

Mr & Mrs C G Hallam

Newnham Green

Inspection report

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Tel: 01493651787

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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

Newnham Green provides care and support for up to six people with learning disabilities. On the day of our inspection four people were living in the home.

There was a registered manager in post. 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 were supported by staff who understood safeguarding procedures and were able to recognise the signs of potential abuse.

Risks to people had been thoroughly assessed and plans put in place to manage these risks while enabling people to live their lives without unnecessary restriction.

Robust recruitment procedures had been employed to ensure that staff were suitable to work with people who used the service. There were sufficient numbers of staff deployed to meet people's needs. Staff received comprehensive training to enable them to meet people's needs.

People were given support to take their medicines as prescribed. Their nutritional needs were met and they were supported to access healthcare if they needed it.

People were supported by staff who showed respect and cared for them as individuals whilst maintaining their dignity. People were encouraged to make their own decisions where possible and their consent was sought appropriately.

People and those important to them were involved in planning their care, how it was delivered and their independence was promoted as far as possible. People's care was delivered in the way they wished by staff who were knowledgeable about their needs.

People who used the service and staff who supported them were able to express their views on the service. People were supported to make complaints and were confident that these would be heard and acted upon. The service maintained good communication with people who used the service and their families.

The management team maintained a good overview of the service and had systems in place to monitor the safety and quality of the service. Staff were supported by the management team and felt valued by the provider.

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.

People were supported by staff who were knowledgeable about safeguarding procedures and who could demonstrate how they would identify any indications of abuse.

Risks to people had been identified and care plans put in place to minimise those risks.

People were supported sufficient numbers of appropriately recruited staff.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received up to date training that provided them with the knowledge and skills to meet people's needs.

The service operated in accordance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) procedures.

People had enough to eat and drink and staff had a good knowledge and understanding of how to meet people's dietary needs.

People were supported to have access to healthcare when they needed it.

Is the service caring?

Good ●

The service was caring.

Staff were consistently kind and caring to people and provided support discreetly and with compassion.

People and their families were fully involved in making decisions around how they spent their day and what care and support they

received.

Visitors were always welcomed, without unnecessary restrictions and people's relationships with those that mattered to them were promoted.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were detailed, personalised and contained information to enable staff to meet people's identified care needs.

People were supported to enjoy a wide range of activities that interested them and encouraged to actively engage with their local community.

People and their families were empowered to make meaningful decisions about how they lived their lives and raise any issues that concerned them.

Is the service well-led?

Good ●

The manager had provided staff with appropriate leadership and support. Staff and managers worked effectively as a team to ensure people's needs were met.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service.

The service's managers and staff were open, willing to learn and worked collaboratively with other professionals to ensure people's health and care needs were met.

Newnham Green

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 28 July 2016 and was announced. The provider was given 24 hours' notice because the location was a small service and people were often out during the day. We wanted to ensure that staff and people using the service would be available for us to speak with. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider and returned to us in June 2016. 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 at previous information received from the service and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted a care commissioner (who funds the care for people) of the service, the local authority safeguarding team and quality monitoring team to obtain their views of the service provided.

People who used the service were unable to verbally tell us their views of care provided at Newnham Green. However, we made observations of the interactions between people and staff during our visit to better understand people's experiences of living in the home. We spoke with two relatives of people who lived in the home, two members of staff, the registered manager who owned the service and the co-owner.

We reviewed four people's care records and medicines administration record (MAR) charts. We viewed three staff recruitment files as well as training and induction records. We also reviewed a range of management documentation monitoring the quality of the service.

Is the service safe?

Our findings

People living in the home were not able to tell us whether they felt safe living there. We spoke with relatives of people who lived in the home. One relative told us, "[person] seems safe, I've no worries." People living in the home were supported by staff who had received up to date training in safeguarding and were able to demonstrate their understanding to us. They were able to tell us about different forms of abuse, how they would identify potential incidents of abuse and how they would report them. Staff described potential indicators that they would look out for with the people they supported. One member of staff told us, "If they're [people] normally outgoing but suddenly go quiet."

When we discussed this with the registered manager they told us that any marks noticed on people were recorded on body maps in care files and were thoroughly investigated. They told us that staff knew people well and would notice any indications of problems.

The provider informed us on their PIR, "Environmental and personal risk assessments are in place to cover identified areas of risk." Staff told us about risk assessments at Newnham Green, "[risk assessments] maintain independence but keep [people] safe," We looked at care files saw that risks to people had been thoroughly assessed and plans put in place to minimise the risk with the least restriction on people's lives. For instance we saw that an assessment had identified the risk of people accidentally ingesting cleaning materials. All these types of materials were kept securely in a locked cupboard to minimise the risk of people coming to harm by ingesting them.

The service had information in place for adverse events such as a missing person and the outbreak of fire. There were regular fire drills and staff were assessed during these to ensure that they knew what to do in the event of an emergency. Each person's care plan contained information to inform the police if the person went missing from the home including a photograph of the person and how to approach them in order to cause them least distress.

Accidents and incidents had been robustly recorded and investigated with actions taken to reduce reoccurrence. The risk level associated with any accident or incident was assessed which then prompted the service to take appropriate action. We saw examples of incidents that showed the service took appropriate action and used them as a reflective exercise to further mitigate potential risk. A system was in place that allowed the registered manager to have an overview of accidents and incidents which helped to identify any trends or patterns.

There were sufficient numbers of suitable staff deployed to meet people's needs. We saw staff rotas which showed that there were always enough personnel on duty to meet the needs of people living in the home. Staff told us that they volunteered to work additional shifts to support people to attend specific events to ensure that there were enough staff available to meet people's needs.

We saw recruitment records which showed that staff had undergone appropriate checks to ensure that they were suitable to work with vulnerable people. Disclosure and Barring Service (DBS) checks had been carried

out to show the applicant's suitability for this type of work. These, along with other recruitment checks carried out, helped the provider reduce the risk of employing unsuitable staff.

People received their medicines safely. One relative told us, " [person]'s medicines are managed well." Medicines were stored securely and safely. We looked at medicines administration record (MAR) charts. These were completed comprehensively and accurately and the stocks of medicines in the storage cabinet were consistent with the levels shown on the MAR charts. The temperature of the fridge used for storing medicines that needed refrigeration was monitored daily to ensure that the medicines were stored correctly to maintain their effectiveness. Any medicines that were no longer needed or had exceeded their 'use by' date were returned to the pharmacist. There was a robust system in place to record and account for these. The care plans contained body maps to inform staff where to apply topical medicines for those people who needed them. This ensured that staff were clear about where to apply such medicines to ensure that they were applied as prescribed. We also noted that all topical medicines were kept locked in a cupboard to ensure that people were protected from the risk of accidental inappropriate use.

Is the service effective?

Our findings

People living in the home were not able to tell us whether they felt that staff had received sufficient training to meet their needs. One person's relative told us, "I think they're [staff] well trained."

Staff received comprehensive training in order to meet people's need. Staff told us that they found the training valuable and a positive experience. One member of staff told us, "I love doing them [courses], refreshes my memory." We saw in the personnel records that staff had received training in a range of areas such as food hygiene, health and safety, infection control, epilepsy, safeguarding, Mental Capacity Act (MCA) including the Deprivation of Liberty Safeguards (DoLS). Staff received a comprehensive induction programme before they started to work with people in the home and worked to the recognised Common Induction Standards.

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. The application procedures for this in care home and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

One person's relative told us that they felt staff sought consent appropriately. Staff were able to demonstrate to us that they understood the principles of the MCA. One member of staff told us, "They've [people] got to have choice, but we have to act in their best interests." Another member of staff told us, "[Name] will refuse to have their teeth brushed; you can't make them do it."

The registered manager had not applied for any DoLS in respect of people living in the home. We were told by the registered manager that all the people living in the home did not have capacity to make decisions about their care although we did not see any assessments of capacity in people's files. We saw in the care plans that people had been assessed as not being safe to leave the home on their own and the service acted in their best interests by ensuring that people were supported by staff when they left the home. People were able to move around the home as they wished and go into the garden when they wanted. People would have been able to leave the home if they wished as the door lock was such that it was secure but easily unlocked if people wished to open it from the inside. We discussed this with the registered manager who told us that they would contact the appropriate local authority department to confirm that they were acting within the MCA. We noted that assessments had been carried out when people were admitted to the home to check that they appeared happy there. The registered manager told us that mental capacity assessments were in the process of being carried out for some of the people living in the home.

People were supported to have enough to eat and drink. There were risk assessments and associated care plans to support people with their nutrition and hydration. For instance, one person had been assessed as being at risk of choking. The care plan provided staff with guidance to support the person with this by cutting their food up and monitoring how they ate to ensure that they didn't put themselves at risk as they ate. We saw that the service recorded people's food and fluid intake and were signed up to the Meteorological Office Heatwave Monitoring scheme which provides alerts during periods of hot weather when people's fluid intake needed to be carefully monitored.

People were able to access health care as and when they needed it. One person's family member told us that the staff enabled their relative to access health care when they needed it. People's health was monitored consistently by staff. Staff told us that they would be able to identify when people needed to access healthcare. One member of staff told us, "You can tell, you'd soon pick up if anything was wrong." In each person's support plan there was a hospital passport in case the person needed to go to hospital. A hospital passport provides guidance to medical staff on the care and communication needs of the person. We noted that people were supported to access dental care by the service organising a dentist to visit the home. This arrangement would help to ease any anxieties people may have had about a visit to a dental surgery.

Is the service caring?

Our findings

People living in the home were not able to tell us whether they felt that staff treated them with compassion, kindness, dignity and respect. People's relatives told us that they felt the service was caring. One relative we spoke with told us, "staff are kind to [person]." They also told us that as Newnham Green was, "A small place it was much more personal." We saw the survey responses from professionals that worked with people living in the home. One health professional had said, "Any meetings with staff give me the impression that they are very caring and always act in the best interests of patients."

We observed staff interacting with people and saw that they were kind and caring. Staff spoke with people respectfully and responded to their needs in a timely way. People's care plans contained details that were specific to them regarding their likes and dislikes and their preferences. We noted that the care plans were reviewed regularly to ensure that they reflected the most up to date description of people's needs. There were details of people's personal histories and their preferences for end of life care. Staff clearly knew the people living in the home very well and were able to tell us about their individual needs. For instance, they told us that they knew what support each person needed to have their personal care and how people's body language and facial expressions communicated how they were feeling. One person's relative told us that the service had recently purchased some sensory equipment for the person's bedroom which they described as, "Jolly nice."

The service employed personalised communication techniques for some of the people living in the home. Objects of reference were used to enable people to indicate their wishes. There were a small number of objects in a box which the person had learnt represented something that they might want. For instance the person was able to show staff a cup when they wanted to have a drink. There was a display on the wall with pictures of different times of the day such as breakfast, lunch, teatime and bedtime. Pictures of staff were then placed at the times of the day that they would be on duty that day so that people were aware of who would be supporting them.

One person's relative told us that they were invited to and attended all care reviews and were part of the decision making process for their family member's care. The care plans were clearly aimed to promote people's independence as much as possible. For instance, there were detailed descriptions of aspects of people's care and what they could do for themselves and what they needed support with. For instance, when a person was supported to go clothes shopping, there were instructions for staff to ensure that the person had the final say on what clothes they purchased. Another person's care plan gave staff guidance on how to support the person to make decisions for their self. The advice was to strive to involve the person in the decision making process as much as possible by breaking the decision down into small steps to make it easier for the person.

People were treated with respect and their dignity was promoted. Staff told us that the service had a radar key so that the appropriate facilities could be accessed if the person needed support with their personal care while in the community. Staff told us, "We go to [person's] bedroom if they're upset and need to talk." This showed us that staff respected people's feelings and privacy. One person's relative told us that they felt

their family member was treated with respect.

Is the service responsive?

Our findings

People living in the home were unable to tell us if they found the service responsive.

The service involved people as much as possible in making decisions about their care. We saw guidance for staff in care plans on how to present one person with choices in a way that they understood and how to interpret their responses. The aim of this aspect of the care plan was to involve the person as much as possible in decisions about their care. The service had developed books with pictures to support communication with people living in the home and enable them to express choices. For instance, one book for food contained pictures of breakfast cereals, snacks, main meals and drinks. The recreation picture book contained pictures of a television, DVDs, the garden swing and some paints. The staff showed these books to people who could then point at the picture that represented what they wanted.

People's care plans were person centred and provided detailed information specific to the individual about how much they could do for themselves and how much support they needed for all aspects of their care. For instance, we saw that there were detailed descriptions for people's individual abilities and support needs in areas such as; bathing, washing, dressing, nail care and dental care.

The registered manager told us that they always invited people's relatives to care reviews but few attended these. One person's relative told us that, due to their own health problems, they found it difficult to visit the home but that they, "Often have a chat on the phone [about their family member living in the home] with [registered manager]."

The provider told us in the PIR that they ensured the service was responsive by, "Talking and listening to staff, relatives, feedback from visitors, relatives. Acting on discussions with all parties involved with clients and giving them positive feedback that we accept and want these discussions. Multi- disciplinary meetings on as and when basis with all parties involved with the care of the clients. Learning disability nurse team are only a phone call away and are more than happy to visit and get involved when required." We saw from records we viewed that the service was good at involving a range of people to help them ensure that they responded appropriately to people's needs.

The registered manager told us that they had worked hard to build up relationships with people's relatives in order to promote contact for people and their families. People's relatives were able to visit whenever they wanted.

People were supported to follow their leisure interests. We saw in their care plans that their interests had been divided into three areas; indoors, outdoors and in the community. The indoors section contained a list of activities and preferences for television programmes. The outdoors section contained a list of the things the person liked to do in the garden at the home. The community section listed activities that the person liked to do away from the home such as shopping, Gateway club and going to pubs and cafes. We saw that the service also organised trips out for all the people living in the home such as a recent trip to a local wildlife park. Staff told us that they accompanied people on an annual holiday. They told us that had tried to

do this as two holidays with two of the people going at a time but they noticed that people did not appear as settled as when all four people went together. It was clear that the service had worked with people, their families and other agencies to build up a detailed and person centred plan for each person that detailed their preferences, likes and dislikes.

People's relatives were aware of the complaints process at Newnham Green. One relative told us, "The home must be run well, I've never heard any complaint." Another person's relative told us that they would have no problem complaining if they needed to.

Is the service well-led?

Our findings

People living in the home were unable to tell us if they felt the service was well led.

One person's relative told us that Newnham Green, in their opinion, was, "a very good home." Another person's relative we spoke with told us, "As far as I'm concerned, Newnham Green do a very good job." Staff told us that the management regime at Newnham Green was open and inclusive. One member of staff told us, "[Manager] is really approachable."

Staff were aware of the whistleblowing policy at the home and told us that they knew who to contact if they felt there was a problem. We noted that there had been no incidences of whistleblowing in our records.

Staff told us that they felt involved in developing the service. One member of staff told us, "[Registered manager] always asks if we've got any ideas for improvements." Another member of staff told us that they had suggested that people could have more trips out, that the registered manager had taken this on board and now people got more trips out.

The registered manager was aware of their responsibilities regarding communicating with the CQC. Staff told us that the manager was very supportive and available to them. One member of staff told us, "I've never had a problem with [manager]; they're always available for advice or guidance" " The co-owner of the service was also very involved in the running of the home. They told us of the plans to improve the fabric of the home. This included updating the kitchen and at the time of inspection some redecorating was underway. The covers on the radiators in people's bedrooms had been removed for painting while the heating was not needed.

Staff told us that team meetings were regularly held in the home and that they considered these to be positive. One member of staff we spoke with told us, "Team meetings are good. They are open and we talk about what we need to." The provider told us on their PIR how they aimed to ensure their service was well led. They said, "Talking and listening to staff, relatives, feedback from visitors, relatives, review of policies , procedures, care plans to ensure correct practice and adherence to relevant legislation. Observation of practice. Individualised communication plans in place." Our observations and the documents we viewed on the day of our inspection confirmed this.

We saw that staff received supervision every two months and an annual appraisal. These enabled staff to discuss any problems they had and for practice issues to be discussed. The staff clearly felt supported well and valued by the management of the service. The co-owner of the service told us that they felt that they had a good and stable staff team.

We noted that the service had carried out surveys for people's families, staff, and professionals who had contact with the service. We saw that these surveys were mostly positive and that the registered manager had used the results to identify improvements that could be made to the service.

The registered manager told us that they regularly monitored staff practice and picked up any issues and addressed them immediately. The registered manager also had a good overview of the training needs of the staff employed in the home. We saw a monitoring document that showed when staff had completed training and when this was due to be refreshed.

We noted that the registered manager maintained robust records for maintenance of the home. These included regular and up to date checks on portable electrical equipment, fire safety equipment and systems and gas appliances. The service also had systems in place to monitor fridge and freezer temperatures, the safety of the environment of the home and maintained a cleaning rota for the home.