

DJ & GM Phillips

New Witheven

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

New Witheven provides care and accommodation and respite services for up to ten people with a learning disability. At the time of the inspection eight people were living permanently at the service. Two people were receiving a respite service. The service is located in a rural setting in North Cornwall surrounded by farm land. The service also runs a day centre. Within the large gardens are various outbuildings which are used to accommodate craft sessions and workshops. There is also a vegetable garden with raised beds and poly tunnels. This announced comprehensive inspection took place on 17 February 2018.

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

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.

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

We spent some time talking with people and staff. Staff were respectful and caring in their approach. They knew people well and had an understanding of their needs and preferences. Staff supported people to take part in a range of meaningful activities.

The management team had a clear set of values and these were known and shared by the wider staff team. The registered manager and provider both took an active role within the home. Staff told us they were approachable and available for advice and support. There were clear lines of accountability and responsibility within the staff team.

Care plans identified how people preferred to be supported and how much support they required. Risks to people's safety and well-being were identified and staff had access to guidance on how to minimise risks. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff were supported through a system of induction, training, supervision and staff meetings. This meant they developed the necessary skills to carry out their roles. There were opportunities for staff to raise any concerns or ideas about how the service could be developed.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

New Witheven

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 inspection took place on 17 February 2018 and was announced. We gave two days' notice of the inspection site visit because the service is small and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. We had not asked the provider to complete a Provider Information Return (PIR). This 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.

We looked around the premises and observed staff interactions with people. We spoke with four people living at the service, the registered manager, the provider and three members of staff. We looked at detailed care records for three individuals, staff training records, two staff files and other records relating to the running of the service.

Is the service safe?

Our findings

We spent some time chatting with people who lived at New Witheven and saw they were relaxed and at ease with staff. The atmosphere was friendly and people were comfortable approaching us and confident speaking with us. People told us they felt safe and they clearly considered New Witheven as their home.

We spoke with staff about the action they would take if they suspected abuse was taking place. They told us they would have no hesitation in reporting it to the registered manager and were confident their concerns would be acted on. If necessary they would report concerns outside of the organisation, either to CQC or the local authority safeguarding team.

There was a safeguarding policy in place. Staff were aware of the policy and knew how to access it if they needed to. Safeguarding was covered during the induction process for new staff, and was refreshed regularly. The registered manager and provider were aware of their responsibilities and prepared to raise safeguarding concerns if they felt it necessary.

There was an Equal Opportunities policy in place. Staff were required to read this as part of the induction process. The registered manager worked to ensure staff were protected from discrimination at work as set out in the Equality Act. For example, making reasonable adjustments to enable staff to complete training.

Risk assessments were in place so staff were aware of any identified risk and had clear guidance on how to support people safely. Risk assessments were regularly reviewed and updated as necessary. They reflected people's individual needs.

Any incidents and accidents were recorded to enable the registered manager to identify patterns or trends. Changes to how people were supported had been made following incidents to minimise the risk of a reoccurrence. This demonstrated the service used incidents as an opportunity to learn from events and develop the service to suit people's needs.

Records were stored securely to help ensure confidential information was kept private. The records were up to date, accurate and complete. All care staff had access to care records so they could be aware of people's needs.

The premises were clean and well maintained. Cleaning equipment was available and any potentially hazardous products were securely stored. Staff had completed infection control and food hygiene training. Fire checks were completed regularly. Fire drills were held and these involved people living at New Witheven.

There were enough staff to support people safely at all times. There were no staff vacancies at the time of the inspection. Rotas showed staffing numbers were consistently met. Rotas were flexible as the numbers of people using the service for respite and day care varied. There were enough staff available to accommodate people's preferences and choices about how they spent their time. The registered manager and provider

were not included on the rota but spent several days a week at the service. There was also a maintenance worker and driver on the staff team. In the evenings there were two members of staff on duty, one being a sleep-in and one a waking night.

When new staff were recruited they completed a number of pre-employment checks. This included Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge.

Medicines were stored securely in a locked cabinet. We checked a random sample of medicines and accompanying medicine administration records (MAR) and found the amount in stock tallied with the amount recorded. The MARs were legible and there were no gaps. Creams were dated on opening so staff would be aware of when they were no longer safe to use. People were supported to be as independent as possible with their medicines. For example, staff supported people to apply creams themselves using verbal prompts or simple sign language according to the person's needs. All staff had received training to enable them to administer medicines and the assistant manager had completed competency assessments for the staff team.

The service held money on people's behalf and supported them with their finances. Systems in place were robust. Receipts were kept and details of transactions recorded. People told us they had confidence in the arrangements.

Is the service effective?

Our findings

Before anyone started to receive a service at New Witheven there was a robust pre-admission assessment. People's needs were holistically considered when assessing and planning care to help ensure they could be met.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff completed an induction when they started employment with the organisation which involved them completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a period of shadowing more experienced members of staff. Face to face training for first aid and moving and handling was provided by external trainers. Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity and epilepsy awareness.

Staff told us they were well supported by the management team. Supervision meetings were held regularly as well as annual appraisals. These were an opportunity to discuss working practices and raise any concerns or training needs. The management team shared responsibility for completing supervisions.

People were supported to eat a healthy and varied diet. Fresh fruit was available and the kitchen was well stocked. Individual dietary needs and preferences were recorded and well known to staff. People were encouraged to help with preparing meals and choosing menus for the week. On the day of the inspection one person worked with a member of staff to make quiche which people then had for lunch.

People were supported to access external healthcare services as necessary and attend regular check-ups. For example, they attended GP, dentist and optician appointments. The management team were committed to ensuring people had good medical support and were pro-active when seeking this out.

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. Capacity assessments had been completed to record when people were not able to give consent to certain decisions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No DoLS applications had been made for anyone using the service. We discussed this with the management team who told us no-one was subject to any restrictive practises. For example, people were free to leave unaccompanied if they wished. However, one care plan stated the person needed constant supervision at certain times. The registered manager told us they would carry out an audit to identify if any DoLS applications should be made. Records showed decisions taken on people's behalf had been made in people's best interest.

People were supported to make day to day decisions and choices. People told us they went to bed and got up when they chose to. The inspection took place on a weekend and some people had chosen to have a lie-in. The registered manager told us people had breakfast when it suited them.

The premises were spacious, suited people's needs and reflected their preferences. All the bedrooms were en-suite and had been decorated to suit people's personal taste. There were two large shared living areas, one of which was used as a dining room. Outbuildings in the garden were used as a day centre where people were supported to do crafts and cooking activities with their peers. There was a large vegetable patch where some people were involved in growing produce. Raised beds meant people with any mobility problems were able to be involved in gardening if they wanted. The maintenance log showed any defects in the building were addressed in a timely manner.

Is the service caring?

Our findings

People told us they were happy living at New Witheven. One person told us; "Really nice place, really nice carers. The best place I've been to." Another told us he was; "Very proud" of his bedroom.

Staff knew people well and had an understanding of their communication needs. People were treated kindly and with respect at all times. Staff took time to listen to people and gave them the time they needed to hear and understand information and respond. This was done with patience and demonstrated an understanding of people's specific needs. One person used simple sign language to reinforce what they were saying and staff also used some signs when talking with them. Everyone was supported to voice their opinion and join in with general conversation, irrespective of their communication styles.

People were at the centre of the service. One person was keen to show us around the garden as this was an aspect of the service they were particularly interested in. It was clear they were fully involved in planting and growing produce. They were confident and knowledgeable when showing us around and demonstrated a sense of pride and ownership. Another person enjoyed being involved in household tasks and this was clearly recorded in their care records. We spoke with the person and they confirmed they liked to contribute to the running of the service in this way.

People had been told about the inspection and what it would involve. On our arrival we were introduced to people and they were encouraged to contribute to the inspection process.

Care plans reflected people's individuality and focused on people's positive attributes. They described what people were able to do and the amount of support or encouragement they might need to complete tasks.

Throughout the day we saw people talking to each other and staff. People were very relaxed and we observed many occasions when they joked with staff. There was plenty of good humour, laughter and gentle banter.

The registered manager talked with us about the importance of recording information about people's past and personal histories. They told us they had recognised how easily such information could be lost if it was not recorded. To address this they worked with people to make 'memory books' where information about people's experiences could be kept.

Staff recognised the importance of ensuring people were relaxed and comfortable in their environment. They told us it was important that people got on well together as much as possible. People had access to various areas where they could choose to spend time alone if they wanted to. The provider commented; "There's always somewhere to go if someone is getting on your nerves!" There was only one female living at the service. The management team explained how they ensured the person's privacy and dignity was respected at all times. We spoke with the person who told us they did not mind being the only female and were happy living at New Witheven. They had a friend who used the service for respite on a regular basis. Other females also used the day service.

Is the service responsive?

Our findings

Care plans outlined people's needs over a range of areas including their health and emotional well-being. The plans were relevant and mainly up to date. People were involved in the development of care plans and encouraged to contribute to regular reviews. For example, one care plan documented the individual had requested additional support with personal care. The new care plan stated what support they had asked for and it was clear they had been in control of the degree of support they received.

Any changes in needs or how care and support was delivered were recorded and care plans updated accordingly. Daily logs were completed to document what the person had done during the day and included information about their mood and emotional well-being. The daily logs were detailed and informative and gave a comprehensive overview of the day. Handovers took place between shifts to ensure staff were made aware of any changes in people's needs.

People were supported to take part in hobbies and pastimes which reflected their interests. People regularly went swimming and bowling. One member of staff organised a theatrical production each year and this was very popular with people. There were plans to host an art exhibition in the local community entitled 'Cornish Life.' One person told us they had a bus pass and frequently used public transport. They commented; "Normally I'm out busy gallivanting."

People had plenty to occupy themselves with within the service. There were televisions in shared rooms and in bedrooms. People were able to access on line streaming services as well as terrestrial television channels. Books, magazines, puzzles and games were available. On the day of the inspection some people were completing a jigsaw puzzle, one person was cooking and others were playing on a games console. The provider told us; "Busy people tend to be happier people."

People were given information in a way which was accessible to support their understanding. For example, a copy of the complaints procedure had been developed which used symbols and limited text. This was displayed on a notice board in the shared lounge. The assistant manager told us they were developing hospital 'passports' to share with other healthcare professionals if people needed to access health services. These would include details about people's preferred communication styles and how they could be supported to understand information. When people needed glasses or hearing aids this information was included in their care plan. For example, one care plan stated; "I can read and write well so long as I am wearing my glasses."

There were systems in place to manage and investigate any complaints. A complaints policy outlined the time periods within which complaints would be addressed and responded to. There were no on-going complaints at the time of the inspection. People told us they would be confident to raise any complaints and told us who they would go to with any concerns they might have.

Is the service well-led?

Our findings

The service requires a registered manager and there was one in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission 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. The registered manager and provider took an active role in the service spending a large amount of time there. The provider told us of plans to develop the service further and laughed; "I'm not ready to retire yet!"

Roles and responsibilities were clearly laid down within the service. The registered manager was supported by an assistant manager and it was evident they worked closely together. The assistant manager had a clear set of responsibilities, including ordering medicines, overseeing staff training needs and carrying out various audits of the service. Staff rotas included general tasks which individual members of staff were responsible for on each given day. For example, completing vehicle checks and water temperature checks.

Staff told us the management team were available and approachable. They said they felt well supported and were able to raise any queries at any time. Team meetings were held regularly. These were used as an opportunity to formally discuss individual's care planning arrangements. Staff were able to raise any issues or make suggestions about how the service could be improved. One member of staff commented; "You can talk about anything and everything."

People were regularly asked for their views of the service using a questionnaire. People's views were sought across a range of areas including food choices, the support provided, premises and management. A leisure and social activities questionnaire was used to specifically look at the availability of activities and identify if people wanted to try any new experiences. Relatives were also asked for their opinion of the service. The results from the latest survey had been positive.

Monthly newsletters were produced and circulated to relatives, day centres and any professionals who had contact with the service. These included information about events people had taken part in.

There was a range of policies and procedures in place which were up to date and relevant to the service. For example, we saw policies in respect of safeguarding, infection control, lone working and equality and diversity.

Any incidents and accidents were recorded and subsequently analysed to identify any patterns or trends. The records showed when action had been taken to try and avoid a reoccurrence of any untoward incident.

Regular audits and checks of the premises were carried out. For example, we saw evidence of checks on hot water temperatures and legionella, electrical equipment and fire-fighting equipment.