

Newland Hurst Limited

Newland Hurst

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

About the service

Newland Hurst is a residential care home providing personal care for up to 16 people with learning disabilities or autistic spectrum disorder. People's care and accommodation is provided within a Victorian house, situated in extensive grounds, which has been extended to include modern facilities. At the time of our inspection, there were 15 people living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 16 people. 15 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by, amongst other things, the building layout and design, and the dress code of staff which did not identify them as care staff.

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

Staff understood how to identify and report potential abuse involving the people who lived at the home. The risks to people had been assessed and plans developed to manage these. The provider monitored and adjusted staffing levels at the service, to ensure people's needs could be safely met. People had the support needed to take their medicines safely and as prescribed. Staff were supplied with, and made use of, personal protective equipment to reduce the risk of cross-infection. Accidents and incidents involving people were reported by staff and monitored by management to ensure learning from these.

People's individual care needs were assessed before they moved into the home and reviewed with them on an annual basis. Staff received ongoing training to ensure they had the knowledge and skills needed to work effectively. Staff and management helped people to attend routine health appointments and check-ups and to seek professional medical advice if they were unwell. People had the support they needed from staff to maintain a balanced diet. Staff understood and promoted people's right to make day-to-day decisions.

People were supported by staff who knew them well and were kind and compassionate. People had support to express their views about the care provided. Staff treated people with dignity and respect at all times and actively promoted their independence.

People's care plans were individual to them and included information about what was most important to them. People had support to participate in a range of social and recreational activities, both in-house and within their local community. People and their relatives knew how to raise any concerns or complaints with

the provider, and felt comfortable doing so. Steps were taken to identify people's wishes regarding their end-of-life care in order that these could be addressed at the appropriate point.

The management team promoted a positive, inclusive and person-centred culture within the service, based upon open communication with people and their relatives. Most staff felt well-supported and valued by the registered manager. People's communication needs were assessed in order to promote effective communication with each individual. The provider carried out quality assurance activities designed to enable them to monitor and improve the quality of people's care. The registered manager had identified that two people's care plans were not up to date and was reviewing and updating these. The registered manager took steps to keep themselves up to date with current legislation and best practice guidelines. Links between the service and the local community were maintained and developed to benefit the people living at the home.

Rating at last inspection

The last rating for this service was Good (report published 11 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Newland Hurst

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of our inspection visit was unannounced. We let the provider know when we would be returning for a second day to complete our inspection visit.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority.

During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We also spoke with the registered manager, deputy manager, chef, a domestic staff member, two senior care staff and two care staff.

We reviewed a range of records. These included four people's care records, medicines records, complaints records and three staff recruitment records. We also reviewed incident and accident records, selected policies and records relating to the safety of the premises and management of the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

After the inspection

We spoke with two relatives and three community health and social care professionals about their experiences of the care provided. We also reviewed additional information sent to us by the registered manager.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who received training in, and understood, how to identify and report potential abuse. Staff described the common indicators of abuse they looked out for, explaining they would immediately report any abuse concerns to the management team.
- The provider had procedures in place to ensure appropriate external agencies, such as the local authority and police, were alerted to any potential abuse involving people living at the home, so this could be fully investigated.

Assessing risk, safety monitoring and management

- People told us they felt safe and secure living at the home. They explained the friendly, caring and helpful approach of staff helped them feel at ease. One person explained, "I feel safe because they are no bad staff here."
- People's relatives had confidence their loved ones were safely cared for by staff and management. One relative told us, "We know [person] is being very well looked after at the home." Another relative said, "The home is so clean and the carers [staff] are really wonderful. [Person] is in such good hands."
- Procedures were in place to assess and manage the risks associated with people's individual care and support needs. As part of this, consideration was given to people's health, mobility, pressure care, nutrition and hydration and their behaviour support needs.
- Staff showed good insight into the current risks to individuals, explaining they shared information with one another through daily handovers and a staff communication book.
- Appropriate checks were carried out on the safety of the premises and equipment in use to keep people, staff and visitors safe.

Staffing and recruitment

- People told us staff were always available to help them when they needed this. People's relatives and staff themselves felt the staffing levels maintained at the home were safe.
- The registered manager explained they monitored and, where necessary, adjusted staffing levels in line with people's current care needs. They had recently changed the staff rota system with the aim of improving the staff skills mix on all shifts.
- People were supported by staff who underwent pre-employment checks to ensure they were suitable to provide their care.

Using medicines safely

- People had the support they needed to manage and take their medicines safely. One relative told us,

"They [staff and management] are very careful with people's medicines."

- Staff received training in the provider's medicines procedures and underwent six-monthly competency checks. They told us they felt confident in handling and administering people's medicines.
- Staff maintained accurate and up-to-date records in relation to the administration of people's medicines.
- Staff had written guidance on the expected use of people's 'when required' (PRN) medicines, so they were clear when to offer these.
- Staff and management ensured people's prescribed medicines were reviewed by relevant healthcare professionals at the appropriate intervals.

Preventing and controlling infection

- Domestic staff supported care staff in maintaining the hygiene and cleanliness of the home.
- Staff received training to help them understand the role they played in protecting people, themselves and visitors from the risk of infections.
- The provider made appropriate personal protective equipment (disposable gloves and aprons) available to staff, to reduce the risk of cross-infection. Staff understood when they were expected to use this, and we saw them doing so.

Learning lessons when things go wrong

- Staff understood the provider's procedures for reporting any accidents or incidents involving the people living at the home. The registered manager reviewed these reports to identify any actions needed to protect people's health, safety and wellbeing.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and, where appropriate, their relatives met with the management team to identify their individual needs and requirements before they moved into the home.
- Care review meetings were organised with people annually, or sooner in response to changes in their needs, to reassess what they wanted and needed from the service.
- The assessments completed with people formed the basis of their individualised care plans and risk assessments, aimed at ensuring they received safe and effective care.
- Staff and management understood their role in promoting equality and diversity as part of their work with people, and avoiding any form of discrimination in delivering people's care. Staff confirmed the provider was committed to treating people fairly and helping them fulfil their potential.

Staff support: induction, training, skills and experience

- People and their relatives felt staff had the knowledge and skills they needed to meet people's care needs. One relative told us, "I have full confidence in the care staff; their training needs are well provided for." Another relative said, "I know they [staff] have their training regularly reviewed to keep it up to date."
- New staff completed the provider's induction training to prepare them for their new roles. During this period, they received initial training and worked alongside more experienced colleagues.
- Staff were satisfied with the overall programme of training they received to enable them to succeed in their job roles, which, they felt, reflected their duties and people's care needs.
- At the time of our inspection visit, the registered manager was implementing changes to the current system of staff supervision, to ensure staff had more regular opportunities to meet with them on a one-to-one basis.

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

- People and their relatives spoke positively about the support staff gave people to maintain a balanced diet. One person told us, "We have really nice food here. [Chef] is a very good cook." A relative said, "I wouldn't mind having the same diet as people who live at the home do."
- People were encouraged and supported to make choices about what they wanted to eat and drink each day. This included staff physically showing people plates with the available meal options to help them decide which they preferred. The deputy manager met with people periodically to discuss what they wanted to be included on the home's menus.
- Mealtimes at the home were flexible, relaxed and sociable events, during which people had encouragement and any physical assistance needed to eat and drink. Staff took the time to check with people they were enjoying their meals and whether they needed anything else.

- Any risks or complex needs associated with people's eating and drinking were assessed, with the input of relevant healthcare professionals, and plans put in place to manage these. This included the provision of a high-calorie diet to address one person's weight loss, and a texture-modified diet to reduce another person's risk of choking.

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

- Staff and management worked collaboratively with a range of community health and social care professionals, teams and agencies to ensure people's care needs were met. People's care records demonstrated this collaborative approach.
- People and their relatives spoke positively about the role staff and management played in helping people maintain their health. They told us staff helped people attend routine health appointments and check-ups, and requested prompt professional medical advice if they were unwell. One relative said, "They [staff and management] look after [person] really well if they are unwell. It's never any trouble to them to take [person] to their GP."
- Staff had received support from a local dentist to enable them to meet people's oral healthcare needs.
- People's care files included clear information about their health needs and the management of long-term medical conditions, such as diabetes and epilepsy.

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

- The design and layout of the site and grounds ensured people had ample space to socialise, participate in social and recreational activities, eat in comfort, receive visitors or spend time alone. On-site facilities included a sensory room, activities room, large craft room and spacious hall. Plans were in place to develop a sensory garden within the home's grounds.
- People told us they liked their rooms, which they could personalise and decorate according to their own tastes. One person had created a science-fiction theme in their room, with the support of their key worker. A key worker is member of staff with additional responsibilities for ensuring a particular person's individual needs and requirements are met.

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

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

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

We checked whether the service was working within the principles of the MCA.

- People and their relatives confirmed staff respected people's right to make their own decisions and sought their permission before carrying out their care.
- A formal mental capacity assessment and best-interests decision had been recorded in one person's care file in relation to the administration of their medicines covertly. However, the registered manager acknowledged the need for a more consistent approach to recording mental capacity assessments and best-interests decision-making where people may lack capacity to make significant decisions. They assured us they would fully review their related procedures as a matter of priority. We will follow this up at our next

inspection.

- The registered manager had made a DoLS application, which had yet to be fully assessed, based upon an individual assessment of the relevant person's capacity and their current care arrangements.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they liked the staff and that staff treated them well. One person said, "They [staff] are kind and they always help me if I need anything." Another person commented, "The staff treat me nicely and will help me with any problems."
- People's relatives felt staff adopted a kind and compassionate approach to their work, and were willing to 'go the extra mile' to ensure people's needs were met.
- People were at ease in the presence of staff and management and freely engaged them in conversation.
- The staff we spoke with knew people well and discussed their needs with a clear commitment to people's continued comfort and wellbeing. A community professional told us, "Staff's wealth of knowledge about the people they support has been invaluable to us."

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

- People and their relatives told us staff and management listened to their views on the care provided and took these on board.
- The management team arranged regular 'residents' meetings' at which people were invited to put forward their opinions and suggestions on key aspects of the service, such as activities provision and the home's menus.
- The registered manager had a good understanding of where to direct people and their relatives for independent support and advice on their care, such as independent advocacy services. Some people who lived at the home spoke with enthusiasm about their work for a local self-advocacy group aimed at ensuring local services and organisations met the needs of people with learning disabilities.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed staff treated people with dignity and respect at all times, and addressed them in a friendly and polite manner.
- Staff helped people to maintain and develop their independence. People spoke with pride about their independent living skills and their involvement in domestic tasks at the home. For example, one person told us, "I wash and dress myself and I make my own drinks. I'm quite capable." A relative said, "They [staff and management] continually respect [person's] abilities. You see all the people who live here doing a bit towards the running of their home."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us the care and support staff provided reflected what they wanted and needed from the service. A relative explained, "The residents [people living at the home] are very happy and fulfilled as the care they receive allows them to fulfil their potential as individuals."
- People and their relatives were invited to annual care review meetings with management to ensure a person-centred approach towards the care provided.
- People's care plans were individualised and included information about what was most important to them in addition to guidance for staff on how to meet their day-to-day care needs. Staff confirmed people's care plans were easily accessible, and that they took the time to read and refresh their knowledge of these.

Meeting people's communication needs

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

- The provider had developed a policy designed to ensure they met the requirements of the AIS.
- People's care files included guidance for staff on their individual communication needs, to support effective communication with each individual.
- Key information had been produced in alternative accessible formats, including easy-read versions of consent forms and the provider's complaints procedure. Staff used picture communication cards to support one person's day-to-day decision-making.

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

- Staff supported people to access a range of social and recreational activities, and to participate in their local community. The activities people regularly engaged in included social clubs, fun exercise classes, helping out at a local farm project, arts and crafts and woodwork sessions.
- People talked with enthusiasm about the interesting and enjoyable ways they spent their time. One person told us, "I'm going to arts and crafts this morning and bowling this afternoon. I'm busy every day!"
- New ideas for future activities were among the topics discussed at 'residents' meetings', to ensure people had the opportunity to shape the activities on offer.

Improving care quality in response to complaints or concerns

- People told us they would speak to staff or management if they were unhappy with the care they received.

People's relatives knew how to raise concerns and complaints with the provider, but told us they had not previously needed to.

- The provider had a complaints procedure in place to ensure all complaints received were handled in a consistent manner. We looked at the most recent complaint received by the service and saw this had been promptly resolved.

End of life care and support

- At the time of our inspection, no one living at the home was receiving end-of-life care.

- The management team worked with people, their relatives and healthcare professionals to identify people's wishes regarding their end-of-life care, in order that these could be addressed at the appropriate time. We saw records of these discussions in people's care files.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The provider carried out quality assurance activities designed to assess, monitor and identify potential areas for improvement in the quality of people's care. These included the distribution and analysis of annual feedback questionnaires to people's relatives and staff. Audits and checks were also completed on key aspects of the service, such as standards of cleanliness, food hygiene and health and safety arrangements.
- The registered manager had identified two people's care plans and risk assessments contained inaccurate information following recent changes in their care needs. They were in the process of fully reviewing and updating this documentation. Following our inspection, they sent us evidence these records were now up to date. We found staff had a clear understanding of how to support these individuals safely and effectively.
- Staff and management were clear about their respective roles within the service and understood what was expected of them at work.
- Procedures were in place to share information about changes in people's needs, risk and quality performance issues across the staff team. These included daily handovers between shifts, use of the staff communication book and regular staff meetings.
- The registered manager took steps to keep themselves up to date with current legislative requirements and best practice guidelines through, for example, attending further training alongside staff and participating in events organised by the local authority.

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

- Most staff we spoke with felt well-supported and valued by a registered manager who made themselves available to them and was prepared to listen to and take on board their views. However, two members of staff found the registered manager unapproachable at times and did not feel their opinions were valued. We discussed this issue with the registered manager who informed us they encouraged open and honest communication with all staff, but would reflect on how this might be improved.
- People and their relatives spoke positively about the overall quality of the care provided and their relationship with the management team. One person told us, "It is lovely living here; I really enjoy it. [Registered manager] is my favourite staff member. He's a nice guy."
- People's relatives told us they had open two-way communication with staff and management and were updated on any significant changes in their loved ones' health or wellbeing. One relative explained, "I'm in the know all of the time. I don't have to ask for information about [person], it's forthcoming."
- People's relatives praised the caring, person-centred culture promoted by the management team. One

relative said, "It [the home] is a lovely, warm and caring environment. I think [registered manager] has the wellbeing of each person who lives there at heart."

- People were supported by staff who were enthusiastic about their care and support. One staff member explained, "I enjoy the role because of the interactions with people and seeing them develop and learn to do things independently. I also love seeing them enjoying life and having a wide range of experiences at the home and out in the community."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager recognised the legal requirement upon them to inform people and relevant others in the event they were harmed as a result of the care and support provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The management team sought to engage effectively with people, their relatives and staff. They achieved this through, for example, organising regular residents', families' and staff meetings to provide those in attendance with an open forum to express their views about the service.

- Management and staff worked effectively with a range of community health and social care professionals to ensure people's needs were reviewed and addressed. A community professional described the collaborative working relationship they had developed with the registered manager, who responded promptly to any requests for information they made. Another community professional told us, "They [staff and management] are very communicative with us as a community team if there are any concerns involving people. They are never afraid to pick up the phone to us if they need any advice."

- The management team took steps to develop and strengthen the service's links with the local community. This included inviting local school children to participate in shared activities with the people in the home's craft room. They also provided opportunities for people with learning disabilities within the local area to carry out paid work at the service.