

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Newnton House Residential Care Home

Newton House, 4 Newnton Close, Hackney,
London, N4 2RQ

Tel: 02076905182

Date of Inspection: 23 April 2014

Date of Publication: May
2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Caulfield & Gopalla Partnership
Registered Manager	Miss Nonsi Mabhena
Overview of the service	Newnton House is a residential care home providing care, support and accommodation for up to nine men with mental health support needs. The home is located in Stamford Hill in Hackney
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	8
Management of medicines	9
Supporting workers	10
Assessing and monitoring the quality of service provision	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 April 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, their relatives, the staff supporting them and from looking at records. We looked at out five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led? If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

People who used the service were treated with dignity and respect. People's views and the views of their family and representatives were included as part of their care planning.

Staff took into account risks to individuals to ensure the safety and welfare of people. However care plans and risk assessments needed further development to ensure people's needs and how to meet them were clearly identified. Medicines were kept safely and handled appropriately.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that the service was compliant in seeking consent from people who used the service.

Is the service effective?

Care workers were knowledgeable about how to meet people's needs when caring for particular individuals. People were overall stable in their placement and progressing well with their individual plans and goals. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans.

People's mental and physical healthcare needs were monitored and met by health and social care professionals.

Is the service caring?

People who used the service were supported by kind and attentive staff. People were overall positive about staff. They said staff were caring, helpful and encouraged them to ensure they remained independent.

People's diversity, values and human rights were respected. The provider consulted people and their representatives about individual needs and wishes, including their cultural and religious needs. Individual preferences were taken into account as part of their care.

Is the service responsive?

Individual care needs were reviewed and their plans updated to ensure people received a service that met their current needs.

Staff acted appropriately in response to people's emotional and behavioural needs. Staff used assessment tools to monitor the health and wellbeing of people, consulting other professionals for advice and input where needed. There were no complaints about the service, however people said staff listened and were responsive to dealing with any issues they raised.

Is the service well led?

The provider undertook regular audits to check the quality of service. However there was no system in place to analyse and report on the views of people who used the service, their relatives or people involved in their care.

Staff received training and supervision with their manager and said they were well supported and received appropriate professional development. This meant they were familiar with their roles and responsibilities to carry them out more effectively.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with three out of eight people who lived in the home. They told us the quality of care provided in the home was "very good." One person said, "I appreciate the day to day lifestyle. We get support here." Another person commented, "it is a good kind of existence. I get on well with my key worker." People said staff were caring, helpful and encouraged them to remain independent. People had no complaints and said staff listened and responded to any issues they raised. Staff consulted with family and representatives about people's needs and sought consent from people regarding all aspects of their care.

People who used the service had mental health issues, some of whom had a forensic history involving criminal activity. Care workers had worked with people over a long period of time and were knowledgeable about how to meet their individual needs. Assessment reports included reports from other health and social care professionals. People's cultural and religious needs were included and how to meet these individual needs.

We reviewed a number of care plans of people who used the service. The provider may wish to note that care plans and risk assessments were generalised in places and needed more development. For example, some individuals were able to go out independently and not others, or people were able to go out independently on some occasions and not on others. However their individual care plans did not fully reflect this, therefore it was not possible to establish clearly what staff support was needed. Care plans were reviewed on a monthly basis.

Risks to people and how to minimise them were identified in people's files. These had been assessed by health and social care professionals in a number of documents in people's files. The provider may wish to note that information about risks to people did not fully cover risks to them in different aspects of their lives. The information was not always clearly stated or easily accessible, for example, in a single risk assessment format. This meant it was more difficult to establish a clear overview of risks to the person. In addition the levels of risk to people in relation to their mental health and daily living activities had

not been identified. However staff who had worked with people over a long period of time were familiar with the risks to people and how to minimise them effectively.

Staff acted appropriately in response to people's emotional and behavioural needs. Staff used assessment tools to monitor the health and wellbeing of people, seeking advice and input from other professionals where needed. They included consultant psychiatrists, care coordinator and learning disability services, who were in regular contact with people. Review meeting notes showed that individuals were stable and progressing very well in their long term placements. Certain individuals required support in relation to their physical health needs, for example, people who were diabetic who needed blood glucose monitoring. Records showed these individuals received the care and services they needed.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service said that they felt safe and able to speak with staff if they had any concerns. One person commented, "it is a safe house. We talk to staff if we are worried about something." Another person told us, "personally I think it is safe and I've never had any complaints."

The manager told us there had not been any safeguarding incidents or referrals made to the local safeguarding team since the last inspection. There were good links with the local authority safeguarding team who until recently had monthly meetings with the provider. The manager told us they found the meetings to be very useful and beneficial, for example, helping to improve communication between the service and the GP in relation to people's needs.

Staff had received safeguarding training and showed awareness of different types of abuse and what actions to take if they had any safeguarding concerns. The provider had a range of policies that were relevant to the safety and protection of people, including safeguarding adults from abuse. This included contact details of authorities who had safeguarding responsibilities.

People who used the service were protected from financial abuse as procedures were in place to ensure personal finances were safely managed, including the use of Mental Capacity Act assessments.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

People who used the service told us they had no problems with taking their medicine. One person said, "I get my medication when I need it." People with ongoing mental health needs had their medication reviewed by their consultant psychiatrist. Medicines were kept safely and handled appropriately. They were stored in a locked cupboard in the office. People's regular prescriptions were supplied in blister packs from the pharmacy with clear information about the prescription and instructions about the dose.

Appropriate arrangements were in place in relation to the recording of medicine. The home kept medication administration records for each person. These were signed appropriately. There had been no medication errors.

Staff members were trained in handling medicines. The stock of medicines in the home was monitored and any unused medicines were disposed of appropriately. A medication policy and procedure was in place.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The majority of staff had worked at the service for several years and knew the people using the service very well. People who used the service told us they thought the staff were professional in the way they worked with them. One person said, "I think the staff do alright They follow orders from the proprietors and the proprietors are pretty good." Another person told us, "we get on well with the staff. I think they must get training."

All members of staff received induction as part of their training. The home had a mandatory training programme in place and kept certificates and records of staff training. This covered topics such as first aid, effective communication, and health and safety. All care staff were qualified to a National Vocational Qualification (NVQ Level) 2 or 3 in Health and Social Care or were taking these qualifications. Staff received training in working with people who had mental health needs and challenging behaviour.

We looked at the staff records and saw that staff had regular supervision with the manager. The meetings covered training and development as well as staff performance. We spoke with support workers on duty who said they were well supported by their manager. One support worker said they were confident about the good quality of care and support at the home.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

The service had a range of ways to monitor the quality of care. We saw that the management team undertook regular audits to check that policies and procedures were being followed. These included health and safety checks, records and medication audits.

We saw evidence that the manager monitored how care was delivered and addressed issues when necessary in supervision and regular staff meetings. Staff we spoke with confirmed this in our interviews.

House meetings attended by people who used the service ran every two to three weeks. During these meetings people had the opportunity to discuss their views about the service. We reviewed entries in the records of the meetings and these were positive. The provider may wish to note that the minutes did not state if actions identified following discussions were achieved or remained outstanding from previous meetings.

The provider may wish to note there was no system in place to analyse and report on the views of people, their relatives or professionals involved with them about the overall quality of the service. This meant it was more difficult to establish how people's views were taken into account in continually improving the quality of service.

A member of the senior management team in the organisation conducted monthly 'Person In Charge' (PIC) visits to check the quality of service. Reports from these visits showed that they included discussions with people who used the service, relatives and staff.

In a recent visit the manager had spoken with a relative of a person using the service, who was reported to be happy with the help their relative received. The report stated that staff were good at supporting people's needs. Progress on action was reported at each visit. We saw that actions were met or further actions identified to achieve them.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
