

# East Riding of Yorkshire Council

## New House

### 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

This inspection took place on 24 October 2018 and was unannounced.

New House is 'care home' registered to provide accommodation and support for up to eight adults who may have a learning disability or autistic spectrum disorder. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there was eight people living there.

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

Medicines were managed safely and staff had a good knowledge of the medicine systems and procedures in place to support this. Staff had been recruited safely and training was provided to meet the needs of people. Staff received supervision and annual appraisals. There was sufficient staff available to ensure people's well-being and security was protected.

Staff received training on safeguarding adults from abuse and understood their responsibility to protect people from the risk of harm. The registered manager closely monitored all safeguarding matters. Accidents and incidents were responded to appropriately and monitored by the registered manager and quality assurance team. The service was clean and infection control measures were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's nutrition and hydration needs were catered for by trained staff who understood their needs well.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People and their relatives were complimentary about the service. They were full of praise for the management and care staff and told us that they were kind, caring and compassionate towards them. There was a strong culture within the service of treating people with dignity and respect. People and the staff knew each other well and these relationships were valued by people who used the service.

The service was run very much around the needs of those living there. The registered manager and staff team demonstrated a commitment to person centred values. People's wider support needs were met through the provision of a varied programme of activities. Staff were committed to ensure people were supported to maintain relationships important to them.

There was a complaints policy and procedure made available to people who received a service and their relatives. Feedback was sought from people and their relatives and this was positive.

There was a range of quality audits in place that were monitored by the quality assurance team. These were up-to-date and completed on a regular basis. Staff told us the manager was approachable and they felt proud to work in the service.

The premises of the service had been adapted to meet the needs of the people living there. There were systems in place to ensure the safety of the premises.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# New House

## 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, 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 24 October 2018 and was unannounced. The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. This included information we received from safeguarding and statutory notifications since the last inspection. We sought feedback from the commissioners of the service before our visit. The registered provider also completed a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to help us plan the inspection.

During the inspection we spoke with the registered manager, three care staff, the quality assurance manager and one visiting professional. We spoke with five people who used the service and three relatives. We looked at two people's care records, two staff recruitment files, staff training and supervision records. We also looked at records in relation to the management of the service, including quality audits, surveys and development plans.

We used the Short Observational Framework for inspection (SOFI) SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, the service continued to be good.

People told us they felt safe. One person said, "Yes, I feel safe. I have my own key to my room so my stuff is safe and no one can just wonder in. The staff give me my tablets. The staff go with me when I go out to keep me safe."

We observed sufficient staffing levels to meet people's needs. Relatives told us there was enough staff and one relative said, "There is always plenty of staff around."

The provider had procedures in place that ensured people's medicines were managed consistently and safely by competent staff. Medicine information had been included in people's plan of care and staff were knowledgeable about people's medicines.

Recruitment records evidenced an application form had been completed, references obtained and checks made with the Disclosure and Barring Service (DBS).

People's care plans included detailed risk assessments to identify and reduce risks to people. Documents were individualised and provided staff with a clear guidance. The staff responded well to risks. They had identified when people needed additional support and one to one hours to meet their changing needs and presenting behaviours. This had resulted in positive outcomes for people.

Safeguarding and whistleblowing policies were in place at the service and staff demonstrated knowledge of what to do if they had concerns. The registered manager maintained a comprehensive log of all safeguarding concerns. The local authority safeguarding team were informed when required and all relevant events had been notified to CQC.

Infection control procedures ensured people and staff were protected from the risk of infection. Staff had access to personal protective equipment (such as gloves and aprons). Regular audits and checks were in place.

A comprehensive system was in place to monitor accidents and incidents within the service. A paper and electronic reporting system ensured staff followed the provider's policies and procedures and allowed them to identify any patterns that might be emerging. The quality assurance team and senior managers were able to access this information remotely and consider any improvements that needed to be made.

We found there were systems in place to ensure the safety of the premises, including regular servicing of equipment. Personal Emergency Evacuation Plans (PEEPs) were in place which provided information for staff to follow on how people should be supported to evacuate in the event of an emergency.

# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, the service continued to be good.

The premises were well-maintained and pleasant throughout. It was clear that people were encouraged to personalise the communal spaces, which gave the service a homely feel. Bedroom doors had been painted different colours to reflect the choice of the people and all bedrooms were individual and reflected people's personalities. The premises had been adapted to allow for the use of specialist equipment.

Care plans showed people's needs were assessed and evaluated. Plans gave information about people's diverse needs including their health and how they were to be addressed. Records detailed community health professional's involvement.

New staff were supported to understand their role through a structured induction. Following induction, all staff entered an on-going programme of training, which provided them with skills to meet people's needs. The staff were positive about the training provided. They told us when they asked for additional training on areas such as mental health, this was listened to and organised for them. Relatives felt that staff were well trained. One relative told us, "The staff know what they're doing. They seem to be well trained and they meet people's needs well." Records showed staff received regular supervisions and annual appraisals.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through the Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguarding (DoLS).

We checked whether the service continued to work within the principles of the MCA. Records showed that any restrictions were deemed to be in the person's best interests and the least restrictive option. The registered manager had a process in place to monitor DoLS applications. Observation of staff practice demonstrated they had good working knowledge and understanding of MCA. People were given choice and this was respected.

The meal time experience encouraged independence and choice. People could independently access the day centre next door for their meal. Alternatively, people were asked for their preference and this was listened to and provided. People told us they liked the food. One person said, "I like the food here, I get to choose what I want." There were systems in place to support staff in meeting people's nutritional needs. This included the use of monitoring charts and weight records. Staff had recently attended nutrition training and demonstrated good knowledge and understanding of people's dietary needs and requirements. We observed staff prepared people's meals in line with their assessed needs and as described in their care plans.

# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, the service continued to be good.

Feedback from people and relatives, commented on the caring nature of the staff team. One relative told us, "The care is excellent and it's all individualised. The staff are caring and kind. They definitely cater for people's needs they have a good relationship with people." One person told us, "The staff are nice and they look after me."

People had developed positive relationships with the staff who supported them. They knew the staff supporting them and although, staff acted professionally, we saw that they were not afraid to show love and affection. Staff demonstrated that they knew people well, which went beyond their basic care needs. Staff told us how they ensured one person was wearing their favourite items that were important to them, as they knew this would help cheer them up and make them feel better when they felt poorly.

People were empowered to be partners in their own care. The staff worked creatively with people to ensure they could express their views. We heard how one person led their own care review, introducing people and explaining the purpose of the meeting.

People's social needs were understood and relationships were maintained. One person told us how they were attending a birthday party at the weekend, which had been arranged and facilitated by staff. People spoke of weekly activities between neighbouring services and how this helped to build social circles and friendships.

Staff had built trusting and open relationships with visitors, families and professionals. There were no restrictions on visiting and all staff made families and professionals feel welcome. A visiting healthcare professional told us, "It's a very caring staff group, we enjoy coming to do the visits here. I am always hoping to place people here, I only have positive things to say about the service."

People's independence was promoted through the care they received and the commitment of the registered manager. A relative told us, "The staff here encourage independence."

Staff encouraged people to use technology to enhance their wellbeing and sense of social connection. One person was being supported to trial technology that would aid their communication and offer social activities which could be accessed independently.

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection.

Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.



## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, the service continued to be good.

People and their relatives were involved in developing their care plans. They contained highly individualised information and complied with the accessible information standard through asking, recording and sharing people's communication needs. Care plans included evidence of reviews.

People and relatives felt the registered manager would be responsive to concerns or complaints raised. There had been one recorded complaint since the last inspection, which was responded to within appropriate timescales. An easy to read version of the complaints procedure was available on the service notice board. People told us they would speak to their keyworker if they had any concerns. A relative said, "If I'm concerned and had a complaint about anything I ring up and they listen. They put any changes needed in place." Another relative said, "We can always talk to the manager; if we had a complaint, we would speak to them. There is nothing we would want to change about the service."

People had access to a range of regular activities which met their wider needs. The staff provided access to activities both within the service, in the neighbouring facilities and in the local community. The service benefited from its location, next to a day care centre, which provided daily and some evening activities for people to access. Activities were also arranged in people's own home, including regular 'pamper nights', visiting musicians and karaoke events. People were supported to attend a range of activities within the local community including, cinema and theatre trips, the aquarium and other local attractions. People attended regular holidays with the support of staff.

Some people had an end of life plan in place, depending on choice. Records showed that wishes included the person's religion and funeral preferences. The registered manager informed us that resources were available within the service to support staff to explore this with people and this was an area that the manager was keen to focus on moving forward.

One professional spoke highly about their experience of the service delivering end of life care. They told us how the staff worked through difficult circumstances to deliver really good quality care at the end of the person's life.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, the service continued to be good.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

Relatives spoke very highly about the management and running of the service. Comments included, "A superb, well-led organisation" and "A well run, first class service. It is like a family."

Staff told us, "The manager is approachable and supportive" and "Everyone here, including the staff, is very well looked after by the manager and the seniors."

The registered manager was committed to seeking guidance on best practice. This had been sought in areas such as end of life care and healthy eating for people with learning disabilities. The registered manager had approached people to support the implementation of this within the service. They told us they had recently been involved in a national review designed to improve services, quality of care and reduce premature mortality for people with learning disabilities. They were in the process of reviewing how this learning could be imbedded within the service.

There was a culture of continuous improvement and the registered manager was supported in this by the provider's quality development team. There was a quality monitoring system in place to help monitor and drive improvements to the care people received. The registered manager and seniors completed weekly and monthly audits to ensure they understood what was happening directly with people and to establish how they could learn from any mistakes made. Information from services was collated by the quality development team to support the continuous development of the service and to reassure the provider that it was well-led.

The registered manager sought feedback from people, their relatives and staff on a regular basis through resident's meetings. Meeting minutes were available in easy read format and recorded people's feedback and actions taken.

The staff had built positive relationships with professionals. One professional told us, "The service has good knowledge of what services are out there and who they need to contact. It's a very positive home."

The registered manager understood the relevant legal requirements and had notified the CQC of all significant events which had occurred in line with their legal responsibilities. The previous rating for the service was on display, which is a legal requirement.