

Newman's Care Home

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Inspection report

41-45 Pump Piece
Leominster
Herefordshire
HR6 8HR

Tel: 01568612304

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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

This inspection took place on 12 and 19 April 2016 and was announced.

Newman's Care Home provides accommodation and personal care for adults with a learning disability. It has the capacity for 8 people to live in one of their three houses. At this inspection 7 people were living there.

A registered manager was in post and was present during our 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 2008 and associated Regulations about how the service is run.

People were protected from harm and abuse by staff who knew how to recognise and respond appropriately to concerns. Staff knew how to support people safely and risks associated with people's care had been assessed and steps were taken to minimise harm. Staff did not start work until checks had been made to make sure they were suitable to support people.

There were enough staff to meet people's needs. The provider had systems in place to adapt to the changing needs of people and to make provision for additional staffing when required.

People were supported by staff who were caring and compassionate and who treated people with dignity and respect. Staff engaged with people respectfully and communicated with people in a way they understood. People had strong links with the local community and were engaged in vocational and leisure activities which they enjoyed and that suited their preferences.

Staff had the skills and knowledge to meet people's needs. Staff were supported by the provider and the registered manager who promoted an open and transparent culture.

People's independence was encouraged and staff respected their privacy and dignity. People had a choice of food to eat and were prompted to maintain a healthy balanced diet. People's routine health needs were monitored and people had access to healthcare when they needed it.

People were aware of who the management team were and felt they were approachable. People's views were sought about the quality of the service and people felt their opinions were valued. Checks were carried out to monitor and improve the service people received.

People were involved in the development of the support they received and in changes to their home. Families and friends were encouraged to visit at any time and their views and opinions were sought and acted on.

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 were protected from harm as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. There were enough staff to safely meet people's needs. Checks were made before staff could start work to ensure they were safe to work with people.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to enable them to meet people's needs. People had access to healthcare when they needed. People were supported to maintain a healthy and balanced diet which adapted to their needs and preferences. Staff supported people to make decisions and protected their rights.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported them. Staff spoke about people they supported with warmth, respect and kindness. People had their privacy and dignity respected by staff. People were supported to be as independent as they could be.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. People's individual needs and preferences were known by the staff supporting them. People felt able to raise any concerns or comments with the provider. People felt their opinions were valued by staff and the management team.

Is the service well-led?

Good ●

The service was well-led.

People felt included in the running of their home and their suggestions were valued. The provider and staff had shared values in supporting people. The registered manager and provider promoted strong links with the local community.

Newman's Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 19 April 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in. The inspection consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. 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 spoke with five people receiving support, three family members, the registered manager, the provider and two support workers. We viewed the care and support plans for two people, including assessments of risk, consent and medicines. We saw records of quality checks, resident and family feedback questionnaires, incident and accident records and details relating to staff recruitment.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. One person told us, "I am safe here, I can say if there is ever anything wrong". Staff had received training and understood how to recognise any signs of abuse or ill-treatment. One staff member said, "I would report anything I thought was abusive immediately and make sure the person was safe". Staff members knew the procedures they would need to follow and where these were kept if they suspected abuse. Staff knew which outside agencies they could report concerns of abuse to. A staff member told us, "The information for referring to social services is on display and covered as part of our training". We saw the provider had made appropriate referrals when necessary.

People told us they felt safe receiving services from the provider. One person told us how they kept themselves safe from injury when assisting in the kitchen. One relative told us, "They [staff member's] keep [relative] safe and look after them so well". People were involved in their personal assessment of risk. For example, we saw staff talking to one person about potential risks when walking and how they could help prevent falls.

People we spoke with were clear about risks and what they needed to do to keep themselves safe. One person told us, "I don't stand too close to the cooker". Staff were able to confirm the measures they took to minimise risks to people without restricting their liberty. One staff member said, "[Person's name] had a couple of falls when getting ready in the morning. We talked with them about how best to help them to prevent injury". We saw people had individual risk assessments including mobility and use of the car. The registered manager had plans in place in the event of emergencies or equipment breakdown. For example, regular fire drills and evacuations took place. People we spoke with were able to tell us where they go if they needed to leave the house in an emergency. The registered manager had set up service contracts to respond to breakdowns in equipment to ensure they could still provide care.

We saw records of incidents and accidents which had been recorded appropriately by staff members. The registered manager told us how they monitored incident and accident forms in order to identify any repeated incidents which could be prevented in the future. The provider told us as part of their review of services they are revising how they record accidents. They said although they believed their current process was effective they did not wish to become complacent.

People and staff told us there were enough staff to meet their needs. The registered manager told us the hours of support they provided is set by the funding authority. If they identify a change in need then they would make a request for reassessment to ensure the person received the correct amount of support. We saw staffing had been increased to assist one person with an extra activity they wished to partake in. The registered manager told us, "The staff team is stable with some employees being with them for many years". At this inspection we saw staff were available to meet people's needs and to engage them in the activities they wanted.

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 they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe staff practice and took action when necessary.

We looked at how people were supported with their medicines. One staff member told us, "We have to undertake training to make sure we are safe. We are then observed to ensure we follow correct practice". Another staff member told us, "You must always be mindful that people have the right to refuse their medicines. We explain what the medicines are including the good and bad points of taking them". Records were kept regarding the administrations of medicines and these were monitored on a daily basis by either the senior care staff or the manager. The registered manager told us this was to ensure any mistakes were addressed straight away with any learning points passed to staff members. One staff member told us, "Over 12 months ago we were all reminded about how to record medicines properly as there had been an error in recording". The registered manager had appropriate systems in place to ensure people received their correct medicines. The registered manager and staff knew how to support people with "as required" medicines and how to record these.

Is the service effective?

Our findings

People told us they thought staff supporting them had the right skills and training to assist them. People said they were supported in a way they wanted. One person said, "They [staff] all know what I like". One relative told us, "They [staff] can read [relative's name] like a book they are so knowledgeable about them".

Staff told us they felt well trained and supported to provide the best care for the people they supported. All staff had recently completed updates on training including moving and handling, medicine administration and food hygiene. One staff member told us, "When I first started working here I worked alongside an experienced staff member. This helped me to get to know people and their routines". The registered manager and the provider told us they are revising their workforce development plans to ensure they keep up to date with current practice. The registered manager told us when they require advice or guidance for specific needs they sought advice from specialists. They said this was to ensure staff had the right skills to meet people's needs. For example: A speech and language therapist provided guidance on how to effectively communicate with people. Staff we spoke with were able to tell us how they followed this advice. Staff had access to training appropriate to meet the needs of people they supported.

People received care and support from a trained and supported staff team. Staff told us they received regular one-on-one sessions during which they could discuss their roles and any changes relevant to the people they supported. One staff member told us, "It's good to have one-on-one sessions but I can always talk to [registered manager] at any time". Staff told us they felt supported outside of these formal sessions. One staff member said, "I can go to [registered manager] at any time and they are always available to me". Another staff member said, "If I can't talk to [registered manager] I can always contact [provider] directly. It's never a problem and we are very supported".

We saw staff sharing information appropriately between people they supported and other staff members. One person was telling a staff member how they were feeling. The staff member passed on what was said and the registered manager acted immediately to ensure this person was ok. Staff used communication records to share information. We saw updates on people's welfare and their needs and preferences were discussed in order for staff to support people as they wished. The registered manager and all staff we spoke with were clear about all recent changes to people's health. This ensured people received consistent care and support.

We saw people were supported to make their own decisions and were given choice. People were involved in decisions about their care and support as well as the environment in which they lived. People were given the information in a way they could understand and were given time to make a decision. People told us they had decided what decoration schemes were used inside their home and how they wanted the garden. One person said, "I can choose what I want to do each day". We saw people being offered a number of choices for lunch and were given time to decide. When someone struggled to make a decision staff took the time to explain the options and encouraged the person to talk about what they wanted.

People were asked for their consent and permission prior to staff assisting them. We saw people being asked if it was ok for staff to help them and if they wanted to do something for themselves. One staff

member said, "You never assume you have the right to do something for them. You should ask permission if you are going to do something with someone".

The registered manager told us people's capacity to make decisions was assessed when needed. The registered manager and staff we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff told us if it was required they would follow the principles of the Mental Capacity Act and make a decision for the person in their best interest.

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 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. The provider had trained and prepared staff in understanding the requirements of the MCA and DoLS. At this inspection we saw the registered manager had made appropriate applications for DoLS. The decisions were pending but the registered manager had taken appropriate action to ensure the least restrictive measures were in place for the people they supported. This ensured people's rights were protected. The registered manager and provider told us they do not have the need to employ any restraint techniques for the people they support. Staff told us if someone became anxious they would assist them and help their anxiety without the need for any physical intervention.

People were supported to have enough to eat and drink and to maintain a healthy diet. People told us they were happy with their food and were always provided with a choice of what to eat. We saw people making decisions about that to have at meal times. One staff member told us, "It's not unusual for us to make four different meals but that is never a problem if that is what they want". Staff were aware of people's specific dietary requirements and the alternatives to offer. Staff told us how they discussed dietary needs with people and involved them in shopping for items specific to their needs. One staff member said, "We involve [person's name] in buying their own specialised food. This helps educate them and feel involved in their own menu planning".

People had access to healthcare services, including GP, district nurses and community psychiatrist and were supported to maintain good health. People told us they had regular access to health facilities and that their health needs were met. We saw the registered manager acting immediately once a concern was raised regarding one person's well-being. One relative told us, "They [staff] are very good at responding to illness and always seek medical advice when needed". We saw records that showed the registered manager took appropriate action to ensure people received regular health care provision and was pro-active in meeting their needs. For example: when the sensory needs of people changed the registered manager ensured appropriate specialist advice was sought and equipment provided.

Is the service caring?

Our findings

People being supported by staff in a way that was kind, respectful and caring. One person said, "I like the staff, they are lovely". One relative told us, "The registered manager is out of this world". Another relative said, "They [staff] are absolutely brilliant. I wouldn't want [relative] to be anywhere else". We saw people talking and socialising with staff and sharing jokes when appropriate.

We saw staff sensitively passing on news to one person which could have caused upset and anxiety. Staff reassured this person and remained with them as they expressed how they felt. We could see this person being supported emotionally throughout and being allowed to express their feelings. The registered manager told us they assist people emotionally as well as practically. They went on to say, "People have the right to demonstrate how they feel and we try and make it safe for them to do so".

People were supported by a staff team who knew them and had positive relationships with them. Staff were knowledgeable about the people they supported and were able to tell us about their personal histories. Staff could tell us about people's families, their likes and dislikes, where they were from and things that matter to them. Staff were able to tell us about the difficulties people have experienced in their lives as well as their achievements. In several instances staff had worked with people for many years and had very good relationships with them and their families. The registered manager told us it is important to know as much as they could about someone so they could support them in all areas of their lives.

People were involved in making decisions about their own care and support. One person said, "I can do what I want when I want". We saw care and support plans which had changed as the personal preferences of people altered. For example, people were involved in developing their knowledge about food so they could make more informed decisions regarding their diet. During breakfast one person told us "I chose this" whilst pointing to their food. We saw people were involved in decisions including what to eat and drink, what to do and where to go shopping. One staff member told us, "It could look like we limit people's choices but sometimes we only offer a couple of options so the person does not feel confused". People told us they were involved in decisions about their home, their activities and were also planning a holiday together.

Staff told us they promoted people's independence by helping them to do as much as they could for themselves. One person told us, "As long as I let them [staff] know where I am I can go anywhere". We saw people involved in the day to day running of their home including cleaning, preparing meals and shopping.

We saw staff respecting people's privacy and dignity throughout this inspection. Staff respected people's desires for personal space and their wishes to be alone. Staff told us they never entered a person's room without permission and always asked them how they wanted something done before doing anything. A staff member said, "You never discuss anything about anyone you support outside of the home. I would feel devastated if someone breached my confidence and so we never do it to those we support".

Is the service responsive?

Our findings

People were involved in their personal care and support plan. One person told us about their key worker and how they help them plan what they wanted to do. For example: one person liked to do gardening and they showed us what they were doing with the help of their keyworker. The registered manager told us a keyworker was a named staff member who worked closely with a person and promoted involvement in their care and support planning. We saw records that showed us people regularly attended meetings with their keyworker and the registered manager. Staff members told us that in addition to assisting with the plans of support they help people with everyday activities including the purchasing of toiletries and helping to maintain family contact. The registered manager told us care and support plans are reviewed regularly. When needed families of people are involved in the planning of peoples care. Relatives told us they were fully informed about the care of their loved ones and were kept up to date with any changes. One relative said, "I know everything that goes on, either [person's name] or the manager tells me what is happening".

The registered manager told us the majority of people had lived at the home for a long period of time. When they did have new people move in they would undertake an assessment of need to ensure they could meet their needs in the first place but also to see what the person liked and wanted. We saw records of one person who moved in with little notice owing to a sudden change in circumstances. The registered manager told us they planned the support with the information they knew at the time. As they got to know each other they were then in a better position to plan support together. Staff we spoke with had a good knowledge of people they supported including likes and dislikes, aspirations and personal history.

People told us they believed their support was good and adapted as their needs changed. We saw staff responding to the changes in people's needs and responding immediately. One person told us about a piece of equipment that was causing them some concern. They said, "They [registered manager] knows all about it and is putting it right".

We saw people were encouraged by staff to identify and achieve goals in their lives. One person told us about their hobbies and interests and how staff were helping them to achieve what they wanted. For example, a green house had been purchased for people to grow and eat their own vegetables. People were being involved in the preparation of the ground and the erection of the greenhouse. We saw people involved in a number of leisure and educational activities during this inspection. People took part in activities they chose and liked including paid employment. Activities were adapted to the individual preferences of people. For example: some people liked to use electronic devices whilst others liked paper based activities. Both were made available for people to use as they wished. We saw where people needed confidence to expand their range of activities this was done at a pace set by the person. For example: small achievable goals were set and achieved before moving onto greater targets. The registered manager told us, "You don't want to set someone up to fail so you must always take it at a pace they feel comfortable with".

Friends and family were encouraged to visit whenever they wished and were not restricted. We saw the registered manager actively encouraged contact with family members and arranged times and places for people to meet those that mattered to them. Relatives told us they had regular contact including visits and

phone contact as well as people going to stay with them at their homes.

People felt comfortable to raise any concerns or complaints with staff or the registered manager. People told us if they ever had a concern they would happily talk to the registered manager. People and families felt confident their concerns would be taken seriously and acted on. One relative told us they did have occasion some time ago to raise a concern. They said the registered manager had dealt with the situation very well and in fact was "magnificent". We saw records of complaints and compliments. The registered manager and staff told us they had not received a complaint for over 12 months but we saw a number of compliments about the support provided from families and professionals involved with people.

Is the service well-led?

Our findings

People told us they felt involved in decisions about the service that was provided. People knew who the management team were. People told us they saw the registered manager regularly and the provider visited frequently. All those we spoke with told us the registered manager and the provider were approachable and they could talk to them about anything they wanted. People and staff told us they believed the provider created a culture that was open and transparent. Staff told us they felt supported and could raise any concerns and were confident they would be addressed.

The provider showed us records of their quality monitoring checks. They told us these checks were completed to ensure they provided a good service and could make changes when needed. For example: the storage of cleaning materials had been changed following such a check to ensure people remained safe.

Staff and the registered manager told us about the values they follow. One staff member said, "We aim to provide a safe and caring environment for those that need it". Another staff member said, "It isn't like a second home but rather it is their home". One relative said, "I wouldn't want [relative's name] anywhere else. It is brilliant". The registered manager and provider told us they desired people to feel that Newman's was their home. They wished to maintain a calm and relaxed environment based on the wishes of those that lived there.

Staff understood their roles and what was expected of them. Staff told us they found the registered manager approachable and accessible. Staff told us they felt able to make suggestions to the registered manager and the provider and that they would be listened to. Staff knew about whistle blowing and what to do should they have such an issue. Staff told us they were convinced they would be supported by the provider should they ever need to raise such a concern.

Staff told us they felt appreciated and their views and opinions were valued by the provider. Staff members told us about changes made following the last staff survey. For example: One of the suggestions made was to increase the opportunity for people to eat outside in warmer weather and to promote a social eating environment. We saw tables and a seating area had been provided as a result of this suggestion.

Staff told us they had regular team meetings but also had the opportunity to raise any issues or suggestions at any time with the registered manager or the provider. The registered manager told us they felt supported by the provider and had a good open professional working relationship where they could discuss anything that mattered. The registered manager told us they maintained their personal development by having frequent contact with other professionals providing care and support. They told us they discussed matters including development in social care in order to keep up with current practice.

We saw the provider promoted a strong community presence. People had good local links with families and the community. For example, activities took place locally at community based facilities used by other members of their community. People told us about going to local pubs and taking part in paid employment as well as going to local medical practices and shopping centres.

The provider told us following the last quality survey they identified a number of improvements they are working towards achieving. These included a review of workforce development and training and to further develop their service user engagement. The provider told us although they engage people on a daily basis informally, they desired to create a structured method of involving people in the long term development of the support provided. However, as this was only recently identified we were unable to see any changes at this inspection and any development will be considered at the next inspection.

At this inspection there was a registered manager in place. The registered manager understood the requirements of their registration with the Care Quality Commission. The provider had appropriately 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.

The provider and registered manager had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example: Details recorded on some forms were limited and could do with a greater amount of detail to report the situation effectively. The registered manager told us that after they identified this they were looking at recognised standards of recording incidents and this will be cascaded to staff as part of their development.