

# Heritage Manor Limited Newstead House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 10 November 2016 and was unannounced.

Newstead House provides accommodation, nursing and personal care for up to 46 people. At the time of our inspection there were 37 people living at 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 and associated regulations about how the service is run.

People were not always happy with the food they had. Food did not always meet people's nutritional needs.

People were kept safe by staff that knew how to recognise and report any concerns about people's safety. Staff understood people's needs and about risks and how to keep people safe. There were enough staff on duty to make sure that people got the right support at the right time. The provider completed checks to ensure staff were suitable and safe to work at the home.

People were positive about the support and care that they received. People were treated with dignity and respect and staff were kind and caring in their approach with people. People's care and support was centred on their individual needs.

People had their health needs responded to effectively. People were supported to access doctors and other health professionals when required. People were supported to have their medicines when needed. Medicines were stored and administered appropriately.

People were asked and gave staff permission before any care or support was given. Time was taken to make sure that people could make choices and decisions about the care and support they received.

People were supported by staff that had the skills and knowledge to understand and meet their health needs. Staff had access to on-going training and support to meet people's specific health and wellbeing needs. Staff felt that they were able to contact the registered manager at any time if they needed support or guidance.

People found the staff and management approachable, willing to listen to their views and opinions. People knew how to complain and who to complain to.

Audits and checks were completed regularly to ensure that good standards were maintained. There were established links with organisations relevant to the care and support provided.

## 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 ●

People were kept safe because there were sufficient staff to meet people's needs and keep people safe.

Staff knew what to do if they suspected that any type of abuse had taken place.

People received their medicines safely and medicines were stored securely.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not always satisfied with the food provided. Food did not always meet people's nutritional requirements.

People had support from staff that had the knowledge, skills and support to meet their health needs effectively.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able to make choices and consent to their care.

Staff felt well supported and had regular access to training and supervision.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and treated people with dignity and respect.

People's views and input into their care was promoted and supported. People felt they could make suggestions about their care at any time with the staff, the registered manager or the provider.

People were involved in planning and reviewing their care and support. They were supported to have choice and to be involved in all aspects of their care.

### Is the service responsive?

Good ●

The service is responsive.

People had care and support that responded to their individual needs effectively. If staff had any concerns about people's health needs other health professionals became involved quickly.

People knew how to complain and felt any concerns they had would be listened and responded to.

### Is the service well-led?

Good ●

The service was well led.

People and staff felt that the manager and the provider were approachable and supportive. People said they could talk to the manager at any time and they would be listened to.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from people and their families and used the information to make improvements.

# Newstead House

## **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 unannounced inspection took place on 10 November 2016 and was conducted by two inspectors.

As part of the inspection we reviewed the information we held about the provider including, such as statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also asked the local authority for any information relating to Newstead House. We did not receive any information of concern.

During the visit we spoke with nine people who lived at the home, 10 members of staff who consisted of five care assistants, one activities co-ordinator, one assistant cook, one registered nurse, one training manager and the registered manager. We also spoke with a district nurse who was present for some of our inspection. We observed staff supporting people throughout the home. We also 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 a care plan for medicines and two care plans relating to people's dietary requirements.

We reviewed records relating to the management of the service, this included complaints received by the provider and the quality checks made by the provider and the registered manager.

# Is the service safe?

## Our findings

People told us they felt staff kept them safe. One person said, "This is a happy home. You feel nice and safe here." People said they could raise any concerns about their own or other people's safety and staff would listen and take action if it was needed. All staff had training on how to keep people safe and they were able to tell us about their understanding of the different types of abuse. They told us what action they would take if they became aware of or observed abuse taking place. They said that they would make sure that the relevant authorities were informed and swift action taken to keep people safe.

People had individual risk assessments which included falls risk assessments, nutrition, and moving and handling. Where risks were identified plans were in place to identify how risks would be managed. For example, changes to a person's health conditions had put them at risk of skin breakdown and pressure sores. The registered manager arranged a meeting with the person together with the district nurse to look at how any risks could be managed safely. The result was a risk assessment that had been updated providing clear instruction to staff on how to prevent further risk of skin damage. We spoke with the district nurse and they told us that there were currently no pressure area concerns and the registered manager and staff were good at responding to people's risks. We found that risks to people's safety had been routinely assessed, managed and reviewed.

People said that there were enough staff to respond to their needs and to keep them safe. What we saw confirmed this; we saw that staff responded as soon as people asked for assistance. We saw that call bells were answered promptly and staff were quick to respond and offer support.

Staff members told us before they were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The registered manager told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

People told us that they had the support they needed to take their medicines safely. For some people they needed prompting and observing to make sure they were taken safely, whilst other people needed more support in taking their medicines, for example the medicines needed to administered directly to them. We saw that staff knew what support to give to make sure people their medicines safely. We observed how medicines were administered and found staff to be organised and focused on giving the right medicines at the right time to the right person. Only staff that had received training in the safe management of medicines were able to administer medicine. Medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines.

## Is the service effective?

### Our findings

People we spoke with told us they were not satisfied with the food provided. One person told us, "I'm not particularly happy with the food. They always seem to overcook the vegetables and they end up like mush." Another person had made three complaints through the provider's complaints system that complained of food that was poor quality and that didn't meet their nutritional needs. We spoke with this person and they told us they were vegetarian and also now had pureed food. They said that they felt the food lacked taste or variety and that it was, "a lot of mashed potato. They have never used imagination with ingredients. Using peppers and herbs and spices would be good. I have complained but nothing has really changed. It is too late now." We saw recent feedback and complaints from relatives about the food, which commented on the lack of variety for people, and a lack of fresh vegetables. The registered manager had bought specialist cook books with recipes people with swallowing difficulties, but this had not improved the situation. They told us they were aware that these books had not been used to improve the quality of the food.

We looked at people's individual dietary and nutrition needs and whether these were met. We spoke with the assistant cook about people's specialist dietary requirements. Whilst the assistant cook had an understanding of people's preferences in terms of likes, dislikes and portion sizes, they were unable to tell us whether there were any recommendations or medical guidance in place in respect of people's food and drink, such as from dietitians or Speech and Language Therapy (SaLT). The assistant cook told us, "The girls (care staff) take care of all that; you would have to ask them". The assistant cook also told us they wouldn't be aware of such guidance, as their role was to prepare the food. We explained that as the assistant cook, it was essential they knew how to prepare people's individual meals. We raised this with the registered manager, who told us it was unacceptable for the assistant cook not to be aware of people's food needs.

Staff told us they were concerned about the food provided. One member of staff told us, "The people on pureed diets do not get enough variety; it is almost always mashed potato. Sometimes, it is just mashed potato with gravy." On the day of our inspection, we saw the evening meal was very similar to the lunch time meal for people on a soft food diet, with mashed potato served with both meals.

We spoke to the registered manager about our concerns. They acknowledged it was an area for improvement and said they would seek guidance from the SaLT team for ideas about suitable foods for people on a soft food diet. They told us they would look to improve the variety for people's meals, and the choices offered.

People told us that staff had the skills and knowledge to meet people's needs. One person said, "Staff know what I need and what they are doing." A district nurse said that they had confidence in the skills and ability of staff. Staff told us that when they started there was an induction period which provided them with training in their roles and also a period of working alongside more experienced staff until they and the registered manager were confident they had sufficient knowledge to carry out their roles safely and effectively. The training manager told us that as well as in house training they also used outside agencies to provide the best quality training. They gave us an example of how they used a local hospice to provide training on end of life care for the staff. Staff told us that they had a good level of on-going training that was

relevant to their roles. For example staff told us that they had training around, the Mental Capacity Act, safeguarding people and medicines.

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 said that they could make choices and what they chose was always respected by staff. People were able to say what they wanted to do and staff provided the support people needed to enable them to do it. For example one person had chosen to spend some time in another area of the home. Staff were quick to provide support so they could do this. This person told us that all they needed to do was ask and staff were quick to make sure it happened. We discussed with staff what needed to happen if people could not make certain decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA and were confident in their knowledge of its principles and use.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings which had been documented including the involvement of the person themselves in this process. At the time of inspection one person was subject to a DoL. Staff knew what the DoL meant for this person. They told us that they always worked in a way that was least restrictive for the people they supported.

People told us that they were supported to access other health professionals when needed and that they were involved in this. We could see that where needed referrals had been made to relevant health professionals and guidance followed. For example, a person told us their health condition had changed and staff had involved and supported them with doctor appointments. They told us that they felt staff provide good support when they were unwell.



## Is the service caring?

### Our findings

People told us that the care and support they received was good. They said that staff were caring, kind and always treated them with dignity and respect. We saw that people's privacy and dignity was respected by staff. Staff knocked on people's doors before entering their room. Care was provided in a way that ensured the person's privacy was respected. For example one person told us how staff put their hair in rollers as this was important to them as they had always had their hair a certain way and they didn't want to lose that part of their identity. We also saw where people requested help with personal care staff were discreet and maintained people's dignity and privacy. We also saw that staff made sure people were happy with their care and support by maintaining conversation through any care tasks. Staff told us that this involved the person and respected people's wishes throughout their care and support. Staff told us that they had training on dignity and respect and there was always an emphasis on dignity and respect through all of the care and support that staff provided. The registered manager told us that staff were always encouraged to think about treating people with dignity and respect.

People were given time by staff to express their wishes and choices that they made were respected by staff. We saw a person ask to go to another part of the home and staff were quick to support this person. People told us that they could ask for anything and nothing was too much trouble, this was further reinforced by what we saw. The staff we spoke with told us that they would not carry out any care or support without the agreement of the person first.

People told us they felt able to give their views and were involved in shaping the care and support that they received. For example one person had been involved in discussions about hospital treatment and had been supported by staff and the registered manager in making choices about what course of treatment they wanted to receive. This person told us how they had been involved in meetings with staff and the registered manager to look at the options and they felt they got the support they needed. The registered manager told us that it was important to make sure that people were heard and involved in shaping their care and support.

People told us that they maintained contact with their families and friends. They told us that they could have visitors at any time and that staff were always welcoming to people, and respected people's relationships and privacy. Staff told us that it was important for people to maintain contact and maintain relationships with people that are important to them.

## Is the service responsive?

### Our findings

People told us that staff knew their health needs. Staff we spoke with demonstrated this and were able to tell us about people's specific health needs and how these were responded to. For example staff told us about a person's epilepsy and what response they would give. Staff could tell us about this and what they needed to monitor to identify any changes. Staff were able to discuss people's needs and demonstrated knowledge of the approaches used to support people with those needs.

People told us that staff knew what to look out for that may show that they were unwell. People told us that if their needs changed staff were quick to respond and involve other professionals. We heard examples from people where the doctor had been called following them saying that they felt unwell. We could see where additional reviews with other health professionals had happened as a result of changes in people's health. We observed that there were detailed handovers between shifts. A handover is a meeting that takes place at the end of a shift between the staff that are finishing and the staff starting a shift. Staff told us that they found that these provided important details about how people had been and any changes to people's health or support needs.

People told us that they knew how to complain. There had been eight complaints in the last 12 months and we could see that there was a system in place to investigate and respond to any concerns appropriately.

People told us that there were regular meetings with staff and the registered manager to discuss their support. They told us that they discussed menus, activities and planning of any celebrations, as well as having the opportunity to raise any concerns. Staff said some people needed some extra time and support to have a voice in the meeting, but they always made sure that people had the time and support they needed to be able to have input into the meeting.

People told us the activities coordinator asked them for ideas and suggestions about what in-house social and leisure opportunities they would like. On the morning of our inspection, people took part in a new fitness class. At the end, the coordinator asked people for their views and whether they would like more classes.

One person told us about the Olympic Games the activities coordinator had arranged in the summer, and they showed us the medal they had won. They told us, "(the activities coordinator) gets our spirits up. They are very enthusiastic and really wants to find things for us to enjoy." We spoke with the activities coordinator. They told us, "It's about trying to find things to meet people's individual preferences and needs." We saw that one person was supported to attend a local social club. Other people enjoyed going to local cafes or pubs. Some people preferred one to one time in their bedrooms, doing quizzes and puzzles with the activities coordinator.

## Is the service well-led?

### Our findings

People told us that the registered manager was approachable and that the home was well run. This was a view shared by the staff that we spoke with. Staff told us that it was an open culture where they could approach the registered manager with any ideas or concerns and they would be listened to.

The registered manager told us that the vision of the home was, "To give more autonomy and control to people in their home." Staff were motivated to do the best that they could and we found that staff had good morale and spoke positively about their experiences of working for the provider and the registered manager.

The registered manager told us how they had established links with the local community. organisations relevant to the care and support they provide. These included the local school and also local churches. They told us that they placed emphasis on maintaining local links and involving people with the community they lived in.

We saw there were systems in place to check the quality of the care given by staff. This included regular checks and audits on areas such as medicines, staff training and any falls or incidents. We could see where actions had been taken as a result of the checks and audits. Feedback was gathered on a regular basis from the people that lived there, relatives and also from staff. For example we could see where regular coffee mornings for the people that lived there had been set up so that they could regularly meet as a group with the registered manager and discuss any areas of concern or ideas for improvement. We could see that there was a system for capturing comments and concerns and identifying relevant actions to be taken to improve the quality of the service.

People and the staff told us that the registered manager was visible in the home spending time through the day with the people that lived there and with staff. Staff told us that this gave them confidence that the registered manager knew what was going on.

All staff told us about the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. One staff member said, "I would report any abuse straight away."

We spoke with staff about the support they had to do their job. Staff told us that the provider and registered manager were supportive and approachable. Staff told us that they had access to regular supervision, training and staff meetings. They all felt that the registered manager listened and took action when necessary. The registered manager told us that they felt well supported by the provider and had a clear management structure to support them with their role.

The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.

