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Newhaven Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Newhaven Residential Home on 22 February 2017. This was an unannounced inspection. The service provides care and support for up to 25 people. When we undertook our inspection there were 22 people living at the home.

People living at the home were mainly older people. Some people required more assistance because of physical illnesses or because they had problems coping with everyday tasks.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. At the time of our inspection there was no one subject to such an authorisation.

We found that people's health care needs were assessed and care was planned and delivered in a consistent way through the use of their care plans. People were involved in the planning of their care, but many did not wish to see their care plans. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed, but plans were not put in place to minimise risk in order to keep people safe. The care plans were all being reviewed as a new format was being introduced.

People had been consulted about the development of the home and quality checks had been completed to ensure the home could meet people's requirements. However, there was little analysis of quality checks. Where this had taken place the lessons to be learnt had been passed on to staff through staff meetings.

We found that there were sufficient staff to meet the needs of people using the service. The provider had taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period.

People were treated with kindness and respect. Staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People had a choice of meals, snacks and drinks. Meals could be taken in a dining room, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it. However, there were no menus on display so people could not remind themselves of the choices

they had made.
The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. On-going training and support was available for all staff.

There had been some refurbishment and renewal of some floor coverings and furniture since our last inspection. There was a system in place to ensure the refurbishment programme continued.

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.

Checks were made to ensure the home was a safe place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse. Risk assessments were up to date and staff ensured people were protected from harm.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing. However, menus were not on display, so people could not be reminded of their choices.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Is the service caring?

Good

The service was caring.

People were relaxed in the company of staff and told us staff were approachable.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Is the service responsive?

Good

The service was responsive.

People's care was planned and reviewed on a regular basis with them. The care plans explored the needs of people and how other agencies could help them.

Activities were planned and people told us how staff helped them spend their time.

People knew how to make concerns known and felt assured anything raised would be investigated.

Is the service well-led?

Good

The service was well-led.

An analysis of audits was undertaken to measure the delivery of care, treatment and support given to people against current guidance.

People's opinions were sought on the services provided and they felt those opinions were valued when asked.

Any lessons to be learnt from audits were passed on to staff at meetings and written notes to each individual staff member.

Newhaven Residential 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 22 February 2017 and was unannounced.

The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Before the inspection, the provider had 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 reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service.

During our inspection, we spoke with nine people who lived at the service, two visitors, three members of the care staff, a member of the domestic staff, a cook, a hairdresser, the administrator and the registered manager. We also spoke to two of the three owners. We observed how care and support was provided to people.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

We looked at four people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, staff files, minutes of meetings and audit reports the registered manager had completed about the services provided.

Good

Is the service safe?

Our findings

People told us there were sufficient staff to meet their needs. One person said, "If I need help I just need to ask." Another person told us, "I'm safe and looked after. I've no complaints with any of them." People considered the home to be safe, caring and a good place to be. They told us if they were in their bedrooms that staff would regularly check up on them to ensure they were safe and would stop for a chat. Those that required help with mobility felt safe when staff gave them assistance.

Staff told us that the staffing levels were good. One staff member said, "Yes there are enough staff." They went on to explain how the staff rota system worked, which we confirmed in the records shown to us. Another staff member told us, "Lots of staff live locally so if any one calls in sick, which rarely happens, one of us can come, or the manager helps out."

The registered manager told us how the staffing levels had been calculated, which depended on people's needs and daily requirements. These were reviewed when people's needs changed. There was a contingency plan in place for short term staff absences such as sickness and holidays. The staff rota identified who was in charge of the home each day. Also was administering medicines and any absences and how these had been filled to ensure the staffing levels were maintained.

Staff had received training in how to maintain the safety of people and were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the registered manager would take the right action to safeguard people. This ensured people could be safe living in the home.

Accidents and incidents were recorded in the care plans. The immediate action staff had taken was clearly written and any advice sought from health and social care professionals was recorded. There was no structured process in place for reviewing accidents, incidents and safeguarding concerns. Therefore the manager did not know whether further action needed to be taken to help and protect people from harm. However, staff told us and we saw in the minutes of staff meetings where lessons learnt from incidents had been passed on to staff. Staff told us that changes in care needs were discussed at staff meetings and daily shift handovers, which they said was effective. We saw those records and listened to a staff handover session, where information was passed on.

To ensure people's safety was maintained a number of risk assessments were completed and people had been supported to take risks. For example, where people had a history of falls and difficulties mobilising around the home, falls assessments had been completed. Staff had sought the advice of the local NHS falls co-ordinator to ensure the correct equipment was in place for each person. This was recorded in each person's care plan. We observed staff assisting people to use a variety of walking aids and wheel-chairs throughout the day. Staff gave reassurance and advice to each person on how to walk safely or use their wheel-chair around the building. This was to ensure each person was capable of being as independent as possible.

People had plans in place to support them in case of an emergency. These gave details of how people would respond to a fire alarm and what support they required. For example, those who needed help because they could only walk slowly. A plan identified to staff what they should do if utilities such as the electricity supply failed or the washing machines were not working. Staff were aware of how to access this document. There had been a recent fire and rescue services inspection and staff were working through the recommendations made within it. On some doors the closures were not working properly and the maintenance person was looking at different mechanisms for those who wished to have their doors open all day.

We were invited into eight people's bedrooms to see how they had been decorated. People told us of their involvement in the layout of the bedrooms. Staff had taken into consideration when writing the care plans of environmental risks for some people, especially those with mobility problems or loss of vision. This ensured rooms were free of trip hazards from trailing wires and ensuring furniture was in a good state of repair.

There were areas of the home which had been refurbished since our last visit. This included a bedroom, floor coverings having been replaced in the corridors and a bedroom carpet. Improvements to the large garden pond meant people could walk around it safely. The pond at the front of the home was surrounded by a low wall. When we pointed this out to the registered manager as a potential risk of people falling into it they started to make preparations to make it safer to walk in that area.

We saw that recruitment checks were carried out prior to people being employed at the service. The provider asked for two references, proof of identification and undertook checks with the Disclosure and Barring Service (DBS) to ensure that people did not have any past convictions that would present them as a risk to people living at the service. The registered manager was just commencing a programme to re-check the DBS records of staff who had been employed for over three years, to ensure they were still safe to work with people in this home.

People told us they received their medicines and understood why they had been prescribed them. One person told us staff ensured they had their medicines with them when they left the home for any period of time. Staff were observed giving advice to people about their medicines. Staff knew which medicines people had been prescribed and when they were due to be taken. Two people had medicines at lunch time. One person was able to take their own medicine unaided. Staff sat with the second person until they had taken their medicines as they needed help. This shows that staff knew how to maintain a level of independence for each person based on their capabilities.

Medicines were kept in a locked area. Staff had to record on their handover records the person they had handed the medicines keys too, to ensure safe keeping of medicines. Records about people's medicines were accurately completed. A separate register was kept for those medicines which were required to be recorded in a separate book and there was accurate recording by staff. The registered manager told us that there had not been a recent audit by the pharmacy supplier, which we saw had last been in March 2016. However, the registered manager completed a monthly audit, which we saw had identified tasks not completed. These had all been actioned by staff and reminder notices placed in appropriate places. A comments book had been introduced by those administering medicines so that messages could be passed on. Staff who administered medicines had received training. Reference material was available in the storage area.

Good

Is the service effective?

Our findings

Staff we spoke with told us the induction programme provided had suited their needs. They told us what the programme had consisted of which followed the provider's policy for induction of new staff. Details of the induction process were in the staff training files. The registered manager told us that all new staff were now registered for the new Care Certificate. This would give everyone a base line of information and training and ensure all staff had received a common induction process.

We saw that there was a training system in place commissioned through an external company. This system was flexible and enabled the provider to identify units that they felt would be most appropriate to the needs of staff at the time. Staff were expected to work through 'knowledge books' and then their knowledge would be tested and marked by the training company. This would highlight where more training and development would be needed. There was also regular training around issues such as infection control, manual handling and fire. The training matrix showed that training for staff was up to date. Staff told us of the units they had completed so far, which had been tailored to their needs and the department they worked in. One person told us, "The staff seem very well trained."

Care staff received supervision, according to the records. Staff told us they received supervision, but felt able to talk with the registered manager at any time. There was a calendar of when formal supervision sessions had occurred in 2016 and a new planner for 2017. This gave details of anticipated dates for formal supervision sessions and yearly appraisals of each staff member's work over the last year.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. No applications had been submitted to the local authority. The provider had properly trained and prepared their staff in understanding the requirements of the MCA and DoLS. Staff gave us a good resume of what the MCA and DoLS would mean for the people they looked after.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted.

People told us that they liked the food. One person said, "I can have breakfast in my room if I want." Another person told us, "The food is very good and there's plenty of it." A visitor told us, " We even get drinks and biscuits for the children." Another visitor told us, "Wonderful New Year's buffet, there wasn't any restrictions on the number of visitors." One person told us on the rare occasion they did not like the menu choices an alternative was found for them.

Staff knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as when a person required a special diet and if they needed assistance. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs. The cook also kept a dietary profile on people in the kitchen area. This included people's likes and dislikes and foods to avoid. This ensured people received what they liked and what they needed to remain healthy.

People told us they could choose their meal the day before. Menus were not on display in the dining rooms, but we heard staff reminding people of the choices that day. We saw that staff ensured people were well hydrated during the day. People were offered hot and cold drinks regularly by staff, but staff also made drinks for people when asked to do so. We saw one person being offered a drink after being in the hairdressing salon as they had missed their morning drink. Another person was offered a jug of water and a mug as they liked to have a drink available when they sat in the sitting room. Staff took meals to people who preferred to eat in their rooms. They ensured each person was sitting comfortably and had all the utensils and condiments they required.

We observed the lunchtime meal, which was in a calm setting. Once the meal had been served staff did not stay in the dining room, but looked into the room often. This meant that people were not under constant scrutiny. When someone needed help staff assisted. For example, in pouring gravy, which had been served separately? Two people had special guards on their plates, which helped them to eat independently.

We heard staff speaking with relatives about people's well-being and home visits, after obtaining people's permission. This was to ensure those who looked after the interests of their family members' knew what arrangements had been made. People told us they had appropriate and timely access to health care. Staff had recorded when people had seen the optician and chiropodist. Several people had hospital appointments which they had attended. Staff had recorded outcomes of those visits. Staff told us they had a good rapport with other health professionals and felt supported by them when they required assistance. One person said, "If I need a doctor they arrange one for me without any delay." Another person told us, "The optician comes a couple of times a year."

People told us that staff would contact other health and social care professionals if they needed them. There was evidence in the care plans that staff had arranged visits and sought advice from a number of health and social care professionals, as well as family and friends. In the care plans there was joint agency working to ensure people could access all the resources they required. This could result in people receiving the appropriate care to meet their needs.

Good

Is the service caring?

Our findings

People told us staff treated them with dignity and respect at all times. One person said, "They ensure they close my curtains when I ask them to and knock before they enter my bedroom." Another person told us, "When I have a shower staff keep me cosy and covered up." People told us staff respected their wishes of when they would like to get up and go to bed. One person said, "I like to go to bed early. I feel cosy and comfortable then. Staff don't mind but they look in on me and we have a chat." We observed staff knocking on doors prior to being given permission to enter a person's room. They asked each person's permission prior to commencing any treatment.

Staff approached people in a kindly manner. They showed a great deal of friendliness and consideration to people. They were patient and sensitive to people's needs. Staff addressed people and visitors by their first names and there was an atmosphere of calmness. There was a good rapport between staff and people, which was confirmed by all the people and visitors we spoke with during our visit. One person said, "I've never seen the staff being impatient with anyone." Another person told us, "I'm known as a person."

People told us their relatives could visit them whenever they liked. A visitor told us, "It's very easy to visit; I can come at any time. The staff are always welcoming." We saw signatures in the visitors' book of when people had arrived at the home and saw several people visiting. Staff told us families visited on a regular basis. This ensured people could still have contact with their own families and they in turn had information about their family member. People told us staff would telephone their family members when they wanted to speak with them. There was a telephone in a quiet area of the home for people to use.

People told us they liked the staff and felt well cared for by them. One person said, "The night staff are good. I sometimes go and have a chat with them." Another person told us, "It's a very happy home, very friendly."

People were given choices throughout the day if they wanted to remain in their bedrooms or where they would like to sit. For example, one person told us they preferred to stay in their bedroom because they did not like a noisy environment. Some people joined in happily and readily in communal areas. Others declined, but staff respected their choices on what they wanted to do. There were also quiet areas in corridors and three large conservatory areas where people could sit. One person choose to see their visitor in a conservatory area and told us, "We can watch the world go by and still have a chat." A couple of people liked to walk around the gardens or visit the local shop and we heard staff kindly enquiring if they had sufficient clothes on for the cold day.

Some people either through choice or because they were ill choose to remain in bed. We observed staff attending to people's needs. They ensured they answered people's call bells promptly and politely asked what they required before fulfilling the person's wishes. People told us their call bells were always answered promptly and staff were not worried how many times they rang their call bells. One person said, "If I need help during the night I ring the bell and never have to wait long."

The staff assumed that people had the ability to make their own decisions about their daily lives and gave

people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example, one person was having difficulty cleaning their spectacles so a staff member cleaned them for them.

Throughout the day staff stayed in areas where people could see them. They only went into communal areas if people asked them to. This ensured people were not observed continually, but staff remained vigilant to people's needs. For example, one person could not communicate verbally so staff ensured they were near a call bell and were able to interpret the persons' visual responses to questions. For example, when the person used a thumbs up sign when they wanted a drink.

There was a great deal of banter throughout the day between people and staff. People told us staff knew lots about them, which they described as "nice" and "friendly". One person described the atmosphere in the home as, "It's like a family." Another person described the staff as, "The ladies [staff] are absolutely superb."

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care could be supported by staff and the local lay advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw details of the local lay advocacy service on display. There were no local advocates being used by people at the time of our visit.

Good

Is the service responsive?

Our findings

People told us staff spoke with them about their health care needs, but few people wanted to see their care plan documentation. One person told us they liked to be involved in what they termed "the paperwork side of care" and could be as actively involved in their care plan as they wished. The wording in the care plans showed the care plans were written with people, as opposed to them and their views being recorded.

In the care plans we looked at the placement criteria for people was recorded. Therefore, it was clear why they were at the home and if the setting was appropriate to their needs. There was a risk history for people leading up to their placements at this home. This included details of previous medical conditions and how the person had been helped to manage them at home. The registered manager told us people were assessed prior to admission to see if the home could meet people's needs. In the care plans there was clear information on plans for people's health and well-being over a period of time. For example, where people had physical needs, such as mobility problems. In one care plan we saw a person had mobility problems and had been assessed, with other health professionals' help to have a walking frame. Another care plan recorded how difficult it had been for the person to transfer from bed to chair on their own, but staff now used a hoist to help lift them.

Where people could access the local community this was in their care plans. In some cases this meant a staff member would need to go with a person as they were unsure about negotiating busy roads. Staff had recorded outings and times people spent away with family. One visitor told us, "[Named family member] isn't' restricted at all. [Named family member] is free to go where [names family member] he wants, as long as [named family member] lets them know."

Care plans were in place for those whose life was drawing to a close. The registered manager had recorded when a medical practitioner had discussed end of life care with each individual and/or their family member. We saw Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR) forms in place in two care plans. There was a health care plan in each one and details of each person's wishes. This ensured staff were aware of the person's wishes before the end of their lives.

The registered manager told us they were currently reviewing the care plans and replacing them with a new clearer format. This would ensure if people had specific needs such as a dietary or skin care problem a risk assessment was automatically triggered. We saw one care plan which had been transferred over to the new system. The sections were easy to manoeuvre around and each section had a record attached so staff could record immediate changes to people's care needs, hence keeping the record up to date. The registered manager had a date they were working towards to complete the transfer of documentation, which was a couple of months into 2017.

The registered manager told us that an activity co-ordinator was not currently employed and they were recruiting for the post, but staff were stepping into the void. Staff told us activities were arranged through consultation meetings with people. People told us they preferred to have activities when they wanted them rather than a set programme. One person said, "If some of us want to play a game the staff set it up for us."

Another person told us, "The chair exercises get my arms and legs moving." Another person told us of their involvement with the gardening and how they had freedom to do what they could. Another person took enjoyment from painting, which they were doing during our visit. Staff had helped the person buy items to paint on and with and they told us how much enjoyment they had from seeing them occupied with something they loved.

A weekly programme was on display. This showed a birthday party for one person living in the home. There was also a poster on display about two visiting entertainers who were due to come in future months. People told us there was a Christian church service at the home twice a month, which they could attend if they wanted too.

The registered manager had put together a recreation room with games, a dart board and pool table. Unfortunately people currently living in the home did not use the room and it had become more of a store room for staff. Around the home were bookcases with normal and large print books. People told us there was always a good choice of books and magazines on offer, which they enjoyed looking at each day. The local and national newspapers were also available.

Links with the local community had been encouraged. The home sponsored a local junior football club, which some people enjoyed going to watch. A local donkey sanctuary was in the village and people told us they went there for a cup of tea in the summer. People also told us of local events they had visited, such as the local public house when it had a war theme weekend, the church events and events in the nearby seaside resorts of Skegness and Mablethorpe. As some people preferred not go out a small shop had been set up within the home, which was stocked with personal toiletries and other items for people to buy.

The main entrance to the home was through a reception area where visitors rang a bell to summon staff to enter, although people living in the home could come and go as they pleased. People had name plates on their bedroom doors, which enabled them to identify which room was theirs. Some people choose to have pictures on their doors which meant they could recognise them quickly. However, there were no signs on the toilet or bathrooms doors, which meant people had to knock to see if the rooms were in use. There were directional signs in corridors to direct people around the home. This meant that people who had a poor memory could easily see in which direction they were walking.

The provider had a system for managing complaints and this was available in the entrance of the service for people to access. We reviewed the complaints information and there was no record of any formal complaints having been made since our last visit. People were aware of the complaints process and told us they were not worried about using it. One person said, "If I had any complaints I would go to [named the registered manager], but I've never had any."

Good

Is the service well-led?

Our findings

There was a registered manager in post. People and visitors told us they could express their views to the registered manager and felt their opinions were valued in the running of the home. One visitor said, "I would see [named registered manager] or [named staff member] if I had a complaint."

Systems for auditing and monitoring the service were in place. These included infection control audits, kitchen audits and medicine audits. An analysis had not always been completed on those audits, but where specific action was required this had been given to staff at their meetings.

There was a refurbishment system in place. The registered manager told us the registered persons also completed work as and when required. We saw lists of work which had been completed such as repairs to call bells and the boiler in the maintenance repair book. The registered owners live locally and visit daily. They had ensured since our last visit that more refurbishment work had been completed and appeared committed to upgrading different areas of the home.

The provider held meetings with people to gather their views about the running of the service and the notes from the meetings showed that much of the discussion was around activities and meals. These happened infrequently, the last one being in October 2016. The last full survey for people who used the service was in February 2016, but there were no specific actions from that survey. However, people told us the registered manager sought their views each day on each person's well-being and discussed with them if any changes in the environment were required. For example, when new floor coverings were being purchased. We also observed the registered manager and other staff asking people about their current health, discussing possibilities for future activities, the timescale for laying new flooring and the menus.

There were bi-monthly staff meetings. We saw the minutes of meeting in September 2016 and November 2016. There was a variety of topics such as care plans, staff rotas, standards of care and maintaining people's fluid intake. Staff had been given the opportunity to express their views and ask questions. Staff told us they felt included in the running of the home and loved coming to work. One staff member said, "It doesn't feel like work." Another staff member told us, "We all work together. We have our ups and downs like any family, which is what I consider this place to be, a family home." All staff received copies of the minutes of meetings with their monthly wage slips. The registered manager told us this ensured all new messages were received by everyone.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibilities and knew of other resources they could use for advice, such as the internet.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.