

# White Rose Care Organisation

## Newlands

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This inspection took place on 5 January 2017 and was unannounced. The previous inspection was carried out in October 2013 and no concerns were identified.

Newlands is registered to provide accommodation and personal care for up to 21 people who have a learning disability and who need support with their personal care. Newlands is on the outskirts of Canterbury. Accommodation is provided over two levels, there were 19 people living at the service at the time of inspection and each had their own personalised bedroom.

The service had a registered manager, who was present throughout the inspection. 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.

The feedback we received from people, relatives and professionals was wholly positive. We heard about standards of care which significantly improved the quality of people's lives and gave their families peace of mind. We observed warm, caring attitudes from a motivated staff team who worked consistently well together to provide the best possible care and support for people.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the provider or outside agencies if needed.

Staff followed correct and appropriate procedures in the storage and dispensing of medicines. People were supported in a safe environment and risks identified for people were managed in a way that enabled people to live as independent a life as possible. People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

Equipment and premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty to make sure people were safe and received the care and support that they needed.

Staff had completed induction training when they first started to work at the service. Staff were supported during 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. There were staff meetings, so staff could

discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the registered manager had applied for DoLS authorisations for people who were at risk of having their liberty restricted.

People received care and support that was planned specifically to their individual needs. The care and support needs of each person were different, and each person's care plan was personal to them. People had detailed care plans, risk assessments and guidance in place to help staff to support them in an individual way. These were reviewed with people and their relatives to make sure they continued to have the support they needed. People were actively encouraged to be as independent as possible.

Staff actively encouraged participation. People were offered wide range of varied activities and participated in many social activities of their choice. Staff knew people and their support needs very well. The registered manager and staff team were fully committed to ensuring that activities were tailored to meet the needs of each individual living at Newlands. Activities and social events were praised by people, their families, community links and professionals. Throughout the inspection interactions between people and staff were positive and caring, and it was evident that people were comfortable and at ease. Newlands was relaxed, friendly and inviting, with lots of laughter.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff. There was clear affection between staff and people and this was evident in actions such as the registered manager visiting people in hospital in their own time. The care people had been given at the end of their life received high praise from relatives and professionals. The registered manager and staff team demonstrated commitment in supporting people and their families at that time; ensuring people received the care and support they needed at all times, and that people always had someone they know with them at all times.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. People were supported to make their own drinks and cook when they were able and wanted to. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements.

Staff told us that the service was well led and that they felt supported by the registered manager to make sure they could support and care for people safely and effectively. Staff said they could go to the registered manager at any time and they would be listened to. The registered manager had good management oversight and was able to assist us in all aspects of our inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People received their medicines when they needed them and in a way that was safe. They were stored safely.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

There was sufficient staff on duty to meet peoples' needs. The provider carried out appropriate checks when employing new staff.

### Is the service effective?

Good ●

The service was effective.

Staff understood the importance of gaining consent and giving people choice. Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

New staff received an induction and all staff received training to enable them to support people effectively.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it. People were provided with a range of nutritious foods and drinks.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Staff took the time needed to communicate with people and included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

People received care that was delivered with kindness, respect and dignity.

Staff actively supported people to maintain contact with their family.

Care at the end of people's lives received special praise from families.

### Is the service responsive?

Outstanding ☆

The service was extremely responsive.

The service was flexible and responsive to meet the individual and changing needs of people, care and support was planned specifically in line with people's individual care and support needs.

Staff had an excellent understanding of people's needs and preferences. People were supported to take part in full and varied activities and social events that were individualised and meaningful to them.

There was a complaints system and people knew how to complain. People and their relatives were provided with plenty of information and their views were taken into account and acted on.

### Is the service well-led?

Good ●

The service was well-led.

People and staff were positive about the leadership at the service. Staff told us that they felt supported by the registered manager and provider.

Quality assurance surveys, regular audits and checks were undertaken at the service to make sure it was safe and running effectively.

Records were accurate, up to date and were stored securely.

# Newlands

## 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 5 January 2017 and was unannounced. The 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 also looked at previous inspection reports and other information we had about the home including notifications, safeguarding information and complaints. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

During the inspection visit, we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. Not everyone was able to verbally share with us their experiences of life in the service. We therefore spent time observing their support and carried out a Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of documents. These included three care files, staffing rotas, three staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with three people who used the service and with the registered manager and two members of staff. After the inspection we spoke with one relative and two social care professionals who had had recent contact with the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Newlands, one person said "I'm happy, I like it here", and another commented, "The staff always help when I ask them – day or night." People had communication plans that explained how they would communicate or behave if they were anxious or worried about something, these also told staff the way in which they could best support each individual to reduce anxiety or worries. Staff knew people well enough so that they were able to respond quickly. People were relaxed and happy in the company of the staff. People approached staff when they wanted something and the staff responded to their needs.

The provider had clear policy and procedures in place for safeguarding adults from harm and abuse, this gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated by the management team, to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Risks to people had been identified and assessed and guidelines were in place to reduce risks. There were clear individual guidelines in place to tell staff what action they had to take to minimise the risks to people. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date. People were protected from the risk of financial abuse. There were clear systems in place and these were regularly audited.

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. All medicines were stored securely in locked cabinets in line with current guidance. Appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps, showing all medicines administered had been signed for. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was detailed written criteria for each person who needed 'when required' medicines.

Regular medicine audits were carried out by the manager or senior staff. The registered manager completed regular competency checks for all staff responsible for administering medicines. This helped to ensure people received all of their medicines safely.

Robust recruitment practices were in place and checks were carried out to make sure staff were suitable to work with people who needed care and support. We saw that checks had been completed before staff started work at the service, these included obtaining suitable references, identity checks and completing a

Disclose and Baring Service (DBS) background check and checking employment histories. These records were held in staff files along with application forms and interview notes.

There was always enough trained staff on duty to meet people's needs. Staffing was planned around people's hobbies, activities and appointments so the staffing levels were adjusted depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and kept staffing levels under review. One to one staff support was provided when people needed it.

The staff rota showed that there were consistent numbers of staff available to make sure people received the care and support that they needed. During the inspection staff were not rushed. Staff we spoke with felt they had enough time to talk with people and that there were enough staff to support people. One member of staff told us, "There's always enough staff on, so we can go out and do things." There was an on call rota which ensured there was always a senior member of staff available for the service to contact. There was a team of staff, who worked across the provider's three services, who knew people and could step in at short notice to cover staff sickness or to provide extra support with activities and one to one support when needed.

The premises were clean and well maintained. Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Health and Safety audits were completed monthly and that these were reviewed by management to see if any action was required. These checks enabled people to live in a safe and suitably maintained environment.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. One person demonstrated to us the route they would take if there were to be an emergency. A PEEP sets out specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. A 'grab bag' was also in place. This contained essential supplies and information about people's physical and mental health conditions and medicines and could be 'grabbed' in an emergency to pass on to other health professionals should the need arise. Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences.



# Is the service effective?

## Our findings

People told us that staff looked after them well, one person told us, "The staff help me and are kind." Staff worked effectively together because they communicated well and shared information. Staff handovers between shifts made sure that they were kept up to date with any changes in people's needs.

New staff had an induction into the service during their probation period, this involved time where they spent time reading people's care records, completing a workbook, training, policies and procedures and getting to know the service. They would also spend time shadowing 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. The registered manager was working towards introducing the Care Certificate.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. There was an on-going programme of training which included face to face training and workbooks. A training schedule was maintained by the registered manager. Staff were supported to gain recognised qualifications in health and social care. Staff had individual supervision meetings and appraisals with the registered manager. Staff said this gave them the opportunity to discuss any issues or concerns that they had.

We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs. The staff team knew people well and understood how they liked to receive their care and support, and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support. They were able to explain what they would do if people became restless or agitated. People had clear communication guidance in place. This explained the best way to communicate with people and how to interpret and understand people's wishes and needs by giving clear examples of different actions or signs people may give, and what these mean.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. 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 Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty. Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who needed them, and were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Records showed that people's mental capacity to make day to day decisions had been considered and

there was information about this in their care plans. The registered manager had knowledge of the Mental Capacity Act 2005 (MCA). Staff had knowledge of and had completed training in the MCA and Deprivation of Liberty Safeguards (DoLS).

People's health was monitored and health care professionals were regularly involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. People's health was monitored and care was provided to meet any changing needs. Staff acted quickly if people became unwell and worked closely with healthcare professionals to support people's health needs. People had health action plans, these detailed how to support each individual to remain healthy and recorded details about appointments they attended, what happened and what action would be taken next. People who had specific medical conditions, such as diabetes, had detailed personal guidance for staff to follow. This described specific symptoms they may display and how to support them. Health professional told us that staff followed their advice and gave good support to ensure people remained as healthy as possible.

Where they wished to be, people were involved in planning the menus, buying food and preparing some meals. Staff were aware of what people liked and disliked and gave people the food they wanted to eat. During the residents meeting we heard discussions about individuals preferred meal choices. Staff respected people's choices about what they did eat. During the inspection did not the meal that they had chosen for lunch time. Staff offered a variety of alternatives, until the person chose something they wanted. People were supported and encouraged to eat a healthy and nutritious diet. Throughout the inspection regular drinks and snacks were offered by staff and people were supported to make drinks with staff.

The service was clean, tidy and free from odours. People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. The building was well maintained. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at the service.

## Is the service caring?

### Our findings

People told us they were very happy living at Newlands and their comments about the staff and the home were entirely positive. One person commented, "I like all the staff here, especially my keyworker, she listens and helps me" and the staff look after me, they are very kind." There was a strong, visible person centred culture at the service and there was a clear commitment to supporting people to express their views and feelings. Staff knew in detail about people's background, their preferences, likes and dislikes and their hopes and goals and supported people in a way that they preferred. The staff team worked exceptionally well together to provide outstanding care for people. They took time to consider how they could support each individual in the best possible way to fully meet their needs and encourage their growth and independence. For example; specific care had been provided to support people to develop and grow their independence with mobility, personal care and daily living skills. One person had increased independence after being supported to use public transport.

Staff spent time with people to get to know them. There were detailed descriptions of what was important to people and how to care for them, in their preferred way, in individual care plans. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's individual needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. There was a lot of laughter, people and staff were seen to have fun together and shared a laugh and a joke and people looked happy.

People received consistent care from motivated staff. Staff were supportive in encouraging people to be independent and creative in overcoming obstacles. For example, one person had been supported to regain their independence with encouragement from staff. When they moved into Newlands they were reliant on staff support with a wheelchair and a hoist; with continuous encouragement from staff they could now weight bare and had regained their independence. Another person had been unable to leave their bed, walk and did not want support with their personal hygiene. After moving into Newlands, and an ongoing, consistent plan of care from kind, caring and compassionate staff they were able to socialise with their peers, walk independently and accepted support with personal hygiene. They had also begun to assist with their personal hygiene; developing their independence further.

Staff were very attentive. They observed and listened to what people were expressing. The registered manager and staff team had been creative in ensuring that people had individual, accessible and inclusive methods of communication. For example, it had been recently identified that one person could benefit from using a PECS (Picture Exchange Communication System – a method of communication), this was introduced with the support of professionals and staff told us that this had made a huge difference to their ability to communicate with this person and to understand their needs. Other people also used a variety of communication methods which suited their needs, for example pictures, photos, communication passports, signing and talk boards. Pictures and photos were used on a daily basis to help people to make choices and communicate what they wanted. People responded well to staff and we saw staff interacting with people in a way that demonstrated they understood their individual needs and had a good rapport with them. Staff

talked about and treated people in a respectful manner. Picture signage was all around the service; these assisted people who may need assistance remembering where the bathroom or kitchen was. Each bedroom door was personalised for each person, for example; some people did not have their names on their doors but did have pictures that were important to them and would help them to remember that it was their room.

Some people had memory boxes that helped with communication, particularly if confused and unable to express themselves. For example; a person who had lost close relatives had a box with important items such as special photos, scents and objects to help them communicate their feelings. Another person who was living with dementia had a box with photos, music and written phrases that they had previously been able to say; the registered manager explained that these objects helped during periods of confusion. Staff had spent time thinking about each individual and what objects would hold the most significance and provide meaningful support for the person to be able to express their feelings.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families, relatives and friends. Families told us that they felt the service 'went the extra mile' to help people maintain contact. During the inspection staff had gone to collect one person from central London after they had been to stay with family. We were told that the service frequently supported people to visit their families in a variety of settings such as the family home, hospital, hospices or nursing homes. Families were also supported to visit Newlands and if they could not make their own way the service would collect them. The service continued to provide exceptional care to relatives after a loved one had passed away by providing support to visit graves.

The service had designated 'dignity champions'; members of staff who acted as good role models in ensuring that people's dignity was respected. Regular dignity workshops were held; these included practical sessions that helped staff to gain a real insight into maintaining a person's dignity. Positive feedback from staff was received following these sessions. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. People, who needed it, were given support with washing and dressing. When people had to attend health care appointments, they were supported by staff that knew them well, and would be able to help health care professionals understand their communication needs. People were moving freely around the home, moving between their own private space and communal areas at ease. Staff knocked on people's doors before entering. Doors were closed when people were in bathrooms and toilets. People were given discrete support with their personal care.

People's care plans told us how their religious needs would be met if they indicated they wished to practice. People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

The service had enrolled on The Gold Standards Framework, a 9 month training programme for providing support for people nearing the end of their life. This is then embedded into the home for at least 6 months. Care homes are assessed against 20 best practice standards and can become accredited. At the time of the inspection, the service was waiting for accreditation. Staff showed a clear understanding of what was important to people in their last days; such as having company all of the time or listening to favourite stories music or films. The registered manager told us how they always stayed with people at the end of their life, as 'they are like family.' At these times, staffing levels are increased to make sure that there is always a member of staff available to support on a one to one basis. Staff explained that they felt more confident in supporting

people in the best possible way following the training programme. The service had received many compliments and recognition for the support they provided from relatives and professionals. These included; 'most skilled, sensitive and compassionate care possible', 'they supported residents and their families through these difficult times' and 'they improved the quality of life of their life.' This increased knowledge and confidence meant that people and their families received exceptional care and support from staff that were compassionate, and people received outstanding end of life care.

Where appropriate, people had detailed care plans which recorded their preferences and wishes about the end of their life; they contained specific details on all aspects; such as people they would like with them, what they would like to be done with their possessions, where they would like their funeral and readings they would like. These had been written with people and were in an accessible format.

## Is the service responsive?

### Our findings

The care and support people received from the staff at Newlands was exceptionally responsive to their individual needs. Our observations during the inspection showed that staff knew people's needs very well and that meant they were able to respond to any requests in a quick and consistent manner. For example; some people had their own methods of communicating and staff knew these well. The service had a visible person-centred care culture. Staff had developed positive relationships with people and their friends and families. Staff kept relatives up to date with any changes in their loved one's health.

Most people had lived at the service for many years. When people were considering moving into the service they and their loved ones, along with other professionals had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not. Moving into Newlands was tailored around each individual, so people may come for trial visits for lunch or dinner, or overnight. The length or amount of these visits would depend on the individual's needs and preferences.

The staff team ensured that care was offered to individuals in a way that was flexible and individual to their needs, for example, each bedroom was decorated completely differently. Though and care had gone into designing rooms that met the needs of people and reflected their hobbies and interests. Some people told us they had been involved in deciding how their room would be decorated and what objects they would have on display; for example one person had decorated their room to reflect their favourite football team, other rooms had been designed to support sensory stimulation. Creative use of materials and objects had been used to ensure that the design met the needs of the person, this had improved their overall quality of life.

Staff demonstrated an excellent understanding of the people they supported. Staff told us that they followed the care plans and guidance, and asked colleagues if they needed help. Within people's plans were life histories, detailed guidance on communication and personal risk assessments. In addition there was specific guidance describing how the staff should support the person with various needs, including what they can and can't do for themselves, what they need help with and how to support them. Care plans gave staff an in-depth understanding of the person and were personalised to help staff to support the person in the way that they liked. Care plans contained information about people's wishes and preferences and detailed guidance on people's likes and dislikes around food, drinks, activities and situations. Each person also had a 'person centred plan' which showed, mainly in photographs, what and who was important to the person. Health plans detailed people's health care needs and involvement of any health care professionals. Each person had a healthcare passport, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Care plans were kept up to date and reflected the care and support given to people during the inspection. People had review meetings to discuss their care and support. They invited care managers, family and staff. Hospital passports were completed if a person was admitted to hospital, rather than being 'pre-written', this was to ensure that the most current detail about the person was shared with the hospital. People were encouraged to participate in writing their own care plan, if they were not able then where possible family or

friends were asked to assist. Where people had been involved, and were able to, they had signed their care plan. One person's relative told us, "I am constantly consulted as to X's care and am encouraged to contribute to any care plan. I am more than pleased that Newlands provide X with a kind and compassionate environment."

Staff demonstrated an excellent understanding of people's needs and how to meet them; creative ideas had been used to enable people to receive the healthcare support they needed. For example, one person had some fears about visiting the dentist. The registered manager and staff researched dental practices that could support. The person was supported to visit this dentist, in London, and became confident in attending check ups and receiving treatment, meaning they were at less risk of tooth decay.

Important people, such as family and friends, were named in care plans. This included their contact details and people were supported to keep in touch. Some people went home to their families and families also visited the service. Newlands actively supported people to maintain contact with family; we were told that they assisted people and their relatives by assisting with travelling where they could.

People were supported to take part in a variety of activities that had been designed with the individual in mind. Staff supported people to undertake a choice of leisure activities both within the service and in the community. Activities included music therapy, reflexology, keep fit, Zoolab (visiting animals), singers and entertainers. Planned social events took place regularly such as drama shows, a teddy bears picnic and Hawaiian BBQ, where families and friends were invited to join their loved ones. Trips to the theatre and cinema were also planned regularly. Some people were supported to attend day services. Where people wanted to they were supported in taking part in everyday household tasks such as baking, laundry or light housework. The service organised a drama group, which had around thirty people attend; a mixture of people who receive support from the provider and others. This was held in a local hall with a drama teacher, shows and concerts are performed, they have raised money for local charities. The group had recently been awarded a trinity and guild certificate in performing arts. People told us how much they enjoyed these sessions and performances, telling us they had fun and laughter with lots of other people while learning new things.

The provider and staff took the time to make sure that people were actively supported people with their individual goals and was creative in providing support, as a team they looked at how they could create opportunities for people with the resources that were available. For example; one person shared that they wanted to learn and develop their literacy and computer skills. There were limited options available so the provider created a work placement position within the organisation. This had enabled them to develop skills; they told us how important this job was to them and how it had made them more confident. The service also supported people to develop their daily life skills; one person had been supported to become independent by developing skills to complete daily tasks around the home such as housework and cooking, meaning that they were able to and move into a less supported environment. These opportunities had had a wholly positive impact on the people's well being.

Residents meetings and feedback questionnaires gave people the opportunity to raise any issues or concerns. Any concerns raised were taken seriously and acted on to make sure people were happy with the quality of service they received. During these meetings people were able to discuss and comment on the day to day running of the service. For example, one person asked for a brighter light and this was actioned shortly afterwards. The provider facilitated these meetings; the registered manager felt that this gave people an opportunity to raise any concerns they may have about them or the staff team. People talked about what they would like on menus and what activities they would like to happen and upcoming events that they were looking forward to.

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. No complaints had been made or recorded since our last inspection.



# Is the service well-led?

## Our findings

The service had an established registered manager who was supported by senior support workers and support workers. Staff felt that they were well supported. One staff member commented, "The manager is always helpful and supportive."

The registered manager demonstrated a good knowledge and understanding of people's needs. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection, each had delegated responsibility for health and safety, daily allocated jobs and attending training courses.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff regularly on people's changing needs. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. There was a positive and open culture between people, staff and management. Through our observations at inspection it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people.

The registered manager was aware of their responsibilities and had a good management oversight of the home. They audited aspects of care both weekly and monthly, such as medicines, care plans, accidents and incidents, health and safety, fire safety and equipment. The audits identified any shortfalls and action was taken to address them.

Systems were in place for quality monitoring checks, which the organisations quality officer completed around every 6 weeks. Quality assurance surveys from relatives and health care professionals gave positive feedback. Records were in good order and kept up to date. When we asked for any information it was easily accessible and records were stored securely to protect people's confidentiality. Feedback was requested at review meetings and other meetings and all comments and suggestions were listened to and acted on. Surveys were sent to people, their loved ones and staff so they could give their views more formally. Recent comments on survey forms from relatives included, "You have achieved a good rapport – something not had in previous homes and I am forever grateful", "No suggestions to make, X would not be better looked after anywhere" and "It is a very well led home."

The vision and values of the organisation were 'a commitment to excellence, encouragement for active involvement and continually striving for improvement.' The manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were clear about putting people first.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had

been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.