

DJ & GM Phillips

New Witheven

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected New Witheven on 23 January 2016, the inspection was announced. The service was last inspected in January 2014, we had no concerns at that time.

New Witheven provides care and accommodation for up to ten people with a learning disability. At the time of the inspection nine people were living at the service. 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.

New Witheven is located in a rural setting in North Cornwall surrounded by farm land. The service also runs a day centre and offers respite care. Within the large gardens are various outbuildings which are used to accommodate craft sessions and workshops. There is a large vegetable garden incorporating raised beds and two poly tunnels. People were involved in growing produce which one person sold from a stall at a local farmers market.

The atmosphere at New Witheven was relaxed and welcoming. Throughout the day we chatted with people and observed interactions between staff and people which were friendly and supportive. People were happy to show us around the premises and clearly demonstrated a sense of ownership and belonging towards the service.

Relatives told us their family members were supported well by staff who had a good understanding and knowledge of their needs. People were allowed to make day to day choices about how, where and with whom they spent their time. The lay out and organisation of the premises meant people were able to spend time alone or with others as they wished.

Recruitment practices helped ensure staff working in the home were fit and appropriate to work in the care sector. Staff had received training in how to recognise and report abuse, and were confident any concerns would be taken seriously by the registered manager and organisation. Any concerns had been dealt with expediently and appropriately.

People's care documentation included clear and detailed information about their health and social care needs. Care plan reviews were held regularly and information within the plans was up to date. Care plans contained risk assessments which had been developed to enable people to take informed, planned risks while staying safe. The deputy manager was up-dating the risk assessments to make them easier to follow and more accessible for staff and people. They were also developing one page profiles to incorporate into the care plans using pictures and simple text.

Where people lacked the mental capacity to make specific decisions the service had consistently acted in

the person's best interest. Staff had received specific training in this area and understood their roles and responsibilities.

Staff had access to regular training, supervision and appraisals. It was a small staff team and they communicated well sharing knowledge and information effectively. Staff meetings were an opportunity to contribute to the development of the service and individuals. Roles and responsibilities were well-defined. The registered manager was supported by a deputy manager who had a clear set of duties.

There were effective quality assurance systems in place to monitor the standards of the care provided. The registered manager and provider had a hands on approach and spent several days a week at the service. Relatives told us they were approachable and kept them informed of any changes in people's health or support needs.

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 had received safeguarding training and were confident about reporting any concerns.

Care plans contained clear guidance for staff on how to minimise any identified risks for people.

There were sufficient numbers of suitably qualified staff to keep people safe.

People were protected by safe and robust recruitment practices

Is the service effective?

Good ●

The service was effective. New employees completed an induction which included training and shadowing more experienced staff.

The service acted in accordance with the legal requirements of the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People had access to other healthcare professionals as necessary.

Is the service caring?

Good ●

The service was caring. Staff spoke about people with affection and regard for their well-being.

Staff recognised the value of family relationships and supported people to maintain them.

Is the service responsive?

Good ●

The service was responsive. Care plans were detailed, informative and updated regularly to reflect people's changing needs.

People had access to a range of meaningful activities.

Is the service well-led?

Good ●

The service was well-led. The registered manager and provider had a good understanding of the day to day running of the service.

There were effective quality assurance systems in place to monitor the standards of the care.

New Witheven

Detailed findings

Background to this inspection

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

This inspection took place on 23 January 2016 and was announced. This was because the inspection visit was carried out at the weekend and we wanted to be sure people would be available to talk with us. The inspection was carried out by one inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at New Witheven and observed staff interactions with people. We spoke with the registered manager, the provider and two care workers including the deputy manager. Following the inspection visit we contacted four relatives to hear their views of the service.

We looked at detailed care records for three individuals, staff training records, three staff files and other records relating to the running of the service.

Is the service safe?

Our findings

We spent time chatting with people and observed the care and support provided to them. People spent time with staff and the positive interactions, conversations and laughter between people and staff indicated they felt safe and comfortable in their home and with staff supporting them. We saw people accessing all the shared areas of the building, using the kitchen and initiating conversations between themselves and with staff. Relatives told us they considered New Witheven to be a safe and caring environment.

There were sufficient numbers of staff to meet people's assessed needs. On the day of the inspection visit people were supported to go out on planned activities and take part in daily chores and routines. Some people were out for most of the day on a trip to Exeter. Others spent the morning watching TV and being supported to bake biscuits. During the afternoon people left to visit the local town. The registered manager and provider were not included on the rota but spent between two and five days a week at the service. There was also a maintenance worker and gardener on the staff team. In the evenings there were two members of staff on duty, one being a sleep-in and one a waking night. In addition there was a stand-by system in place so staff could quickly call on extra support if needed.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring checks were completed and references were followed up. This meant people were protected from the risk of being supported by staff who did not have the appropriate skills or knowledge.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Incident reports and notifications sent to the Care Quality Commission confirmed the registered manager followed correct reporting procedures when it had been considered people were at risk of abuse or harm. Following a recent incident appropriate action had been taken promptly and changes to staffing arrangements made to minimise the risk of similar incidents occurring again. Staff told us if they had any concerns they would report them to the registered manager and were confident they would be followed up appropriately. They were aware of the management hierarchy and how they would escalate concerns if necessary, both within and outside of the organisation. One member of staff said; "I would have no qualms about whistle blowing if I had to, regardless of any comeback."

Following any incident reporting sheets were completed and, where necessary, body maps to record any physical harm. We saw an incident sheet which referred to one person "punching" another. However we could not see any evidence of action taken to avoid a re-occurrence or discussions about what had led to the incident and subsequent learning. We discussed this with staff who could not remember the details of the incident but did not think it had been serious. It is important events such as these are thoroughly documented and investigated in order to protect people from future harm.

Care plans contained detailed information to guide staff as to the actions to take to help minimise any identified risks to people. Following a recent review of care documentation the risk assessments were being

put into a new format in order to make them more accessible for staff and easier to follow. We saw an example and found the information was detailed and well laid out. People were involved in developing risk assessments and discussions had been held with them to help ensure they understood what the risks were and how to minimise them. For example one person liked to go out independently. They had agreed to make staff aware of when and where they were going. If they went off independently during a group trip out agreed meeting places were identified in advance so they were able to reconnect with staff if they wanted to. People were aware of the local 'Safe Places' scheme. This is a county wide scheme where local businesses and council amenities' such as libraries' declare themselves as places where people can go for assistance if they become lost or have any worries about their personal safety.

Medicines were stored securely in a locked cabinet. We checked medicines and accompanying medicine administration records (MAR) for two people. Both people's MAR contained an error. Creams and liquid medicines had not been dated on opening so staff would not have been aware when the medicines were at risk of becoming ineffective or contaminated. We discussed this with the deputy manager who told us they would speak with staff to remind them of the importance of accurate recording.

All staff had received training in the administration of medicines. People's care records contained information in respect of their medicines and how they needed to be administered. When people took 'as needed' medicines such as paracetamol or homely medicines this was recorded appropriately.

Staff told us they helped people to achieve their goals and fulfil ambitions while informing them of any associated risk and protecting them from avoidable harm. For example some people had wanted to try driving. Arrangements had been made to visit a driving centre and have a day of driving tuition and experience. Risk assessments had been completed prior to the event and people's abilities identified to ensure they got the most out of the experience. The trip had been very successful and we heard people discussing a possible repeat visit.

Is the service effective?

Our findings

People received care and support from staff who knew them well and had the knowledge and skills to meet their needs. Staff talked about people knowledgeably and demonstrated a depth of understanding about people's specific support needs and backgrounds. Relatives told us staff understood their family member's needs well. One commented; "He is so very well looked after."

New staff were required to undertake an induction process consisting of a mix of training and shadowing and observing more experienced staff. Two new members of staff were due to start work in the next few weeks. The provider told us they would be required to work alongside more experienced staff for between two and three months before doing any lone working. The induction process had recently been updated to include the new Care Certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices.

Training identified as necessary for the service was updated regularly with one subject being covered every month. Staff told us they were happy with the amount of training they received and believed it equipped them to do their jobs effectively. One said; "It's constant refresher training." Relatives told us staff appeared competent and efficient. Relative's comments included; "If there are any problems they are dealt with quickly, no fuss and bother."

Staff received regular supervision. This gave them an opportunity to discuss any changes in people's needs and exchange ideas and suggestions on how best to support people. As well as face to face supervision the registered manager and deputy manager carried out regular observational supervisions to assess staff competencies. A member of staff told us they felt; "Absolutely well supported."

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. We checked whether the service was working within the principles of the MCA. When people had needed invasive dental treatment mental capacity assessments and best interest meetings had taken place and were recorded as required.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No-one using the service was subject to a DoLS. Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS). These areas were covered during the induction process and updated with regular on-line training. Refresher training in this area was due to be updated within the next few weeks.

Care plans contained evidence that people had consented to their plan of care. There were consent forms in place for various aspects of care such as the use of photographs, installation of CCTV and the administration

of medicines. Relatives commented on the amount of independence and autonomy people had. They told us; "He has the option on whether to join in or not, there's no pressure on him to do things", and "There are not a lot of restrictions, it's a nice sense of space."

People ate varied and healthy diets and were supported to be involved in meal preparation and menu planning for the week. During the inspection visit we saw one person being supported to bake biscuits which were shared after lunch. We joined people and staff for lunch which was a pleasant social occasion. The food was home-made and served with a variety of vegetables some of which had been grown in the garden.

People were supported to access other health care professionals as necessary, for example GP's, opticians and dentists. Care documentation contained information about past appointments and any action taken as a result. A chiropodist and practice nurse visited the service regularly. One person's health had deteriorated recently. The registered manager was working with external health care professionals to investigate the cause of the person's decline in health.

The interior of the building was well maintained and decorated. Bedrooms were decorated to suit people's personal taste and all were en-suite. There were two large shared living areas, one of which was used as a dining room. Outbuildings in the garden were used as a day centre where people were supported to do crafts and cooking activities with their peers. There was a large vegetable patch where some people were involved in growing produce. Raised beds meant people with any mobility problems were able to be involved in gardening if they wanted. There was also a workshop available where some people were supported by staff to make wooden planters to sell at local markets. The maintenance log showed any defects in the building were addressed in a timely manner.

Is the service caring?

Our findings

We observed staff interacting with people and noted the care and support they provided. People were treated kindly and respectfully by the staff team. Two people showed us exercises they did and asked that staff join in the demonstration. This was done with laughter and good humour. Staff complimented people on their efforts and acknowledged their skills and abilities. Staff spoke about people positively and emphasised their talents and attributes. Comments included; "[Person's name] is a fantastic planner," and; "[Person's name] is a great individual. They're willing to try anything, a real positive member of the group."

People were treated respectfully. On our arrival staff made sure people were aware of who we were and the reason for our visit. People were encouraged to speak with us and asked if they wanted to show us their rooms. One person showed us around and it was evident they felt a sense of ownership and belonging in the service. People were able to have keys to their bedrooms if they wished.

The atmosphere at New Witheven was open and welcoming. On our arrival some people were sitting together watching television and chatting. The provider told us; "I'm always surprised at how well they all get on." One person was in a separate room on their own and they told us they liked the quietness. Another person was having a lie-in and joined the group later. The provider told us people led busy lives in the week and Saturday was generally a 'chill out' day. People and staff worked together and discussed any arrangements to ensure they suited people's needs and preferences. For example we heard one member of staff ask people who wanted to go for a trip out in the afternoon. Relatives were highly complimentary of the service. Comments included; "They see people as different individuals" and "It's absolutely amazing. They have done so much for [person's name]."

People's preferred methods of communication were recognised and respected. Most people were able to communicate verbally but some supplemented their words with signs and pictures. Throughout the day we saw people and staff using basic signs. One person showed us a set of laminated pictures and photographs they had. They used these pictures to tell us they were planning to make apple pie. Some pictures had been put onto a key ring so the person could easily carry them with them when they were out in the community. This demonstrated staff were able to support people to use communication tools at all times.

One person was keen to go out and this had been arranged for the afternoon. Throughout the day staff reassured the person that their trip was planned and reminded them when it would take place. This was done with patience and kindness and staff responded promptly each time the person asked. We saw the trip took place as planned.

Staff recognised the importance of family relationships and supported people to maintain them either by regular visits or telephone contact. The registered manager or deputy manager spoke with families regularly to help ensure they were kept up to date with any developments or changes in people's routines. People were also encouraged to maintain friendships and form new relationships.

People were able to get support from agencies outside of the organisation to help them consider important

life events. For example everyone was encouraged to attend People First forums and one person was a representative for the local forum. People First is a self-advocacy group that organises forums where people with a learning disability can discuss issues that are important to them.

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood how they wished to be supported. Care plans contained information about people's background, preferences, and support needs. For example one person's care plan stated they could become anxious if events were planned too far in advance. There was guidance for staff on how to recognise when the person was becoming stressed and action they could take to support the person in those circumstances.

People were aware of their care plans and had been involved in their development. Care plan reviews were ongoing at the time of the inspection and we observed one person sitting with a member of staff looking through their care plan to check the information in it was still correct and relevant. The deputy manager was working with people to develop an easy read one page profile to increase people's understanding of the care plans.

Each individual had a diary for staff to record what people had done during the course of the day. However the information in these was mainly concerned with what people had eaten or drank. There was a lack of information regarding people's moods and what had worked well for them when carrying out any activities. For example an entry for the previous day stated; "[Person's name] spent the afternoon in their bedroom as they were stressed and needed to calm down." There was no further detail as to what had caused the person to become stressed and how effective spending time in their room had been in alleviating this. This meant there was no opportunity for staff to learn from the information recorded in the diaries to help them support people more effectively in future.

People were supported to take part in a range of pursuits which were meaningful to them and reflected their individual interests. Regular activities included swimming, cycling and bowling. The service had three vehicles to use which meant people were able to take part in different activities according to their preferences. People had local passes to nearby tourist attractions which they visited regularly. One person took vegetables and plants grown in the garden to sell at a local farmers market. Profits from this went into a residents fund which was used for trips out. The deputy manager was running a 'culture project.' This involved people looking at a different country at each session and finding out about the traditions, beliefs and foods associated with it.

The registered manager worked to maintain community involvement by inviting local people to various events both in the service and the community. For example one member of staff had supported people to stage a performance of 'Grease' in the local church hall. The maintenance worker had built a stage and various props and the performance had been open to anyone. A 'Masterchef' style competition had been held at the service with people and staff preparing a range of dishes. The provider told us this had been a great success with; "standing room only." Ideas for these events and others had initially come from people living at New Witheven.

No complaints had been received by the service in the past 12 months. Relatives told us they would be confident to raise any concerns they had with the registered manager but had not had need to. House or

'discussion' meetings were held every week to facilitate group discussions. People chose the theme for the discussion which was facilitated by the deputy manager. This demonstrated there were systems in place to allow people to voice any concerns they might have. In addition people filled in questionnaires annually to give their views on the service provided. Where people had indicated a concern or dissatisfaction an evaluation sheet was completed to follow up on the concern and gather more detail. Action was then taken to address this.

Is the service well-led?

Our findings

The registered manager and provider took an active role in the service and spent a large amount of time there. They were aware of people's day to day needs and any staff concerns. Although they were not included on the rota they were involved with supporting people. There was no dedicated office space at the service and so they and other staff were visible and available for people at all times. Staff told us there was a "relaxed and informal" approach to leadership which meant they felt able to voice opinions and contribute to the development of the service. Staff told us it was; "A good knowledgeable staff team. [The registered manager and provider] are always at the end of the phone."

Some people visited New Witheven regularly for respite care and the service could also provide emergency respite care. At the time of the inspection two people were receiving this service. The provider told us they were hoping to develop the service further and offer supported living. They had planning permission to build five bungalows in the grounds to accommodate this.

Roles and responsibilities were well-defined, the registered manager was supported by a deputy manager. In addition there were senior care workers in place. The deputy manager had responsibility for supervising the staff team and had some dedicated administration time to allow them to complete their managerial duties.

Quality assurance surveys were circulated to families annually. These had been sent out two weeks before the inspection and no responses had so far been received. Relatives said they were very happy with the support provided. They told us staff and management were "approachable" and "[Registered manager and provider] and all their staff are amazing people." One told us they had the landline number and mobile number for the provider and were able to contact them with any queries or worries they might have at any time.

Regular staff meetings were held every five to six weeks to provide an opportunity for open discussion. The deputy manager told us these were used as an opportunity to discuss how people were supported and; "Ensure a consistency of approach."

The service had signed up to the local Speech and Language Team (SALT) communication charter. This enabled them to keep up to date with any developments and meant they were invited to any events organised by SALT for providers. The registered manager and provider were members of on-line manager support forums which provided targeted support and guidance.

Environmental checks were carried out regularly to help ensure the safety of the premises. For example we saw evidence electrical appliances and the boiler had been checked and serviced. A fire drill had taken place the previous week.