

Newland Hurst Limited

Newland Hurst

Inspection report

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Date of inspection visit:
05 April 2017

Date of publication:
11 May 2017

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

The Newland Hurst provides accommodation and care for up to 16 younger people with learning disability or autistic spectrum disorder. At the time of our inspection there were 16 people living in the home. At the last inspection, in November 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care and there were enough staff to provide support to people to meet their needs. People were protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. People made decisions about their care and staff sought people's consent. Systems were in place to support people if they needed help making key decisions about their life. Staff received training to meet the specific needs of people who lived at the home. People were supported to stay well and had access to health care services and enjoyed their mealtime experiences.

People had built caring relationships with the staff who supported them and were encouraged to make their own choices and decisions. People were treated with dignity and staff were caring.

People and their relatives were involved in the planning and review of their care and support. Where people and their relatives had any concerns they were able to make a complaint and this was responded to.

People and staff were encouraged to make any suggestions to improve the care they received and how the home could be improved. The registered manager worked with people, their relatives and other organisations in an open way. Systems were in place to assess and monitor the quality of the service.

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.

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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 checked 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. At the last inspection on 9 November 2015 the service was rated as good.

This was an unannounced comprehensive inspection which took place on 5 April 2017 and was completed by one inspector.

We reviewed the provider information return (PIR) that the provider submitted to us. 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.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the different communal areas of the home. We spoke with five people who lived at the home and five relatives. We talked with the registered manager, one senior staff member and two care staff.

We looked at a range of documents and written records including three people's care records, records about the administration of medicines, regular information communicated between staff and newsletters. In addition, we looked at systems for managing complaints. We also looked at information about how the provider and registered manager monitored the quality of the service provided and the actions they took to

develop the service people received further. These included minutes of meetings with people, minutes of staff meetings and quality surveys completed by people and their relatives.

Is the service safe?

Our findings

People and their relatives were positive about the way staff promoted their safety. One person explained how staff cared for them when they needed the help of the emergency services as sometimes became suddenly very ill. The person told us staff always helped them without delay and said, "Staff always make sure I feel safe."

Staff understood what actions to take to prevent people experiencing harm. This included raising any concerns with senior staff, the registered manager or external organisations with responsibilities for helping to keep people as safe as possible.

People were cared for in ways which meant they were still able to do things they enjoyed in ways which reduced the likelihood of people accidentally harming themselves. Staff gave us examples of the types of risks some people experienced and knew what actions to take so people's safety needs would be met. For example, one staff member told us about the risk of choking one person experienced when they ate. Staff had been given information on the best way to care for the person, so risks of this happening were reduced. We saw staff took the action required, so the person would be as safe as possible when they ate.

People and their relatives told us there was enough staff to meet their care and safety needs. We spoke to a new member of staff who explained about the recruitment checks which had been done before they started to work with people. By doing the checks the registered manager was assured the staff member was suitable to work with people who lived at the home.

People received their medicines when they needed them in the ways they preferred. One person living at the home managed their own medicines. One relative told us, "[Registered manager's name] is very strict about staff having the training for medication." Staff told us about the support they gave this person so they always had the medicines they needed when they were away from the home. We saw staff checked that all people were receiving their medicines as prescribed, and kept clear records of the medicines people had. All medicines were securely stored.

We saw one person occasionally required medicines to help them manage their anxiety. We discussed the additional requirements relating to this medicine with the registered manager, who gave us assurances a policy would be developed to manage this type of medicine. The registered manager confirmed this action had been taken prior to the publication of this report.

Is the service effective?

Our findings

People said staff knew how to look after them. One person said, "They [staff] are so good at what they do." Relatives we spoke with told us staff understood how to care for their family members so they were able to enjoy the best well-being possible. Staff were positive about the training they had received and gave us examples of training which had been arranged in response to people's individual needs. For example, dementia training. One staff member said, "I can't complaint about the training, and if you need anything, [registered manager's name] will ok it."

Staff had received training to help them develop the skills they needed to care for people in ways which promoted their rights. Staff understood people had the right to make their own decisions. We saw staff offered to support people and checked they were in agreement to receive care, and that people's wishes were respected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found staff had carefully considered if they needed to make specific decisions in people's best interests or if they needed to deprive anyone of their liberty.

Staff recognised that people's ability to make some of their own decisions changed in some circumstances and staff supported people so they had the best opportunity to make their own decisions. Staff had not needed to make any applications to deprive anyone of their liberty at the time of our inspection. We saw systems were in place so staff would review this over time, with input from other agencies and individuals responsible for making some decisions on behalf of people, as people's needs changed.

People told us they enjoyed their mealtime experiences. One person said, "I really enjoy fruit and salads, and I always get them." We spoke to a member of the catering staff who explained how they cooked people's meals taking into account any dietary needs and preferences, so people would enjoy their meals and remain well. One staff member told us as a result of the way people's food was prepared one person had achieved a desirable, significant weight loss.

We saw many of the people living at the home enjoyed socialising with other people and staff during their meals, and meal times were not rushed. Where people needed assistance from staff in order to eat safely this was provided. We saw some people enjoyed making their own drinks, meals and snacks.

People were supported to see health professionals so they remained physically and mentally as well as possible. One relative told us how their family member had been supported by staff, and said, "If anyone is poorly, staff arrange for them to see the GP straight away." The relative told us as a result of this their family member enjoyed the best health possible. We saw specialist advice was sought promptly if staff had any concerns for people's well-being and health action plans were in place, so people's needs would be met.

Is the service caring?

Our findings

People and their relatives were very positive about the staff that supported them, and described them as kind. One person said, "It's nice living here, the staff are so nice." Another person explained how much they valued staff's assistance and kindness when they were supported to do things they enjoyed. One relative told us, "Staff will always make time to chat to [person's name] and me." We saw people had built strong relationships with staff, and were comfortable to express how much they enjoyed staff's company. People were keen to involve staff in discussions about their interests and life at the home.

Staff spoke warmly about the people they cared for and knew them well. Staff told us they found out about people's needs by checking their care plans, talking to their relatives and staff who knew them well. We saw staff understood when people may be becoming anxious and took time to provide people with reassurance and practical help when they wanted this. For example, we saw one person had misplaced an item that was important to them, and staff promptly offered to locate this and were happy to help.

People gave us examples of the day to day decisions they made for themselves, such as what care they wanted and how they wanted to spend their time. One person told us excitedly how they had been involved in decisions to help them to gain employment. The person told us about the support they had received from staff when making decisions about this and said they were looking forward to starting their job. One member of staff explained about the practical action the staff team had taken so one person was supported to choose a holiday linked to their interests. The staff member told us how much this had meant to the person, who had chosen to bring back mementos to decorate their room. The staff member said, "You know it's [person's name] bedroom as soon as you walk in."

People told us staff took action to support people so their rights to dignity, privacy and independence were met. One member of staff said, "You knock people's door and check if they want you to go in. You encourage people to do what bits of personal care they can do themselves." Another staff member said, "Dressing yourself is about independence. You encourage, you see if people are ok, and if they are struggling you help them." We saw people were comfortable to make their own drinks, enjoyed helping to prepare lunch with staff and to spend their time privately and independently, where they preferred.

Is the service responsive?

Our findings

People told us they felt involved in deciding what care they received and staff listened to their suggestions. People told us staff knew their preferences well and took these into account when planning their care. Relatives told us they were encouraged to make suggestions about the care their family members received, where people were wanted support with this. Staff used their knowledge and skills when helping people to decide what care they wanted. Staff were encouraged to try different ways of working with people, so they were able to communicate their wishes and preferences.

We saw people's care plans reflected their unique histories, needs, goals and aspirations, and provided staff with the information they needed to care for people so their individual needs were met. Staff took into account advice provided by health and social care professionals when planning people's care, so they would enjoy their life and remain as safe and well as possible.

One member of staff explained how important it was for people to maintain links with their families and friends. The staff member explained how staff supported some people to visit their families for holidays. For example, by making sure people had the medicines they needed when they temporarily left the home. Relatives told us there were no restrictions on when they could visit their family members. One relative said staff regularly supported their family member to stay in touch with them and their family member's friends were also invited to visit them at the home.

People told us enthusiastically about the fun and interesting things they were supported to do. One person said how much they enjoyed spending time at a local farm. One relative we spoke with highlighted their family member had far more opportunities to do things that interested them since they had moved into the home. One member of staff explained how people living in different homes were invited to these sessions, and how much people at Newland Hurst looked forward to seeing their friends at these regular events. We saw people looked really happy and engaged when taking part in music sessions held at the home.

Staff communicated information regularly, so they could be sure people were being supported in the most effective way as their needs or preferences changed. One member of staff told us, "It's flexible for people, it's not a fixed regime." We saw people's plans reflected their changing needs and gave guidance to staff so people would continue to experience the best well-being possible. The registered manager had recognised the needs of people living at the home were changing and had started to develop plans so the home would continue to meet people's needs as they changed.

People and their relatives said they would be comfortable to raise any complaints or concerns they had. We saw one complaint had been received and staff had been open and responsive. As part of their processes they had considered if any lessons could be learnt to improve people's experience of living at the home further.

Is the service well-led?

Our findings

A registered manager was in post at the time of our 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.

People told us they saw the registered manager often, and found them approachable. Every relative we spoke with was positive about the way the home was managed. One relative said because of the way the home was managed, "[Person's name] is left in good hands. The management and [board of] trustees are as good as it gets, they respond brilliantly to people. Staff retention tells a story and they pass this onto those they care for."

People, their relatives and staff told us they had opportunities to make suggestions about the care provided and the way the home was run. One staff member explained relatives had been involved in decisions about which GP practice supported their relatives. Relatives highlighted communication was good, and they the registered manager and senior team to be open. Two relatives told us about the regular newsletters they received. We found relatives knew about planned developments at the home, such as plans to increase staffing further, so people would have even more opportunities to have individualised care, as their needs changed.

Staff explained they were able to make suggestions to improve people's care either immediately, or through regular staff meetings or one to one meetings with their line managers. One staff member told us, "You can talk about anything, and bring up any concerns. It's a good place to work. Staff are happy because it's run properly, and things are done with people's, families' and staff involvement." Another staff member explained how people were involved in recruiting new staff. The registered manager told us, "[Person's name] likes to set their own questions, and you listen to their views as part of the recruitment decisions."

The registered manager checked the quality of the care offered through resident and families' surveys and an action plan had been put in place to develop the care provided further. For example, in respect of people's rights, staff training, meal time experiences and premises. The registered manager was in the processes of seeking external quality accreditation for to reflect the provider's commitment to staff training. The registered manager recognised people's needs were changing and were planning to introduce changes to the care offered to respond to this.

The registered manager gave us examples of the work which had been done with other organisations to benefit people living at the home. As a result of this, employment opportunities had been increased and staff from the home were working with other organisations so people's safety would be further promoted.