

Mrs Jennifer Grego

Newhaven

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Newhaven is a residential care home providing personal care to four people at the time of the inspection. The service can support up to four people.

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

Right Support

People were not supported to have maximum choice and control of their lives. People were not always supported to pursue their interests and activities they enjoyed. Whilst staff supported people in the least restrictive way possible, there was a lack of documentation in relation to making decisions in people's best interests.

Right Care

We received mixed feedback from people's relatives about how well staff knew their family members. People's care records detailed how they communicated their needs and feelings. Risk assessments detailed the support people required in order to keep themselves and others safe.

Right Culture

There was a lack of effective governance in place in order to drive improvement within the service. The culture of the service was not fully inclusive. There were no processes in place to engage people, their relatives and healthcare professional in providing feedback about the service.

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

Rating at last inspection

The last rating for this service was good (published 12 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Newhaven on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Newhaven

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Newhaven is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Newhaven is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority quality monitoring team who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to

make.

We used information gathered as part of monitoring activity that took place on 7 June 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with four members of staff including the operations manager, manager and two members of care staff. We looked at the care records and medicines administration records for two people who used the service. We also reviewed documents relating to the day to day running of the service, these included governance and maintenance records. We reviewed the recruitment files for two members of staff.

We continued to seek clarification regarding our findings following the inspection site visits. We spoke with the relatives of three people who used the service and a healthcare professional.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- A review of the training matrix showed not all staff had completed up to date training in safeguarding.
- Information contained in the service's safeguarding folder was not current. The copy of the local authority's safeguarding adults procedures contained in the folder was dated 2016, and this document was updated in 2020.
- Our discussions with staff showed us they understood the different signs of abuse and the process they would follow to report concerns.
- People's relatives told us they felt their family members were safe at Newhaven.
- Whilst any safeguarding concerns were reported to the local safeguarding team, we were not always notified of these incidents.

Assessing risk, safety monitoring and management

- Risks relating to people's individual health and wellbeing had been assessed and plans were in place to mitigate known risks.
- People who lived in the service could sometimes show behaviour that challenged. There were detailed plans in place to advise staff the support people required to keep themselves and others safe.
- Risks within the environment were not always managed well. In one person's accommodation there was mould in the bathroom and a piece of skirting board was missing which left a sharp edge.
- Fire drills were not regularly undertaken, this had been identified by the manager, but no action had been taken to implement these more regularly.
- Regular servicing of utilities such as gas, water supply and fire-fighting equipment were undertaken.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was not always working within the principles of the MCA and if needed, appropriate

legal authorisations were in place to deprive a person of their liberty. Whilst the appropriate authorisations had been sought to deprive people of their liberty, these were not always recorded as a best interest decision.

- Through our discussions with staff we found their understanding of the MCA and best interests was variable. A review of the training matrix showed that less than half of staff had completed training in relation to the MCA and DoLS.
- Where people lacked capacity to make decisions, these were not always documented. For example, some people's rooms had assistive technology in place to alert staff when they were mobilising. There were no best interest decisions documented to show why people required these to be in place. However, reference to these restrictions were documented elsewhere in people's care records, so this provided assurance that restrictive practices had been considered in line with keeping people safe.
- Whilst best interest decisions documented healthcare professionals were involved in the decision-making process, the document failed to detail the input from those involved and the dates of any meetings. Therefore, it was not clear if the professionals listed had actually been consulted.

Staffing and recruitment

- A review of staff recruitment files found there was not always sufficient details gathered in relation to employment history to ensure potential recruits were suitable for the role.
- Background checks such as references and a criminal records check with the Disclosure and Barring Service. Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps make safer recruitment decisions.
- People's relatives said they felt there was a high turnover of staff, but felt there were enough staff to meet people's needs most of the time. One member of staff explained "Staffing could be better, especially when others are on annual leave." One person's relative we spoke with said, "There are times where [the staff] look a bit stretched. On the whole they cope very well."
- Our observations during the site visits showed there were enough staff and people's needs were met in a timely way, and were supported to go out. We saw that staff spoke to people in a dignified and caring manner.

Using medicines safely

- On the whole, people received medicines according to the prescriber's instructions. Where there had been errors, we were not assured these had been investigated fully.
- A stock count of two people's medicines found large quantities of medicines were being stored at the service, and we suggested not keeping so many medicines in stock.
- Audits of medicines identified the temperature of where medicines were being kept was not recorded. This meant there was a risk medicines could perish if not stored correctly.
- Staff we spoke with told us their competency in administering medicines had been assessed, and records of these assessments confirmed this. However, there was poor compliance with the online component of the medicines training as set by the provider.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were not assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of

the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

- There were no restrictions on visiting, and people living in the service were supported to have visitors.

Learning lessons when things go wrong

- Reports of incidents were not always completed, therefore, we could not be assured incidents had been investigated thoroughly and lessons learnt.
- Where incidents had been recorded, these records were not detailed and failed to fully explore the incident and identify the potential cause of the incident.
- Analysis of accidents and incidents took place, however, no further action was taken where potential themes had been identified.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Our review of people's care records showed their care was not planned in a person-centred way. There was a lack of identifying and planning for people's aspirations and goals they wanted to achieve.
- We saw in one person's care records they enjoyed gardening and feeding the birds. They had not been supported to do this, and we saw the garden hadn't been tended to. Records showed the last time this person had been supported with these interests was a year ago. One person relative told us, "The garden looks a bit tired. [The staff] could involve the people living there, it would be good for their wellbeing."
- A second person's relative told us how they felt staff listened to their concerns about their family member and they encouraged them to walk more and exercise.
- People's relatives told us they would like to be more involved in the planning and review of their family member's care. One family member explained, "[We have] meetings about [family member's] care once in a while, would be nice to have some input. Would be nice to have a review about once a year."
- We received varied feedback from people's relatives regarding how well staff knew their family member's needs. One person's relative explained how they called to see how their family member was, and the member of staff did not know how they were. A second person's relative told us, "[Family member] is so happy. Needs are met very, very well."
- Feedback from people's relatives was also mixed when it came to supporting people to see family away from the service. One person's relative explained they had to go and pick their family member up to attend a family gathering as the vehicle used by the service was not available. A second person's relative told us, "[Family member] comes home regularly. [Family member] is always ready to go back to Newhaven. [Family member] considers here home and Newhaven home."

We recommend that people are supported to identify their goals and aspirations, and plans put in place which detail how they will be supported to achieve these.

Improving care quality in response to complaints or concerns

- There was no system in place to record and document what complaints had been received and action taken. The manager was able to show us evidence of responding to concerns received.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records detailed their preferred way of communicating. This included how people would communicate feelings such as pain by using facial expressions. People also had hospital passports in place which detailed their communication preferences, this meant healthcare professionals would be aware of people's communication needs.
- Information was available to people in different formats, and we saw notices around the service which were in easy read format.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We were not always notified of reportable incidents as required by the regulations. There were two reportable incidents we had not received a notification for.
- The manager was managing four of the provider's services. One member of staff told us, "One manager between four homes is not enough." On the day of our second site visit, the operations manager told us the number of services the manager would be responsible for would be reduced to two after recruiting another manager. However, we have not received an application from the intended manager to become registered with us.
- The governance procedures in place were not robust and failed to effectively identify areas for improvement. Where shortfalls had been identified, there were a lack of action plans in place to identify when remedial action was required by.
- There was no service improvement plan in place, therefore, there was no comprehensive oversight of the quality and safety of service being delivered.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a lack of oversight of incidents. Reports and investigations of incidents had not always taken place, and governance procedures had failed to pick this up. This meant there were opportunities missed to learn from incidents and adapt practice accordingly.
- There was no oversight of complaints, and actions taken in response to complaints were not clearly documented. This made it difficult for the provider to audit complaints to ensure they were being responded to in line with their complaints policy.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture at the service was not always inclusive. People's relatives said they were not always kept informed of staff changes, and they wanted to be involved in helping to prepare their family members for any changes.
- There were a lack of initiatives in place to ensure people's relatives were fully involved in the planning and review of their care.
- People's relatives we spoke with felt there could be more communication from the staff team about

changes in the service. One relative told us, "Communication is poor." Another relative explained they were not always informed of changes in the staffing team.

- Staff meetings did not take place regularly. One member of staff told us the last one was, "A while ago." This meant there were missed opportunities for staff to provide feedback to the manager about how they felt the service was being run.

- People using the service and their relatives had not been asked for feedback on the service in the past year.

These findings constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The operations manager told us they were aware this was an area they needed to improve on, and they were going to action sending out feedback surveys. They provided us with a copy of the revised surveys they intended on sending out.

Working in partnership with others

- One healthcare professional said staff did not always work with other healthcare professionals to ensure people received care which met their needs.

- A review of people's care records showed advice from healthcare professionals was reflected in people's care records.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of robust systems in place to monitor and assess the quality of service being delivered in order to drive improvement within the service.</p> <p>We were not always notified of reportable incidents.</p>

The enforcement action we took:

Warning notice