

Newman's Care Home

Newman's Care Home

Inspection report

41-45 Pump Piece
Leominster
Herefordshire
HR6 8HR

Tel: 01568612304

Date of inspection visit:
12 November 2018

Date of publication:
27 December 2018

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

We inspected the service on 12 November 2018. The inspection was announced. Newman's Care Home 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 accommodates up to eight people.

On the day of our inspection five people were using the service.

The home had been registered with CQC before Registering the Right Support and Building the Right Support guidance had been developed. However, we found the care provided included choice, promotion of independence and inclusion. People living with learning disabilities at Newman's Care Home were supported to live as ordinary a life as any citizen.

At our last inspection on 24 May 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall. There was no evidence or information from our inspection and ongoing monitoring which 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.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. People's safety needs were considered by the staff caring for them. Risks to people's individual safety were understood by staff, who found ways to support people to stay as safe as possible as their needs and goals changed. There were enough staff to meet people's needs and safe staff recruitment processes were used, to further reduce risks to people. Staff supported people to have the medicines they needed to remain well. The administration of people's medicines was checked, so the registered manager could be assured people received these safely. Staff reviewed any untoward incidents, so any learning could be taken, and risks reduced further.

People continued to receive an effective service. Staff training and support was linked to the needs of the people living at the home, so people's individual needs would be met. People were supported have enough to eat and drink, based on their preferences. Staff had developed good systems for working with other health and social care professionals, so people's health needs would be met promptly. 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. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were compassionate and caring and people were treated with dignity and respect. Strong bonds had been formed between people and the staff who supported them. Staff understood people's histories and preferences and knew what mattered to the people they cared for. Staff spent time chatting with people and knew how people liked to be comforted. People were encouraged to be as independent as possible, with support from staff.

People continued to receive a responsive service. People's needs were considered before they came to live at Newman's Care Home, and care plans were developed to meet their needs. People's relatives and other health and social care professionals had been consulted about planned care. Staff suggestions for developing people's care plans further, as people's needs changed, were listened to. People had opportunities to spend their time enjoying themselves in the ways they liked. This included trips out, employment placements and spending time with people who were important to them. People were supported to express their spirituality, where appropriate.

Systems were in place to support people to raise any concerns or make any complaints. None of the people or their relatives had wanted to make any complaints because they considered the care provided was good. Staff had worked effectively with other health and social care professionals so people's wishes at the end of their lives were met.

The registered manager also provided care to people, and used this as an opportunity to check the quality of care provided. The provider's representative also visited the home regularly, to check people were receiving safe and compassionate care, and staff support arrangements. People, staff and other health and social care professionals felt listened to by the senior team.

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?

The service remains good.

Good 

Is the service effective?

The service remains good.

Good 

Is the service caring?

The service remains good.

Good 

Is the service responsive?

The service remains good.

Good 

Is the service well-led?

The service remains good.

Good 

Newman's Care Home

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 12 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure they would be in.

The inspection team consisted of one inspector. Prior to this inspection, we reviewed information we held about the service such as notifications. These are events which happen in the service the provider is required to tell us about. We also considered the last inspection report and information which had been sent to us by other agencies. We also contacted commissioners who had a contract with the service, and Healthwatch. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During the inspection, we spoke with four people who used the service for their views about the service they received. We spoke with the provider's representative, the registered manager, and three care staff. We also spoke with one health and social care professional who supported people living at the home.

We looked at the care records of two people who used the service and the management of medicines and a range of records relating to the running of the service. This included audits and checks and meeting records.

Is the service safe?

Our findings

People benefited from living in a home where systems were in place to promote their safety and to minimise the risk of abuse and harm. Staff understood the individual risks to people's safety and used the knowledge they had gained during training when supporting people.

Where there had been any concerns for people's safety and well-being this was investigated. Consideration was given to the safety of everyone living at the home as part of this process and learning taken from untoward incidents. This included when people were anxious. We saw staff had also involved other organisations with responsibility for helping to keep people safe, as part of this process.

Staff were confident senior staff would take measures to protect people, if this was needed. Staff knew which external organisations would help to support people in the event of any safety concerns.

People's safety needs were reflected in their individual risk assessments. These provided staff with the information and guidance they needed to help to reduce risks. Staff gave us examples of the actions they took to help people to stay as safe as possible. This included support to reduce the risk of falls for people with increasing sensory and mobility needs.

There was enough staff who understood people's care needs and knew how to support them. Two people told us they liked to spend time doing interesting things out in the community and going on holidays. Both people told us there was always enough staff to support them to do this when they wanted.

Staff explained how they adapted the times they worked so people would have the support they needed at the times they wanted. Staff highlighted how the systems for communicating information about people's well-being needs helped to ensure people enjoyed the best safety and well-being possible. This included good communication between staff and other health and social care professionals if people were anxious, or wanted extra support from staff when attending health appointments. We saw staff were quick to offer support to people, and promptly assisted them when they wanted any help.

The provider continued to undertake recruitment checks prior to staff being employed. This helped to ensure people were supported by staff who were experienced and suitable to care for vulnerable adults.

People received their prescribed medicines safely. One person told us they were confident to ask for extra medicines, if they were experiencing any pain. Staff advised us they were not allowed to administer medicines until they had the training they needed to do this safely, and their competency had been checked. Staff understood what action to take in the event of any errors with people's medicines. One staff member explained senior staff and registered manager regularly checked people's medicines, so they could be assured these were given as prescribed.

Records showed us staff had sought guidance from people's GP's to help to promote the safe dispensing of medicines, and people's medicines were subject to regular GP review. We saw staff took time to encourage

people to have the medicines they needed, in the ways they preferred.

People told us staff always used the equipment needed, such as gloves and aprons, when providing aspects of their care. The environment was clean and we saw staff used equipment to reduce the risk of infections spreading. One staff member explained the type of floor coverings were adapted to reflect people's needs, and to reduce the risk of infection. We saw this was in place.

There had not been any accidents since our last inspection. Staff told us about the system in place to support people, and to review what had happened, if any accidents occurred. We saw untoward incidents, such as people becoming anxious, had been reviewed by the whole staff team, so any lessons would be learnt.

Is the service effective?

Our findings

People's needs were checked before they came to live at the home. One person told us they had several short stays at the home before they moved in. Staff told us this helped them to understand what the person's needs were. One member of staff explained the registered manager undertook an initial assessment, so they could be sure staff would be able to meet people's needs before they moved in. We saw the registered manager had considered any advice from other health and social care professionals and people's relatives, as part of their assessment processes.

People told us staff knew how to help them. One staff member explained they were supported to provide good care to people through induction training, and the opportunity to work alongside more experienced staff. A staff member told us about some specialist training they had done, so they were better able to support one person who lived at the home to make their own decisions and communicate these.

We saw staff had supervisions and staff meetings. Staff highlighted the registered manager was always available to provide the guidance they needed, between scheduled meetings.

People were supported to have enough to eat and drink to remain well. We saw staff encouraged people to make their own decisions about what they wanted to eat. One staff member told us how they had supported one person to select from healthy options. The staff member told us this had helped to support the person to lose some weight they wanted, and enjoy greater well-being. We saw staff encouraged people to have enough to drink, and fresh fruit was available for people to help themselves to.

One person told us staff had supported them to have a few operations, recently. The person told us, "It made me feel good, knowing staff were there for me." Staff gave us examples of how proactive they had been in supporting people to have the best access to health care possible. This had included working with a variety of other health and social care professionals, so they could be sure people's health needs were met.

One staff member explained some people were not able to tell them if they were experiencing pain. The staff member said, "You look for gestures, such as if [person's name] is holding an area of their body." Health passports were in place to support good outcomes for people being supported by external health professionals.

People told us they liked their rooms, and we saw these were personalised. Staff gave us an example of changes they had made to one area of the home, to meet one person's changing needs. By adapting the home in this way, the person's was able to continue to enjoy living at the home. The provider's representative told us about some planned improvements to other areas of the home, such as people's bathrooms. These had been planned in response to people's changing mobility needs.

Consent was sought before care and support was provided. 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. We saw people's capacity to make decisions was assessed and best interest decisions were made in consultation with appropriate key people and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, correctly recorded and any conditions observed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Is the service caring?

Our findings

People told us they liked the staff who cared for them. One person said, "The staff are very kind." Another person told us how much they enjoyed going out shopping with staff. We found people knew the staff who supported them very well. We saw people wanted to involve staff in their day to day lives and were confident staff would help them when they wanted. We also saw people and staff were happy to share a joke together.

Staff spoke warmly about the people they cared for and knew what was important to them. Many of the staff had cared for people for over ten years; staff told us this helped them to understand how people liked their care to be given, and if there were any personal items which were important to them.

A newly appointed staff member told us, "You find out about people, by chatting to them, and looking at their [care] plans." The staff member explained because of this they could tailor how one person's birthday was celebrated so they got the most out of their day.

We saw staff took time to talk with people and check they were content. Staff also took practical steps to support people if they judged people were uncomfortable, or wanted reassurance. People's preferences regarding how they liked to be reassured were followed by staff.

People told us they were supported to stay in touch with their family members as they wished. People told us they also made their own day to day decisions about their care. These included what they wanted to wear and how they wanted to be supported to spend their time. People had access to assistance from independent advocates, if they wanted this.

Staff adapted how they communicated with people, so they could be sure they were making their own decisions. The registered manager explained how one person had been supported to express their views and make suggestions about their care, using cards with pictures on. The registered manager told us after a short while the bonds they had developed with staff meant they were confident to use their own words.

People's rights to dignity, privacy and independence were respected by staff. One person told us staff always listened to the decisions they made about when they wanted to have support with their personal care. Another person told us staff understood how important their part-time job was, as this gave them self-respect and independence. One staff member explained specialist equipment had been purchased, so one person with sensory needs could continue to make their own hot drinks, safely, as their needs changed. We saw staff treated people's personal information sensitively, and this was securely stored.

Is the service responsive?

Our findings

People told us staff talked to them about what care they wanted and how they would like their support to be given. Staff gave us examples of how they varied the care they provided to people, so their preferences would be met. This included how people liked their personal care to be planned and given. We saw people's care plans reflected their preferences and these were regularly reviewed, so people's needs were met as their circumstances and choices changed.

People told us there were lots of opportunities for them to do things they enjoyed doing. One person told us they regularly enjoyed attending a walking club and enjoyed playing badminton with another person who lived at Newman's Care Home. Another person told us, in contrast, staff understood they preferred to spend time going out with staff on their own. Staff gave us examples of the support they gave to people so their spiritual needs would be met. This included supporting one person who had recently undertaken an important event linked to their worship.

One staff member told us they had chatted to one person about how they would like to celebrate a significant date. The staff member told us they been supported to provide tailored care to the person. The staff member explained the provider had given the resources needed so they could support the person to make a trip which was important to them. The registered manager said, "It's our job to make sure these things happened for [person's name]." The staff member told us how much this had meant to the person. We saw staff encouraged people to decide what enjoyable things they would like to do.

The home had been registered with CQC before Registering the Right Support and Building the Right Support guidance had been developed. However, we found the care provided included choice, promotion of independence and inclusion. People living with learning disabilities at Newman's Care Home were supported to live as ordinary a life as any citizen.

Records showed us staff had considered people's individual needs, preferences and goals when planning their care. The registered manager gave us examples of some information which was presented to people in line with the Accessible Information Standards.

People told us they could talk with staff if they had any concerns or complaints. None of the people we spoke to had needed to make a formal complaint because of this. Staff knew how to support people if they wanted to raise any concerns or make any complaints. The provider's representative confirmed no complaints had been received since our last inspection.

Staff gave us examples of the ways people had been supported so their end of life care was provided as they wished. A health and social care professional told us staff had worked very effectively with several other organisations, so one person would be able to return to Newman's Care Home at the end of their life. The health and social care professional explained staff had adapted an area of the home to specifically meet the person's needs. The health and social care professional told us, "[Person's name] had a lot of love in their

final hours. Staff sat up with person all night. Senior staff worked with the person's GP, other care providers and district nurses, so [person's name] could return to what they considered to be their home. They worked hard to do this."

Staff had supported other people living at the home to manage their grief after bereavements at the home. We saw areas of the garden had been used to celebrate the lives of former residents, and to provide an area for other people and staff to reflect on the importance of the people who had died.

Is the service well-led?

Our findings

People told us they saw the registered manager and senior staff often, and got on with them well. People were positive about living at Newman's Care Home and the care they received. We saw people were relaxed and comfortable in the company of senior staff.

Staff told us the focus of the senior staff was to provide a warm and caring approach to people living at the home. One staff member said, "[Provider's representative and registered manager's name] want the best things for [people living at the home]. " Another staff member told us because of the way staff and people were encouraged to work together, "It's like an extended family. You care about each other and [registered manager's name] will cover shifts and help out." The registered manager told us, "We want [people] to be happy and safe, and live the life we all want, to keep them independent. They can ask us for anything; this is their home."

People benefited from living in a home where staff were given clear direction about how they were to care for people. Staff told us they were supported to provide good care from senior staff at one to one meetings with their manager and through regular opportunities to discuss people's needs and aspirations. A staff member gave us an example of the difference this had made to people living at the home. The staff member said the chance to reflect on what people might like to do had led to new experiences for people living at the home. The staff member told us they were encouraged to make suggestions to develop people's care further. The staff member said their suggestions were listened to. The staff member told us, "We are encouraged to explore if [people] want to do new things. [Person's name] now really enjoys going to Zumba."

We saw the registered manager sought feedback from people, their relatives and staff about the care provided. The registered manager had acted on suggestions made, so people would continue to enjoy living at the home, and have more opportunities to do things they enjoyed.

Two staff members told us staff were encouraged to reflect on any untoward incidents, so any learning could be taken from them. The registered manager spent time working with people and staff to ensure the quality of care provided met their expectations. Checks were also done on the medicines people received, and their care records. The provider's representative regularly visited the home, so they could be assured people were receiving safe and compassionate care.

A staff member told us the registered manager had been proactive in working with other health and social care professionals so people would get the care they needed. The staff member said, "[Registered manager's name] fights for them to the last to get what she feels is right for them." The registered manager told us they had developed good working relationships with other agencies, so people would get access to the care and experiences they wanted. The registered manager explained this helped to ensure people had prompt access to the services they required, and were supported to express themselves in the local community.