needs

The provider had a continuous training programme to ensure that staff were not only supported to gain the necessary skills required to meet people's needs but also to maintain and improve them. The registered manager operated a competency framework, including spot checks, one to one supervisions, appraisals and monthly meetings. The effective operation of the competency frame work assured the provider that training provided to staff was delivered in practice. Minutes of staff meetings covered topics to improve staff knowledge and confidence. Staff consistently told us they felt well supported to provide good quality care based on current best practice.

Supervision and appraisal were used to develop and motivate staff, review their practice and focus on professional development, for example; the registered manager had been supported through the provider's management development programme and received regular support from their area manager and a mentor. Other staff told us they were supported by the provider to obtain other qualifications relevant to their role.

People were supported to eat and drink a balanced, healthy diet of their choice. We observed people were supported to consume sufficient nutritious food and drink to meet their needs. People were encouraged and supported to prepare their own snacks and drinks in accordance with their eating and drinking plans. Staff protected people, especially those with more complex needs, from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affect their health.

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GP's, psychiatrists, opticians and dentists. People had health action plans which detailed the completion of important monthly health checks.

The provider used technology and equipment to meet people's identified care needs and to support their independence, in line with their best interests, for example; people were supported to use their individual mobility and sensory aids effectively.

The Mental Capacity Act (MCA) 2005 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. We confirmed that the service was working within the principles of the MCA, for example; the registered manager and staff ensured a best interests process took place to support a person with decisions

regarding appropriate measures to support their management of epilepsy and prescribed medicines safely.

Staff had completed training in the MCA and were able to explain how information should be communicated to individuals they supported and how to involve them in decisions. Explanations given by staff were consistent with the guidance contained within people's individual communication support plans.

Staff demonstrated a clear understanding of the principles of the MCA and described how they supported people to make decisions. People told us staff always sought their consent before delivering any support. People were supported by staff who understood the need to seek people's consent and effectively applied the guidance and legislation of the MCA in relation to people's daily care.

Whilst the service did not provide accommodation, staff effectively supported people to ensure their individual needs were met by the adaptation, design and decoration of their homes. For example; they supported people to apply for adaptations to provide self-opening doors and other solutions to make their home more wheelchair accessible. Other people had been supported to have specialist equipment installed which supported their ability to move and transfer and undertake their personal care.

Is the service caring?

Our findings

People and their relatives consistently made positive comments about the caring attitude of the manager and staff. One person told us, "The staff are very caring and loving, even when I am being horrible to them." Another person said, "The carers are very generous and kind hearted. I was in hospital for a long time before I came here and was very worried about coming here but it is much better." Another person said, "The ladies always go out of their way to make me happy and make me feel that my happiness is really important. I didn't really want to come here you know, but now I want to stay here till I pass away." People were consistently treated with kindness and compassion in their day to day care.

Staff were caring and treated people with respect at all times. People consistently told us this went a long way to gaining their trust and made them feel 'wanted'. People valued their relationships with staff and felt that they often went "the extra mile" for them when providing care and support. Relatives of people consistently told us that staff had developed special bonds with their loved ones.

Staff anticipated people's needs and quickly recognised if they were in distress or discomfort. People told us staff consistently showed concern for their wellbeing in a caring and meaningful way, whilst responding promptly to their needs. For example, when people experienced an infection or a deterioration in their mobility, staff made quick referrals to relevant health professionals.

Staff spoke about people with passion and fondness, recognising people's achievements, which demonstrated how they valued them as individuals. Relatives praised the dedicated, caring nature of staff, which had enabled their loved ones to have the opportunity to lead an independent fulfilling life. One family member told us, "They [their loved one] are happy here and the staff provide a safety blanket which stops us worrying."

The registered manager and staff had cultivated a caring community where staff and people treated one another with respect and empathy. People consistently reported the registered manager was focused on developing caring and trusting relationships with them and their families. New members of staff told us more experienced colleagues went out of their way to help them develop their own relationships with people. People experienced positive relationships with staff who worked as a team to develop people's trust and confidence.

People told us the staff delivered their care in a calm unhurried way, which inspired confidence and reassured them. People and their families consistently told us that staff always made time to sit and have a chat with them. One person told us, "It makes my day when they sit and have a good old natter and they never make me feel they have got to dash off."

Staff engaged people in two-way conversations about things that were important to them, such as their families, which made them feel valued. Staff spoke with affection about people, their life stories, their likes and dislikes, as well as their care and support needs.

Staff told us about their special memories whilst working at Newman house, which frequently described small steps taken by individuals. One staff member proudly told us how they had developed a caring relationship with a person who occasionally displayed behaviours that challenge, to become one of their preferred members of staff.

The registered manager completed rotas and implemented other practical arrangements to enable staff to have the time to listen to people and involve them in decisions. People's emotional needs were understood and supported by compassionate staff, for example; staff made additional calls to support a person who was worried about undergoing some medical tests.

People's care records included an assessment of their needs in relation to equality and diversity. Staff underwent training and understood their role to ensure people's diverse needs and right to equality were met. The registered manager completed supervisions and competency assessments to ensure people experienced care which respected their privacy and dignity, whilst protecting their human rights.

Staff told us it was important to enable people to remain independent and clearly understood people's individual needs around privacy and dignity, which we observed in practice. People and relatives, where appropriate, were actively involved in making decisions and planning their own care and support.

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. People's privacy and dignity was maintained by staff, for example; by keeping their doors closed whilst supporting them with personal care and explaining what they were doing throughout. Staff waited outside people's homes until they were invited in to speak with them unless there was an agreed process place, for example; knocking, entering and announcing their name."

Where people had specific or complex requirements, in relation to their individual communication needs, these were embraced and delivered by staff in a caring manner. Where people had limited verbal communication staff ensured they were provided with explanations in accordance with their support plans, which we observed in practice. For example, when required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions.

Staff told us that information was contained in the person's care plan, including their personal likes and dislikes, which records confirmed. People chose where and how they spent their time, for example; some people chose to watch a song and dance performer, whilst others chose to watch their favourite tv programme or walk around the garden.

Staff knew the level of support each person needed, especially what aspects of their care they could do themselves. Staff clearly understood how to support people with their independence, whilst ensuring they were safe. For example, how to support people with their personal care, in the way they preferred. Staff compassionately promoted people's dignity and independence.

People consistently told us staff asked them about their care and how they wanted it provided. Care plans demonstrated that people and relatives, where appropriate, were involved in the planning and reviewing of their care. Care plans detailed clear instructions for staff to ensure people were supported to make choices about their individual care, for example; choices in relation to their clothing, meals and drinks.

Staff respected people's right to refuse care, which we observed in practice. People told us that staff also exercised their duty of care in circumstances where their refusal to do something could adversely affect their

health, for example; if they chose not to take their prescribed medicine or to eat and drink. One person told us how staff had a laugh and joke with them to gently persuade them to take their prescribed medicines.

Staff gave information to people and their families about other organisations and sources of advice about their care and support, for example; one person told us how staff had supported them to contact potential sources of support and advice. Where people had legally appointed advocates the registered manager, with the person's consent, provided any information they required to fulfil their role.

Confidentiality, dignity and respect formed a key part of the induction training for all staff. Confidential information, such as care records and staff files, was kept securely within the manager's office and only accessed by staff authorised to view it.

Is the service responsive?

Our findings

People experienced person-centred care that was flexible and responsive to their needs, which was focussed on them rather than the requirements of the service. One person told us, "The carers [staff] know me better than I know myself sometimes and can tell if I'm unwell before I do." Another person told us, "They [staff] always want to know how I am and whether they can do anything to make things better." A relative told us, "They [staff] are good at letting us know when [their loved one] has had an accident or is unwell."

People's care plans were person-centred and contained detailed information that identified how their assessed needs were to be met. Care plans gave clear instructions about how people preferred to receive their care, for example; how people liked their personal care and support with daily living activities to be delivered. Care plans we reviewed reflected people's physical, emotional and social needs.

People told us they were fully involved in the planning of their care and support. The registered manager and staff ensured individuals were enabled to have as much choice and control as possible. People confirmed they were actively encouraged to be as independent as they could be. For example; one person told us how staff encouraged them to walk as much as they were able, to maintain and improve their mobility. Families told us the staff worked closely them, to ensure they were fully involved in people's care. People contributed to the assessment and planning of their care as much as they were able to.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals when required. We observed changes to people's care was discussed at shift handovers to ensure staff were responding to people's current care and support needs.

Staff supported people to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. For example, one person was supported to regularly attend their preferred place of worship, to promote their spiritual well-being.

Staff had identified people's individual needs and interests and arranged activities to meet them. People consistently told us there were lots of exciting events arranged both inside Newman House and outside. Staff told us they explained to people which activities were happening and what they needed to do to join in. Staff were also very conscious that some people chose not to participate in group activities and went to visit them to ensure they were not feeling lonely. One person told us, "The girls [staff] are very good at getting people to join in, but when you don't feel up to it they listen to you and ask if there's anything else you'd like to do instead." People were supported to make all the choices they were able to, about their day to day lives and staff respected these choices.

The registered manager had reviewed people's communication support plans to ensure they provided sufficient information to enable staff to communicate effectively with individuals. For example, where people experienced living with a sensory loss or impairment, staff were provided with clear and specific instructions about how to support them effectively. People's communication needs were being clearly

recorded and met during their day to day care, which we observed in practice.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

When people wished to discuss sensitive, personal matters staff ensured they were afforded privacy to do so. Staff had discussed sensitive issues such as their personal care with people, which had been treated with strict confidentiality, while ensuring the person received the necessary support to maintain their well-being.

People and staff were encouraged to develop friendships with other people at Newman Court. People told us they were supported by staff to maintain important relationships with friends and relatives, for example; one person's confidence to socialise had been significantly improved due to a detailed continence support plan. Staff support had reduced their anxieties and enabled the person to meet their friends without worrying, which had a significant impact on their well-being.

Records demonstrated how staff supported people to keep in touch with people that mattered to them. People consistently told us that the companionship they enjoyed with staff was often more important and beneficial to them than the physical support they provided. Staff told us they were committed to ensure people did not feel lonely and were protected from the risks associated with social isolation, which we observed in practice.

People were enabled to be as independent as they could both be and were supported to maintain their independence and life skills, for example; preparing their own meals and completing their personal care and grooming. One person said, "I can do most things for myself but the girls are always there if I need a hand." People consistently praised the staff for supporting them to live independently in their own homes.

Staff had a clear understanding of their responsibility to consider people's needs on the grounds of protected equality characteristics, as part of the care planning process and provisions had been made to support each individual. The Equality Act covers the same groups that were protected by existing equality legislation – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called 'protected characteristics'. People's care plans demonstrated their individual 'protected characteristics' had been considered, for example; people's race, religious beliefs and disability. We reviewed one person's nutrition and hydration plan, which clearly informed staff how to support the person to eat a healthy diet, whilst respecting their religious beliefs.

People told us staff responded to their needs and wishes in a prompt manner, which we observed in practice. People's care records detailed any changes to their health and behaviour and the subsequent updates to relevant risk assessments, for example; one person had been provided with more support from preferred staff, when they experienced behaviour which may challenge. The registered manager ensured this person experienced consistent care from designated staff who knew and understood the triggers for their behaviour which may challenge and the measures to implement to support and reassure them.

There were regular opportunities for people and staff to feedback any concerns to the management team. The provider completed regular customer satisfaction surveys, which had been analysed and the findings fed back to people in newsletters. The results of the satisfaction surveys were highly visible on noticeboards within Newman House. Feedback was consistently positive, with many complimentary comments about the

support provided, the staff and the overall service.

People had been provided with a copy of the provider's complaints process in a format which met their needs. Records showed that 11 complaints had been received since the provider began to support people living at Newman House. These complaints had been recorded, reported and investigated in accordance with the provider's policies. The registered manager analysed complaints to identify any emerging trends or themes to improve the service, for example; medicines management processes to reduce the risk of medicine errors.

People consistently made positive comments about the approachability and willingness of the staff to listen. One person told us, "The manager [named] is really good, if I am unhappy she comes to see me and sorts it out straight away. She really looks after us." Another person said, "I've never had to complain because I talk to the girls [staff] every day and if I have a problem they sort it out immediately."

At the time of inspection no-one living in Newman Court required end of life care. People told us the manager had provided an opportunity to discuss their end of life wishes but people did not wish to discuss these at the time of their care planning or reviews. Staff had completed or were in the process of completing additional training in relation to supporting people with their end of life care.

Is the service well-led?

Our findings

People, staff and health and social care professionals told us the service was well led by the registered manager, who was effectively supported by their team leaders, area manager and operations manager. One person told us, "The manager is very good at sorting things out for me." Another person said, "I don't know where I'd be without her [the registered manager]. She's helped me to start enjoying life again." People and their relatives trusted the manager and felt confident to express their views and concerns.

People consistently made positive comments about the registered manager and staff's devotion to people living at Newman Court. One relative told us, "The manager wants to provide the best care possible and wants to know what needs sorting out."

People and staff who had experienced the transfer process, particularly praised the registered manager and provider, for the way they had kept them informed and reassured them about the future. The effective management of this process was demonstrated by the high retention of staff subject to this process.

The provider and management team had created an open, inclusive, person-centred culture, which achieved good outcomes for people, based on the provider's values. These values recognised that no two people were the same and focussed on treating people as individuals, promoting their independence, with dignity and respect.

Staff had a clear understanding of these values and how to apply them. People told us staff demonstrated these values when supporting them with their everyday care, which we observed in practice. The registered manager regularly reviewed the culture within the service and reinforced the provider's aims, through positive acknowledgement of people and staff's achievements. This was consistently confirmed by people, their relatives and staff. One person told us, "The manager and girls [staff] are very good at getting the best out of me. They don't molly coddle me. They get me to do what I can for myself but will do anything I ask."

The registered manager was supported by an area manager and operations manager who visited Newman Court regularly and completed a monthly quality assurance audits. Staff understood their roles and responsibilities and had confidence in the registered manager who frequently worked alongside them and provided constructive feedback about their performance.

People and staff told us they were fully supported by the registered manager whenever they raised concerns or sensitive issues. The registered manager dealt with the issues promptly, in an open and transparent manner.

Staff consistently praised the registered manager for their emotional support, tact and diplomacy whilst dealing with sensitive issues. Two members of staff told us the compassionate support and encouragement provided by the registered manager had inspired them to maintain the quality of their care and support practice, when they were not feeling at their best.

Staff consistently told us they were treated fairly. Where required, the management team supported staff to work with diagnosed health conditions, through effective risk assessments. The registered manager told us they had received valued support and guidance from the area and operations managers in relation to their continued professional development.

Professionals and commissioners consistently told us the home was well organised and they experienced good communication with the management team and staff. Relatives told us staff always knew what was happening in relation to their family member whenever they called or visited.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team. Staff completed a series of quality audits including care files, daily records and medicine administration records. Action plans were developed following each audit and monitored to drive the continuous development and improvement of the service, for example; the registered manager was in the process of updating all care plans to make them more person centred.

The provider sought feedback to improve the service from a variety of different methods. People told us they were given the opportunity to provide feedback about the culture and development of the service. People told us they had been impressed with the provider's willingness to listen to their concerns and how quickly they acted upon them.

Accidents and incidents were logged and reviewed by the provider and registered manager. This ensured the provider's accountability to identify trends and manage actions appropriately to reduce the risk of repeated incidents. When mistakes happened, the provider responded in an open and transparent manner, apologising to people where necessary, and taking prompt action to put things right. The registered manager effectively operated the provider's systems, which supported the reviews and monitoring of actions, to ensure identified and required improvements to people's care were implemented.

The provider worked effectively in partnership with key organisations. The registered manager had developed good links to local community resources to meet the needs and preferences of the people who use the service.

The registered manager kept up to date with current research and best practice, demonstrated with examples of newsletters, guidance and alerts from the local authority and CQC. The registered manager understood the legal requirements and public health and safety obligations of their role, for example; the prompt submission of notifications and other required information to relevant authorities.