Mrs L Goldsmith

The Newlyn Residential Home

Inspection report

2 Cliftonville Avenue
Ramsgate
Kent
CT12 6DS
Tel: 01843 589191

Date of inspection visit: 05 and 09 February 2015
Date of publication: 18/05/2015

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

Overall summary

The Newlyn is a care home for older people who require residential care. It is registered for 13 people. The service provides residential accommodation and communal areas over three floors. Some of the bedrooms have en-suite bathrooms, with shared bathrooms and toilets for the rest of the rooms. The service is located in a residential area near Ramsgate. On the day of our inspection there were 13 people living in the service.

The service is run by the registered provider with a deputy manager. Both were present on the days of our inspection. The registered provider is a 'registered person' who has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks to people's safety were identified and managed appropriately. Staff knew how to protect people from the

Summary of findings

risk of abuse. Recruitment processes were in place to check that staff were of good character. People were supported by sufficient numbers of staff with the right mix of skills, knowledge and experience. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles.

The provider and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made where this was in their best interests. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider and deputy manager were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People and their relatives were happy with the standard of care at the service. People were involved with the planning of their care. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Staff were kind, caring and compassionate and knew people well.

People were provided with a choice of healthy food and drinks which ensured that their nutritional needs were met. People's physical health was monitored and people were supported to see healthcare professionals. People were supported to take their medicines safely.

The design and layout of the building met people's needs and was safe. The atmosphere was calm, happy and relaxed. The risk of social isolation was reduced because staff supported people to keep occupied with a range of activities which included music sessions and quizzes.

Staff told us that there was an open culture and that they felt supported by the provider and the deputy manager.

The provider had systems in place to monitor the quality of the service. The provider had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

Summary of findings

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.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Risks to people were identified and staff had the guidance to make sure that people were supported safely.

The provider had recruitment and selection processes in place to make sure that staff employed at the service were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Is the service effective?

Good

The service was effective.

Staff knew people well and had a good understanding of people's needs and preferences. There was regular training and the provider held one to one supervision and appraisals with staff.

People's rights were protected because assessments were carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's care needs were met. People's nutritional and hydration needs were met by a range of nutritious foods and drinks. The building and grounds were adequately maintained.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and understood people's preferences and different religious and cultural needs. Staff spoke with people in a compassionate way.

People were supported by staff to maintain their independence. People were treated with dignity and respect.

People's records were stored securely to protect their confidentiality.

Is the service responsive?

Good

The service was responsive

People received consistent and personalised care and support. Care plans reflected people's needs and choices.

A range of activities were available. Staff were aware of people who chose to stay in their rooms and were attentive to prevent them from feeling isolated.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. The provider used concerns and complaints as a learning opportunity.

Summary of findings

Is the service well-led?

Good

The service was well-led

Staff were positive about the leadership at the service. There was a clear management structure for decision making and accountability which provided guidance for staff.

Staff told us that they felt supported by the provider and deputy manager and that there was an open culture between staff and between staff and management.

The registered manager completed regular audits on the quality of the service.

The Newlyn Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 05 and 09 February 2015 and was unannounced. This inspection was carried out by one inspector. Before the inspection the provider completed 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 reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We met and spoke with six of the people using the service and three relatives. We spoke with five care staff, kitchen staff, the deputy manager and the provider. During our inspection we observed how the staff spoke with and engaged with people. Some people using the service were not able to talk with us because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans and associated risk assessments. We looked at a range of other records, including safety checks, three staff files and records about how the quality of the service was managed.

We last inspected The Newlyn Residential Home in August 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I feel very safe here. The staff really look after me". A relative commented, "(My relative) is very safe here. The staff are always helpful".

There were systems in place to safeguard people including a policy and procedure which gave staff the information they needed to ensure they knew what to do if they suspected any incidents of abuse. Staff understood the importance of keeping people safe. Staff told us about different types of abuse. They said that they felt confident that they would recognise any signs of abuse or neglect. They knew who to report any concerns to in the service and which external organisations they could share their concerns with. Staff were aware of the provider's whistle blowing policy and said that they would not hesitate in speaking up if they had worries. One member of staff told us, "I would speak to my manager straight away". They felt that they would be listened to and that their concerns would be taken seriously and acted on. Staff had received training on safeguarding adults and refresher courses were regularly completed.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. We observed staff supporting people to take their medicine and looked at the medicine administration records (MAR) for people. Staff did not leave people until they had seen that medicines had been taken. There were clear procedures which were followed in practice. Staff told us they were aware of any changes to people's medicines and read information about any new medicines so that they were aware of potential side effects. Medicines were handled appropriately and stored safely and securely. Daily checks were completed on medicines. The provider completed an audit on a monthly basis. If any concerns were identified these were addressed with the individual members of staff.

There was a reduced risk of people receiving unsafe or inappropriate care because potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Where people had difficulty moving around the service there was guidance for staff about what each person could do independently, what support they needed and any specialist equipment they needed to help them stay as independent as possible. People were supported to take reasonable risks to maintain their independence.

There were procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Each person had an emergency evacuation plan in place so staff knew what to do in an emergency. Staff were clear of what to do in the case of an emergency.

Accidents and incidents were recorded and reported and were monitored by the provider and the deputy manager. They checked to see if there were any identifiable themes or patterns. If a theme was identified, for example, a number of falls in succession, then referrals were made to health professionals and actions taken to minimise the risks of further falls. Incidents were discussed with staff so that lessons could be learned to prevent further occurrences. Occupational therapists and physiotherapists supported some people to increase their mobility.

People were supported to live in a safe environment. The service was clean, tidy and free from odours. There were alcohol hand gels in each room. Staff wore personal protective equipment, such as, aprons and gloves when supporting people with their personal care. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. People's rooms were well maintained.

The provider's recruitment and selection policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People and their relatives told us that there were enough staff at the service. One relative said, "Whenever I am here I see the staff up here checking on people all the time". The provider employed suitable numbers of staff to care for people safely. They assessed people's needs and made sure that there were enough staff with the right mix of skills,

Good

Is the service safe?

knowledge and experience on each shift. The staff rotas showed that there were consistent numbers of staff throughout the day and night to make sure people received the support they needed. There were plans in place to cover any unexpected shortfalls like sickness. During the day of the inspection staff were not rushed. People told us they thought there were enough staff to meet their needs.

Good

Is the service effective?

Our findings

People were confident in the support they received from staff. They told us that staff checked on them and made sure they had everything they needed. People and their relatives said that they thought staff were trained to be able to meet their needs or their relative's needs. People said, "The staff are nice" and "They are especially friendly". A relative said, "My relative was asked if she'd go to hospital and she said no and that she wanted to stay here. They have moved her bed round so she can see out of the window".

Staff worked effectively together because they communicated well and shared information. There were staff handovers between shifts to make sure that staff were kept up to date with any changes in people's needs. Staff on each shift had specific tasks to complete and these were noted on the 'handover log'.

Staff had an induction into the service when they first began working there. Staff initially shadowed experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively. Staff were able to tell us what training courses they had completed. Staff were encouraged and supported to access ongoing professional development by completing National Vocational Qualifications (NVQ's) in care for their personal development. The deputy manager kept a training record which showed what training had been undertaken. Training was provided in a variety of ways including classroom based training, long distance learning and through role play and scenarios to give staff a wide range of opportunities to learn. Training for moving and handling was carried out using the hoist in the service. The deputy manager said, "It is really important for staff to be in a hoist and see how it feels. They need to know how the hoist we use works".

Staff told us that they had regular one to one supervision where they could discuss their training needs and any concerns or problems. Staff said that they would go to the provider or deputy manager at any time to discuss concerns or ask questions and that there was an 'open door' attitude. One member of staff commented, "Supervision is a chance for me to discuss my training and personal development". The provider supported staff by carrying out annual appraisals and regular supervision with them to make sure their competence was maintained .

When people were unable to give valid consent to their care and support, staff at the service acted in accordance with the requirements of the Mental Capacity Act (MCA) 2005. The Mental Capacity Act is a law that protects and supports people who do not have the ability to make decisions for themselves. People and their relatives or advocates were involved in making decisions about their care. Staff told us that they had received training on the Mental Capacity Act 2005 (MCA) and were able to describe their understanding of the key principles of the Act.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The deputy manager was aware of the recent judicial review which made it clear that if a person lacking capacity to consent to arrangement for their care is subject to continuous supervision and control and is not free to leave the service, they are likely to be deprived of their liberty. The latest DoLS guidance was displayed in the office for staff to refer to.

Where people had made advanced decisions, such as Do Not Attempt to Resuscitate (DNAR), this was documented and kept at the front of people's care plans so that the person's wishes could be acted on. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

The service had an overt surveillance closed circuit television (CCTV) in place in the hallway, lounges, office and garden. The deputy manager told us that this was registered with the Information Commissioner's Office. There were large notices throughout the service to show that CCTV was in operation. The provider said that people and their relatives were told about the CCTV when they joined the service and that they used to get people to sign a form to give their consent, however, the provider was not able to show us any signed consent forms. Some people

Good

Is the service effective?

and relatives told us that they knew the CCTV was there and did not mind it. Some people were not able to tell us whether they were happy with the CCTV being in place or not.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People and their relatives were offered choices of hot and cold drinks throughout the day. One person told us, "I can't fault the food". Choices of meals were offered and specialist diets were catered for. Five people were on 'soft diets'. These were well presented with each food item pureed separately so that people could taste the individual foods. Some people needed thickeners in their drinks and some people needed additional nutritional supplements such as fortified drinks. Meals were fortified with extra butter and cream to promote nutritional needs. Clear guidance for staff identified which people were at risk of gaining or losing weight, people's preferences and what support people needed. There were food and fluid charts in place to monitor people's intake. We observed lunchtime and people appeared to enjoy their food. There was a relaxed atmosphere. Throughout lunch staff were attentive and supported people in a way that did not compromise their independence or dignity. Staff took their time when supporting people and focussed on the person's experience. Regular 'themed meals', such as Mexican, Indian and Chinese, were planned and staff asked people about the choices of foods.

The design and layout of the service was suitable for people's needs. The building and grounds were adequately maintained. All the rooms were clean and spacious. Lounge areas were a good size for people to comfortably take part in social, therapeutic, cultural and daily activities. There was adequate private and communal space for people to spend time with visiting friends and family. People were encouraged to make their rooms homely by taking in personal items.

People maintained good physical and mental health because the service worked closely with health and social care professionals including: doctors, dentists and community nurses. People were supported by staff to attend appointments with their doctors, dentists and other health care professionals if the person agreed. People's health was monitored and care provided to meet any changing needs. When people's physical and/or mental health declined and they required more support the staff responded quickly. People had access to health care professionals, like physiotherapists and occupational therapists, to meet their specific needs.

Care plans were reviewed for their effectiveness and reflected people's changing needs. People were weighed on a regular basis and any fluctuation in weight was noted. Staff contacted the relevant health professionals, such as dieticians, if they noticed any change in weight. Prompt action was taken to make sure people had the care and support they needed.

Good

Is the service caring?

Our findings

People were happy living at the service. People told us, "The staff are very caring here", "I'm very pleased with this place". Friends and relatives said, "She has been here a year. It is very nice and we are happy with it. We get all the support we need" and "My friend is very well looked after. They have really looked after him". A visiting GP said, "I visit a few times a month. I come here regularly and don't have any concerns". The provider and staff had received numerous 'thank you' cards and comments included, "Thank you for all the wonderful care and attention you have all given to (our relative) over the years. It has been greatly appreciated by all her family" and "I would like to express my heartfelt thanks in the way you so lovingly cared for my dearest aunt".

Staff supporting people had a friendly approach and showed consideration towards people. Staff were kind, compassionate and sensitive to people's needs. Staff chatted with people and their relatives. Staff spoke with people in a sensitive and kind way. People were relaxed in the company of each other and staff. The management team and staff knew people well. Staff told us, "I always treat people how I'd like to be treated".

People were encouraged to stay as independent as possible. Individual support plans gave staff guidance of what people could do for themselves, what assistance was needed and how many staff should provide the support. Staff understood, respected and promoted people's privacy and dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced themselves when they walked in, and explained why they were there. Staff were discreet and sensitive when supporting people with their personal care needs. Personal care was given in the privacy of people's bedrooms or bathrooms. People and their relatives told us that their privacy was respected. Staff told us, "I think how I would be if it was my mum in here and I would want her treated with dignity". A 'thank you' card from a relative noted, "Our thanks for the welcome you always extended, for the care and support freely given. Most of all for the dignity you allowed our dear mum to retain in the twilight of her life. We couldn't have wished for more".

People were able to move freely around the service and spend time in communal areas or in their rooms. Staff provided positive support and encouragement when assisting people to move around the service. Staff told us that visitors were welcome at any time. During our inspection there were a number of friends and relatives who visited. They told us that they had visited whenever they wished. Staff were welcoming and polite and spent time updating people about their relatives.

Each person was allocated a 'keyworker'. A keyworker is a member of staff allocated to take the lead in co-ordinating someone's care. Each keyworker had specific responsibilities which included making sure people's care plans were kept up to date. Staff were knowledgeable of people's individual needs, likes and dislikes. One member of staff commented, "I know their individual ways. I know if they are having a good or bad day". Staff displayed caring, compassionate and considerate attitudes towards people and their relatives.

Care plans and associated risk assessments were stored securely, to protect people's confidential information, and located promptly when we asked to see them. People discussed aspects of their care with staff. People and their relatives were involved in making decisions about their care. Staff wrote a monthly report on each person living at the service and discussed these with people individually. These covered topics, such as, weight, health, independence, personal care and nutrition.

People's religious and cultural needs were respected. The provider told us, "People's religious needs are specific to the individual. We support people to continue to follow their beliefs". Care plans showed what people's different beliefs were and how to support them and arrangements were made for visiting clergy.

People were clean and smartly dressed. People's personal hygiene and oral care needs were being met. People's nails were trimmed and gentlemen were neatly shaved. The provider told us, "I'm hot on personal hygiene. I want people to live in a safe environment which is clean and make sure they are well cared for. I want them to feel involved in the running of the home".

People were involved in the day to day running of the service. Regular 'Clients Meetings' were held. When people chose not to attend the meeting, or we unable to due to

Good

Is the service caring?

their health conditions, staff discussed the contents of the meeting to gain their views. Records of the meetings showed that people were consulted on things like meal choices, entertainment and staff.

People's preferences and choices for their end of life care were clearly recorded and kept under review. The provider and deputy manager had recently completed specialist 'six steps end of life' training and had built a strong working relationship with the local hospice and clinical lead nurse specialist. The deputy manager was writing a bereavement policy for the service to ensure there was clear guidance for staff on their responsibilities following someone passing away. Relatives told us that they had been involved in the planning of their relative's end of life care. There was information available in the service to support relatives, for example, leaflets to explain Do Not Attempt to Resuscitate (DNAR) and 'Facing Loss'.

Good

Is the service responsive?

Our findings

People felt they were supported in a way that met their needs. Some people told us they needed help with getting up and going to bed. Other people told us they liked to be more independent. People and their relatives told us that an assessment of their needs was done when they were considering moving into the service. The care plans we reviewed showed that a pre-assessment was completed when a person was thinking about using the service. This was used so that the provider could check whether they could meet people's needs or not. Relatives told us that staff kept them up to date with any changes in their relative's health. One relative commented, "If there is any problem they do something straight away. They always let me know". Another relative said, "They are straight on the phone if there are any problems. We are kept up to date with everything".

Each person had a detailed, descriptive care plan which had been written with them and their relatives. Care plans contained information that was important to the person, such as their likes and dislikes, how they communicated and any preferred routines. Plans included details about people's personal care needs, communication, mental health needs, health and mobility needs. The deputy manager told us that the planning of people's care was, "All about planning for people's future needs". Staff spoke with people and their relatives to write a 'My life so far' life history. These were easy to read and included hobbies, interests and photographs of people and things that were important to the individual. Staff said, "We ask families for photos so that we can learn more about people and talk to them about their life". Some people had 'memory boards' in their bedrooms which they could talk to staff about. Visitors and staff helped people add things to the boards.

Risk assessments were in place and applicable for the individual person. Care plans included an overview of people's health conditions and this noted any involvement with other health professionals, such as, Parkinson's specialist nurses or GPs. Care plans were reviewed and changes to people's needs were noted to make sure that staff had up to date information about people's needs.

People were supported to keep occupied and there was a range of activities available to reduce the risk of social isolation. The provider employed an activities co-ordinator who planned activities each day. Activities included sing along and music sessions and quizzes. People were smiling and laughing while they enjoyed a crossword and quiz session during our inspection. Staff were aware if people chose not to take part in group activities and made sure that they were offered alternative activities. People were asked if there were particular activities they wanted to do and when they wanted to do them. People were encouraged to keep up their hobbies and interests when they moved into the service. Some people enjoyed particular crafts, such as, knitting or making dream catchers and staff supported them to do these. People were supported to go out when they wanted and people told us they had been to see shows and out for fish and chips recently.

People and relatives told us that they would talk to the staff if they had any concerns and felt that they would be listened to. A relative said, "I have no problems with anything. I would say if I did". A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. There was a complaints procedure available to people and to relatives and anyone else who visited the service. The complaints procedure was in a service user guide in each person's room and information was provided on the noticeboard.

Good

Is the service well-led?

Our findings

People we spoke with knew the provider, deputy manager and staff by name. There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, call bells and medicines to make sure they were safe. One person told us, "(The provider and deputy manager) are brilliant". A relative told us, "It is very well run". We spoke with a visiting GP who commented, "The management are good".

There was a clear management structure for decision making and accountability which provided guidance for staff. The provider and deputy manager worked with the staff each day to keep an overview of the service.

The provider held regular meetings with staff. Staff told us that they actively took part in staff meetings and that records were kept of meetings and notes made of any action needed. Where lessons could be learned from concerns, complaints, accidents or incidents these were discussed. One staff said, "If I bring things up at meeting I am listened to".

Staff were clear what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The provider had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The provider completed regular audits, such as, medicines and infection control. Where shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. These included audits on fire equipment, infection control, emergency lighting and call bell alarms. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.

There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. There were residents meetings and people openly discussed things that were important to them including arranging different activities. Where people made any negative comments these were followed up and addressed so people's comments were listened and acted upon quickly. Staff commented, "It's a lovely, friendly home" and "I feel supported by the manager and deputy manager".