

Newton Care Homes Limited

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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 12 and 13 April 2016 and was unannounced. Newton Care Homes Limited is a care home registered to provide care and accommodation for up to four people with learning disabilities. At the time of the inspection three people were using the service.

At our last inspection on 1 July 2014 the service met the regulations inspected.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (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.

People and their relatives told us that they were satisfied with the care provided at the home. We observed that people were well cared for and appropriately dressed at the time of the inspection. People who used the service said that they felt safe in the home and around staff. Relatives of people who used the service and care professionals we spoke with told us they were confident that people were safe in the home.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Comprehensive risk assessments had been carried out and staff were aware of potential risks to people and how to protect people from harm.

People's care needs and potential risks to them were assessed. Appropriate care plans were in place to ensure that people received safe and appropriate care. Their healthcare needs were closely monitored and attended to. Staff were caring and knowledgeable regarding the individual choices and preferences of people.

We observed that there were sufficient numbers of staff to meet people's individual care needs and staff confirmed this. Staff did not appear to be rushed and were able to complete their tasks.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

We found the premises were clean and tidy and there were no unpleasant odours. There was a record of essential inspections and maintenance carried out. The service had an infection control policy and measures were in place for infection control. There was a cleaning rota in place to ensure that staff were aware of their responsibilities and ensure the home was kept clean.

Staff had been carefully recruited and provided with an induction and training to enable them to care effectively for people. Staff confirmed that they received supervision sessions and appraisals to discuss their

individual progress and development. We noted that since January 2016 the service had introduced a supervision calendar to ensure that all staff received regular and consistent supervision sessions. Staff spoke positively about the training they had received and we saw evidence that staff had completed training which included safeguarding, medicine administration, health and safety and first aid. Staff demonstrated that they had the knowledge and skills they needed to perform their roles.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people. People told us that they received care, support and treatment when they required it. Care plans were reviewed monthly and were updated when people's needs changed.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The home had made necessary applications for DoLS and we saw evidence that authorisations had been granted.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met. People were satisfied with the meals provided. Food was freshly prepared and people were encouraged to eat healthy food.

People and relatives spoke positively about the atmosphere in the home. There was a homely atmosphere in the home. Bedrooms had been personalised with people's belongings to assist people to feel at home.

People told us that there were sufficient activities available and we saw that each person had their individual activities timetable based on their interests. Activities available included attending the local day centre, going to the park and shopping. During the inspection we saw some people go out to the local day centre.

The home had carried out a satisfaction survey in 2015 and the feedback was positive. The feedback received was positive. People and relatives told us that the registered manager was approachable and willing to listen.

There was a management structure in place with a team of care workers, senior support worker and the registered manager. Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to the registered manager.

Staff were informed of changes occurring within the home through staff meetings and we saw that these meetings occurred quarterly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

There was a comprehensive quality assurance policy which provided detailed information on the systems in

place for the service to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. The service also carried out spot checks and observations to ensure that the home was running well.

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 who used the service and relatives we spoke with said that they were confident the home was safe.

Risks to people were identified and managed so that people were safe and their freedom supported and protected. Staff were aware of different types of abuse and what steps they would take to protect people.

Appropriate arrangements were in place in relation to the management and administration of medicines.

The home was clean and infection control measures were in place. There was a record of essential inspections and maintenance carried out.

Is the service effective?

Good ●

The service was effective. Staff had completed training to enable them to care for people effectively.

Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and the implications for people living in the home.

People were provided with choices of food and drink. People's nutrition was monitored and dietary needs were accounted for.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good ●

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service. The atmosphere in the home was calm and relaxed.

People were treated with respect and dignity. Staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Wherever possible, people were involved in making decisions about their care. Care plans provided details about people's individual needs and preferences. Staff had a good understanding of people's care and support needs.

Is the service responsive?

Good ●

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. People's care preferences were documented in the care plans.

There were activities available to people and a timetable was in place. People and relatives spoke positively about the activities available.

A formal satisfaction survey had been carried out in 2015 and the results were positive.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well-led. People and relatives told us that the registered manager was approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of care workers, senior support worker and the registered manager.

The quality of the service was monitored and there were systems in place to make necessary improvements. Regular audits and observations were carried regularly.

Newton Care Homes Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 12 and 13 April 2016. The inspection was carried out by one inspector.

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

The provider also completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service.

We reviewed three care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with two people who used the service and two relatives. We also spoke with the provider, registered manager, and three members of staff. We spoke with two care professionals.

Is the service safe?

Our findings

People who used the service told us they felt safe in the home and around staff. One person said, "Yes I feel safe here." Relatives told us that they were confident people were safe in the home. One relative said, "Yes. He is safe around staff." Another relative told us, "I am absolutely confident that [my relative] is safe." Two care professionals we spoke with told us that people were safe in the home.

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. We saw that the safeguarding policy was displayed in the home and was in an easy read format so that it was accessible to all people. We noted that the policy did not include the contact details for the local safeguarding authority and raised this with the registered manager. She confirmed that this would be included in the policy. We did however see the local safeguarding authority contact number was displayed in the home. Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the CQC. The service had a whistleblowing policy and contact numbers to report issues were available. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. Care plans included relevant risk assessments, such as inadequate nutrition, falls, epilepsy and non-compliance with medicine administration. These included preventative actions that needed to be taken to minimise risks as well as detailed measures for staff on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition.

There were appropriate arrangements in place for managing people's finances which were monitored by the registered manager. We saw people had the appropriate support in place where it was needed.

Through our observations and discussions with staff and management, we found there were enough staff to meet the needs of the people living in the home. The registered manager told us staffing levels were assessed depending on people's needs and occupancy levels. There was a lone working policy which applied to staff that worked during the night shift. This policy detailed the procedures to follow in order to ensure the safety of people and staff.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at the home. We looked at the recruitment records for five members of staff. We found comprehensive background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been

obtained. Two written references had been obtained for staff. The registered manager explained that they tried to obtain professional references where available but where this was not possible, they requested character references.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. We also observed that each person had a personal emergency evacuation plan (PEEP) in place. We noted that the PEEP for one person stated that the person "will need assistance to leave the premises". However we found that there was no specific guidance about how staff should support this person to leave the premises in the event of an emergency. We spoke with the registered manager about this and she confirmed that the PEEP would be updated accordingly.

Risks associated with the premises were assessed and relevant equipment and checks on gas and electrical installations were documented and up-to-date.

Systems were in place to make sure people received their medicines safely. We checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately and systems in place to ensure that people's medicines were stored and kept safely. The home had a medicine storage facility in place. The facility was kept locked and was secure and safe. We found that controlled drugs were stored in accordance with current legislation.

There was a policy and procedure for the management of medicines to provide guidance for staff. We viewed a sample of medicines administration records (MARs) for people who used the service. We found that these had been completed and signed, which showed people had received their medicines at the prescribed time. There was one gap in the sample of MARs we looked at. However we noted that the service's own audits had identified this gap and the registered manager was able to confirm that the medicine had been administered but the MAR had not been signed appropriately.

The registered manager confirmed that medicine audits were carried out weekly and this was documented. The registered manager also explained to us that medicines were administered by one member of staff and another member of staff witnessed this and recorded this on a further MAR sheet. The aim of this was to ensure medicines were being correctly administered and signed for and to ensure medicines procedures were being followed.

Staff who administered medicines told us they had completed training and understood the procedures for safe storage, administration and handling of medicines.

The premises were well-maintained and clean. There was an infection control policy and measures were in place for infection prevention and control. A cleaning schedule was in place which allocated cleaning responsibilities to staff to ensure that the home was kept clean and regularly monitored. One relative told us, "The home is always clean. I cannot fault them." Staff we spoke with had access to protective clothing including disposable gloves and aprons. We observed that soiled linen was washed appropriately.

Is the service effective?

Our findings

People who used the service and relatives indicated that they were satisfied with the care provided at the home. One person told us, "It's not bad. It is good here." Another person said, "I'm fine here. Everything is fine here. I have no complaints." Relatives thought the service was effective and they were satisfied with the care and support provided. One relative told us, "My [relative] is always happy to go back there. That is a good sign." Another relative said, "I am very happy with the care. My relative is comfortable there and content. Staff are very good. I am impressed with them."

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken an induction when they started working at the service and we saw evidence of this. Staff received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training included safeguarding, medicines, first aid training, infection control and food safety. Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions. One member of staff told us, "I can't complain. The training has been fine." Another member of staff said, "The training is pretty good. If I am unsure I can always ask."

We saw evidence that staff had received some supervision sessions in the last year. However we noted that this was not always consistent and spoke with the registered manager about this. She acknowledged this and explained that since January 2016 the service had introduced a supervision calendar to ensure that staff received regular supervision sessions throughout the year and we saw evidence of this. Staff we spoke with told us that they had regular meetings with the registered manager and felt able to speak with her about any queries. We saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress and staff we spoke with confirmed this.

Staff told us that they felt supported by their colleagues and management. They were positive about working at the home. They commented on the good working relationship amongst staff, good knowledge and skills possessed by all staff in the home which had helped to maintain a good working standard in the home.

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for staff on the dietary needs of people. There was a four weekly menu which included a variety of freshly prepared foods. People told us that they were satisfied with the food in the home. One person said, "The food is nice. I like the food. I get vegetarian food if I want." Another person told us, "The food is alright. No complaints. I get a choice." One relative told us, "The food is good. [My relative] is happy. He likes the vegetarian food." Another relative told us, "Good standard of food. They have helped [my relative] lose weight and his health has improved. They really encourage healthy eating in the home."

During the inspection we were unable to observe people having their lunch as two of them were out during the day. One person who was in the home ate their lunch when they wished to do so with the assistance of

care staff.

The kitchen was clean and on the day of the inspection we noted that the service were due to do their shopping on that day. The provider explained that the food shopping was done twice a week. We checked a sample of food stored in the kitchen and found that food was stored safely and was still within the expiry date. Food in packaging that had been opened was appropriately labelled with the date it was opened so that staff were able to ensure food was suitable for consumption.

People's weights were recorded monthly so that the service was able to monitor people's nutrition. This alerted staff to any significant changes that could indicate a health concern related to nutrition. The registered manager explained that they encouraged healthy eating within the home by discussing this with people who used the service and providing information so that they were equipped to make their own decisions where they were able to do so. We saw evidence that one person who was significantly overweight had lost a considerable amount of weight through healthy eating. The registered manager explained that if they had any concerns about people's weight they referred them to the GP.

People were supported to maintain good health and have access to healthcare services and received on-going healthcare support and we saw documented evidence of this. Care plans detailed records of appointments with health and social care professionals.

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 make 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.

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 were being met. We noted that care plans contained information about people's mental state and communication. Care plans included a communication chart about how people communicated and how staff should support them to do this. Care plans also included a list of decisions that people may need to make and how they made them which included decisions in life, how the person must be involved and who makes the final decision. Staff had knowledge of the MCA and training records confirmed that the majority of staff had received training in this area and this was confirmed by the registered manager. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS). We noted that the service had made necessary applications and authorisations were in place.

Is the service caring?

Our findings

People told us that they were well cared for in the home. One person said, "Staff are fine. They talk nicely and listen." Another person said, "Staff are nice." Relatives of people who used the service told us that they were confident that people were well cared for. One relative said, "Staff are helpful and caring." Another relative told us, "Staff are friendly, polite and professional."

On the first day of the inspection, there was one person in the home. We observed that care staff were constantly present to ensure that this person was alright and their needs attended to. Care staff were attentive and talked in a gentle and pleasant manner when communicating with this person. On the second day of the inspection, all people were in the home and we observed good interaction between staff and people. People appeared comfortable around care staff and there was a relaxed atmosphere in the home.

People had free movement around the home and could choose where to sit and spend their recreational time. People were able to spend time the way they wanted either in communal areas or their own bedroom. The registered manager explained that all people were treated with respect and dignity regardless of their background and personal circumstances. Information regarding people's past history and social life were documented in their records. Care plans included details about people's likes and dislikes as well as people's interests, what was important to them and their background. This enabled staff to better understand people and support people appropriately.

People were supported to express their views and be actively involved in making decisions about care, treatment and support. Care plans were written in the first person and we saw evidence that these were written with the involvement of people. Care plans were up to date and had been evaluated by staff and reviewed with people, their relatives and professionals involved. This provided staff with current guidance on meeting the needs of people.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Care plans included details about people's cultural and spiritual values. The home had a policy on ensuring equality and valuing diversity and the majority of staff had received training in ensuring equality and valuing diversity. Those staff who had not yet received this training were newly appointed members of staff and the registered manager confirmed that they were scheduled to receive this training.

Staff explained to us that they respected the choices people made regarding their daily routine and activities they wanted to engage in. The registered manager explained that staff held regular one to one sessions where people could make suggestions regarding their care and activities they liked. Staff had a good understanding of treating people with respect and dignity and the importance of choice. One member of staff said, "I always listen to people. I ask them what they want." Staff also understood what privacy and dignity meant in relation to supporting people with personal care. One member of staff told us, "I always offer choices and speak to people respectfully. It is important to respect people's food choices and cultural preferences. I always respect people's privacy by knocking on doors and giving them privacy when dealing

with personal care."

Bedrooms were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home. People spoke positively about the home and their bedrooms. One person said, "I have everything I need in my room." Another person told us, "I like my room."

Is the service responsive?

Our findings

People who used the service and relatives told us they were happy to raise any concerns they had with the staff and management at the home. One person said, "I feel able to ask questions if I need to." Another person told us, "The manager is fine. I can ask questions and complain if I needed to." One relative said, "I am able to complain if I needed to. They are responsive. They listen to [my relative's] needs." Another relative told us, "The manager puts [my relative's] interests first. His life has improved at the home holistically and socially." They have helped him to integrate socially."

Care professionals we spoke with told us that the service communicated well with them. One care professional said, "The home manages people's needs. There is good communication." Another care professional told us, "They are responsive. The manager is aware of what's in people's best interests"

The service provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. People's needs had been carefully assessed. These assessments included information about a range of needs including health, social, care, mobility, medical, religious and communication needs. Care plans were prepared with the involvement of people and their representatives and were personalised. Staff had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person.

Care plans contained personal profiles, personal preferences and routines and focused on individual needs. Care plans were reviewed monthly by staff and were updated when people's needs changed. The registered manager explained that the regular reviews enabled staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff.

On the first day of our inspection we noted that two people were out at day centres. Each person had their own activities timetable which was devised based on their interests. Activities included attending the local leisure centre, park and games in the home.

There was a complaints policy which was displayed in the home. There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC and Local Government Ombudsman (LGO) if people felt their complaints had not been handled appropriately by the home. However we noted that the policy did not refer to the local authority and raised this with the registered manager. She confirmed that the policy would be updated to include this. The service had a system for recording complaints. The registered manager explained that she communicated with people and their relatives so that if there were any issues people felt able to discuss this openly with her. She said that there was an open door policy in the home.

Meetings were held quarterly for people living at the home where they could give their views on how the home was run. They discussed the running of the home as well as the food menu and activities. We saw evidence that these meetings were recorded and that the service took necessary action following suggestions made at these meetings.

The registered manager explained to us that it was important to ensure that people felt able to raise their concerns and issues and had an opportunity to voice their opinion. The service carried out an annual satisfaction survey in 2015 and the results from the survey was positive.

Is the service well-led?

Our findings

People and relatives expressed confidence in the management of the home. One person said, "The manager is fine. I can ask questions." One relative said, "Management are very professional. I respect what they do. I have no concerns about the care. I feel very able to complain if I need to."

There was a management structure in place with a team of care workers, senior support worker and the registered manager. Staff had a positive attitude and were of the opinion that the service was well managed and the registered manager was supportive and approachable. They indicated to us that morale was good and they had received guidance regarding their roles and responsibilities. One member of staff told us, "Management is good. The manager is always available and I feel able to talk to her. She is approachable and understanding." Another member of staff said, "I am very much supported by management." Staff were aware of the values and aims of the service and this included treating people with respect and dignity and providing a high quality service.

Staff were informed of changes occurring within the home through staff meetings and we saw evidence that these meetings occurred monthly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

Care documentation was well maintained, up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Accidents and incidents were recorded and analysed to prevent them reoccurring and to encourage staff and management to learn from these.

There was a comprehensive quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the home. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that regular audits and checks had been carried at regular intervals in areas such as care documentation, health and safety, equipment, cleanliness of the home, medicines and staff training.