

Hampshire County Council

Newcroft

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

Newcroft is a short break service for adults who have learning disabilities, autistic spectrum disorders, physical disabilities and/or complex needs. There were three people using the service when we visited. Care is provided to approximately 70 people each year.

The service was registered to provide support to up to eight people at a time and there were three people using the service at the time of our inspection. The service is larger than recommended by best practice guidance. However, we have rated this service good because Newcroft was otherwise meeting the characteristics of good and was meeting the other principles of registering the right support.

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

The provider informed the appropriate authorities when safeguarding concerns were found. However, did not always understand when CQC should be notified. We have made a recommendation about this.

People's relatives and staff were all positive about the management of the service and told us the registered manager was very supportive and approachable. Professionals had provided positive email compliments to the service. The provider had systems and processes to monitor quality within the home.

Relatives we spoke with, all gave us positive feedback about the service and told us that staff were kind and caring. The environment was warm and spacious, and we observed staff speaking to people with kindness and respect.

The service had a consistent staff team who understood the needs of people well. We saw staff upheld and promoted people's rights relating to equality and diversity, and safe recruitment procedures were followed.

Staff used positive communication techniques with people so that they felt listened to and valued according to their individual needs.

Individual and environmental risks were managed appropriately. People had access to appropriate equipment where needed, which meant people were safe from harm. Staff understood their safeguarding responsibilities and knew how to keep people safe from harm.

People received their medicines safely. There were systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.

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

Staff received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

People were treated with dignity, and their privacy was respected. People's care plans contained information about them and their care and support needs, to help staff deliver personalised care. The management team reviewed the care and support provided to people to make sure it continued to meet their needs when they returned.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 December 2016). Since this rating was awarded the service has moved premises and changed its name. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Newcroft

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

One inspector carried out this inspection.

Service and service type

Newcroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection three people were using the respite service.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

Due to the nature of people's disabilities we were not always able to communicate with them, so we spent time observing the interactions between people and staff, in public areas of the home, in order to help us understand people's experiences.

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care workers and the administrator.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and quality assurance records.

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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to ensure people were safeguarded from abuse. We saw documentation of several incidents which had been reported to the local safeguarding authority. These incidents had been investigated and managed appropriately. However, the registered manager was unclear at what point to notify CQC.
- Relatives told us they felt their family member safe from abuse while staying at the service. One relative told us, "They have good levels of staffing observations and the right client mix." Another relative told us, "I have no concerns, [person] is always happy to come."
- Staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns. Staff told us they felt confident the registered manager would take any concerns seriously.

Assessing risk, safety monitoring and management

- Risks to people had been assessed as part of the care planning process and included risk assessments for, moving and positioning, choking risks and behaviour support. These were recorded within each person's care record. They identified how staff should support people and what equipment, if any, was needed. Risks were reviewed regularly and updated when required.
- It was clear staff knew people well and were responsive to their individual needs. For example, we observed a staff member spending time and reassuring a person who was worried about moving to a new place.
- Staff could recognise how people expressed if they were unsettled or unhappy about something. For example, they understood how people with identified behavioural or communication needs, should be supported to manage any associated risks. This meant that any risks around people's behaviours, were reduced and if they occurred, people were supported appropriately and safely.
- Environmental risks were assessed, monitored and reviewed regularly. Any equipment used was safe and well maintained.
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during emergency situations.
- Fire safety risks had been assessed. Staff had received fire safety training and fire drills had taken place so that staff knew what to do in the event of a fire. Each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency. These were updated during the inspection to cover day and night time evacuations.
- Staff had a handover at the start of each shift, which informed them of any important information they needed to meet people's needs. For example, information in relation to any new person that had come to

stay for a short break, any choking guidelines that were in place and any health needs in relation to people. This meant that staff were fully up to date with essential information.

Staffing and recruitment

- Staffing levels were calculated according to people's needs. There were enough staff to support people safely and to ensure people's needs could be met, including staff support for participating in activities and outings.
- We saw that staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff. For example, disclosure and barring service (DBS) checks, obtaining up to date information about staffs conduct in previous employment and investigating any gaps in employment were completed prior to staff starting work in the service.
- New staff were introduced to people prior to providing any support and worked alongside more experienced staff to learn about people's needs.

Using medicines safely

- People received their medicines safely. There were systems in place to ensure that medicines were securely stored correctly and safely and in accordance with best practice guidance.
- Where people were prescribed medicines to be taken 'as and when required' (PRN), there was good detailed guidance in place for staff to follow.
- Staff administered medicines to people, they had received training and had competency checks, to ensure they were safe to do so. The registered manager told us, "We provide three yearly medicines training as well as regular in-house training and medicine competencies yearly. If there is an error, they [staff] will be stopped from administering medicines and redo a competency assessment."
- The management team carried out regular audits to ensure all medicines had been administered correctly and action could be taken promptly if needed.

Preventing and controlling infection

- The environment was very clean and tidy. A relative told us, "The service is definitely always clean and tidy from what I have seen."
- Staff had completed infection control and food hygiene training. This ensured people were protected from risks associated with the spread of infection and unsafe food hygiene practice. The service had a five-star food hygiene rating. This told us they were following hygiene standards.
- Staff told us they had access to personal protective equipment (PPE), and waste was disposed of correctly. We observed staff wearing PPE appropriately throughout the inspection.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. Records showed that a review was conducted following some incidents to support the identification of changes in practice to provide more effective support.
- The registered manager told us, "We are very reflective, no one is scared to say what has gone wrong. We talk about what is working well and what went wrong. There are changes made, we are very responsive to someone's feedback."

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's needs were assessed and regularly reviewed prior to each visit to the short break service.
- The provider supported staff to deliver care and support in line with best practice guidance. The provider was available to review the support provided to people following incidents or when advice and guidance was required. Training on supporting people living with autism was available and information was included in people's care plans to enable staff to provide appropriate and person-centred support according to their individual needs.
- Prior to each visit to the service for a short break, the registered manager undertook a repeat telephone assessment involving the person's relative. This ensured they could meet the person's needs and update any changes.
- Once this information was gathered, it was used to update people's support plans and risk assessments with the involvement of people and their relatives.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a range of training to meet their needs. Staff told us they were supported by the registered manager through supervision and training and felt this equipped them to support people effectively.
- Documents demonstrated that staff had attended a variety of training and were regularly booked onto refresher training. This included, fire training, manual handling training, safeguarding and medication training.
- Most staff had a supervision meeting every three months. Staff were positive about supervision and the support they received from the management team. One member of staff told us, "You can ask for a supervision whenever you want. You can also bring anything up in your supervision."
- Staff we spoke with were knowledgeable about how to support people effectively and told us about training such as POACT SCIPr UK (Proactive strategies for crisis intervention and prevention, revised, UK) they had completed which helped them to provide effective support. PROACT SCIPr UK is a values-based approach with an emphasis on being proactive – getting it right for the person, rather than being reactive or responding to an episode of challenging behaviour. The aim is to raise the person's self-esteem, improve quality of life, empower them and enable them to live a more independent and fulfilling lifestyle.

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

- People's dietary needs and preferences were met, and people were involved in choosing their meals. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these.
- The registered manager told us they usually had a chef however, they had recently left. They told us they

were in the process of recruiting another one. Staff who were currently preparing and cooking food had completed food hygiene training.

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

- Newcroft is a purpose-built short break service designed to meet the varying needs of people using the short break service. Bedrooms were spacious with access to a Jack and Jill bathroom which was shared between two bedrooms. A Jack and Jill bathroom sits between two rooms and is accessible from both rooms. If one person is using it they can lock both doors to maintain their privacy and dignity. All bedrooms and the lounge had ceiling track hoists which had been designed to blend in with the decoration and did not immediately stand out.
- All bedrooms had an electric height adjustable sink to ensure they met the needs of a variety of people who may use the short break service.
- There was a sensory room which used equipment to provide a calm and relaxing environment. There was also a projector that projected interactive games onto the floor.
- The kitchen was open and big enough to support people who used wheelchairs to access and prepare food. The kitchen could be closed with a moveable work surface to ensure the safety of people whom may be at risk accessing the kitchen on their own.

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

- There was detailed information in people's care files to inform staff about their health and general wellbeing. Guidance was available to assist staff supporting people who had healthcare needs such as those with epilepsy.
- People had access to community healthcare professionals when required.
- Staff said they knew what needed to be done and told us they all worked well as a team.
- Staff told us they had good working relationships with external professionals. Documents demonstrated that families were supported to access professionals where this need was identified.
- A relative told us when their family member had been on a short stay, they had a series of seizures. They told us, "They [staff] called the paramedics."

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 and short break services, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable about how to protect people's human rights in line with the MCA. Staff told us they sought verbal consent from people before providing care and support. One staff member told us when

asked if they seek consent from people, "We always seek a person's consent."

- Care plans included detailed information about people's capacity, any cognitive or communication impairments and any mental health needs they may have.
- Mental capacity assessments were completed when there was any question of a person's capacity to independently make important decisions.
- Where people could not make their own decisions, the best interest decision making process was used.
- Where people were able to, consent forms had been signed and recorded in their care plans regarding the care and support they received.
- Applications for DoLS were in the process of being submitted for people who used the service and required them. This was completed before the end of the inspection.

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

- Relatives told us their family member they liked having short breaks at Newcroft and they were well looked after. Their comments included: "They [person] are treated very well, we are part of the furniture now" and "[Person] seems happy coming here, [person] is happy when I pick them up, they [staff] are respectful."
- We observed people were treated with care and kindness by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their pre support assessments. We saw that people's diverse needs were detailed in their care plans and met in practice and a person's relative confirmed this. This included people's needs in relation to their culture, religion, diet and gender preferences.
- Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's equality and diversity needs were met. A staff member told us, "We supported a person who only ate Halal meat, they were Sikh, our chef went through foods with them and they didn't want pork."

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

- Staff supported people in a caring way to promote their health and wellbeing. Staff followed guidance and best interest decisions and understood people's rights to make unwise decisions. When this happened, the service took advice on how to support the person's choice as safely as possible.
- When people had expressed their views about their preferences these were respected. Staff told us, and records confirmed that people's views about how they preferred to be supported were acted on to promote positive outcomes for people.
- Records confirmed people were involved in meetings to discuss their views and make decisions about the care provided. This included choice of activities, food, and how they were supported.

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was supported. Guidance was in place to ensure staff checked the content of shared information to support people's rights.
- People were encouraged to do what they could for themselves including participating in cooking and cleaning. We observed staff encouraging a person to participate in preparing their lunch for example.
- Staff told us how they supported people's privacy and dignity. This included giving people private time in their rooms or other areas, listening to people, respecting their choices, ensuring staff knocked on doors and people were covered when providing personal care.

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's likes, dislikes and preferences were documented in their care plans.
- There was information about people's backgrounds and what was important to them. This helped staff engage meaningfully with people and build an understanding of their needs. The registered manager told us, "People are part of setting up their care plans, if we are not able to, we get to know them and read body language, we involve advocates, day services and family."
- Relatives feedback was consistently positive, one relative told us they were kept fully informed of peoples care and support and were happy with the support people received during their short stay. Another relative told us, "The feedback is really good. The staff are really good asking her about drinks, she will sometimes hand point or eye gaze."

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.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- Staff members knew how to effectively communicate with people. The approach by the service met the principles of the Accessible Information Standards. For example, pictures, photographs and objects were used to assist people to be involved in their care planning and decisions.

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

- People were encouraged to take their own belongings into the service for their short break. A relative told us, "He always brings in his sensory things, we can bring it all in." We observed interactions between staff, people and their relatives were friendly and relaxed. One relative said, "They [staff] are always very welcoming when we come."
- Staff worked together to ensure that people received consistent, timely, coordinated, person-centred care and support. At the start of each shift staff received a handover of all necessary information and could access care plans should they wish to confirm any information.
- Staff told us they knew what needed to be done and said they all worked well as a team.
- Documents demonstrated the service had positive working relationships with external professionals. Some of the professional's compliments via email included, 'You were all complimented on the great work

you did with [person] and their family were so grateful,' and, 'Thank you so much for finding a way round offering [person] additional nights with you.' Other emails talked about the staff going the extra mile for people.

- People were supported to go out and participate in an activity of their choice during their short break. Puppies were brought in to see people and they were positively received.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. The registered manager told us there had been no complaints received since they had started working in the service. However, systems were in place to record and monitor any complaints made.

- People's relatives knew who to speak to if they wished to raise any concerns. One relative said, "I did raise something once, they responded appropriately, very quickly before his next stay. Only that once, never again."

- The registered manager, provider and staff regularly engaged with people and their families so that any low-level concerns could be addressed quickly. Feedback was sought from people and their relatives. A relative told us, "We do have open day and attend reviews and to discuss things, there is an open-door policy and we are always kept updated."

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

- We identified some incidents which had been investigated and had been reported to the local safeguarding authority. However, the registered manager was unclear at what point they should notify CQC. We spoke to the registered manager about this who made immediate arrangements to ensure all incidents reported to the local safeguarding authority would be reported to CQC.

We recommend the provider seeks reputable guidance and reviews their internal guidance for notifying CQC.

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 previous performance rating was displayed in the entrance area.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- The registered manager and provider understood their responsibilities in relation to notifying the person and their relatives when things had gone wrong and knew to apologise and put this in writing. However, they had not always notified CQC about incidents, safeguarding concerns and events, where required.

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

- Relatives told us people received personalised care. For example, one relative told us, "They understand her needs." Another relative told us, "They are always included in decision making."
- People's relatives were consistently positive about the staff and we observed people were relaxed and appeared happy in their company, while being fully engaged. The culture of the service was positive.
- Staff said they enjoyed working at Newcroft and felt supported by the registered manager. A staff member said about the management team, "All the managers here muck in and help, there is no hierarchy going on, she [registered manager] asks if we need help." Comment made by staff about the registered manager included, "Since I have worked for [registered manager] she has been very supportive of me. If I made a mistake, she would be very supportive and work to prevent it happening again" and, "She is very supportive, I am [studying] and she supports that. She runs the respite service really well."
- People's relatives told us the service was well run. One relative said, "It is easy to talk to the registered manager, it helps because I know them so well. We are lucky to have this facility." Another relative said,

"They were caring about the parent as well as the person."

- The management team and staff demonstrated a commitment to provide person-centred care. They had regular open conversations with people using the service and encouraged their relatives and stakeholders to give feedback. One relative told us, "I am happy leaving [person] here, I am confident she is being looked after well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's individual life choices and preferences were met. The providers, and management team were clear how they met people's human rights.
- Staff told us they felt listened to and the management team and provider were approachable. One staff member said, "What I like about [registered manager] is, I can go to her and give my truly honest opinion." Another staff member told us, "Everyone is treated equally despite race, sexuality gender."
- Staff meetings were held regularly. Meetings were used to share information, such as learning opportunities, any concerns, training, and sharing information received from the provider. Minutes were kept and showed that where issues or suggestions were raised, action was taken.
- People and their relatives were consulted about the running of the home and asked their views on any changes planned or new ideas. Records of the meetings held, demonstrated that people's views were listened to and acted upon. For example, action plans had been drawn up and dates entered when completed.

Continuous learning and improving care; Working in partnership with others

- Information from the quality assurance system, care plan reviews and incidents were used to inform changes and improvements to the quality of care people received. The registered manager told us, "We are very reflective, no one is scared to say what has gone wrong. We talk about what is working well and what went wrong. There are changes made, we are very responsive to someone's feedback."
- The registered manager demonstrated an open and positive approach to learning and development. Improvements had been made following provider audits and this had been shared with staff.
- The service had links with other resources and organisations in the community to support people's preferences and meet their needs.