Colten Care Limited

Newstone House

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

Newstone House provides accommodation and nursing and personal care for up to 59 older people, including people living with dementia. There were 53 people living there when we visited.

At the last inspection in January 2015 a breach of legal requirements was found. Some people required restrictions on their liberty to keep them safe. We saw the correct processes were not always carried out which meant people's legal and human rights were not being upheld. Following that inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. At our focused inspection on the 11 August 2015, we found that the provider had followed their plan and legal requirements had been met.

There was a registered manager in post, who has worked in this role since January 2017. 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.

Staff had a good rapport with the people they supported. People appeared comfortable with staff and able to ask for their support. Staff demonstrated they knew people well. They were able to tell us about the people they supported including their history, family, likes and dislikes. This demonstrated staff knew people well and listened to their preferences.

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely. People were supported to access external health professionals, when required, to maintain their health and wellbeing.

People's risk had been assessed and measures were in place to minimise the risk to the person.
Staff and records confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of how they kept people safe. They were confident any concerns reported would be fully investigated and action would be taken to make sure people were safe.

People were offered a varied choice of meals including soft textured food. Staff were clear about who required support to eat and when. We observed the midday meal being served on the ground floor and upper floor. Although people had a positive experience on the ground floor, people on the upper floor, did not have the same experiences. Improvement were in place to ensure people had positive experiences regardless of where they ate.

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. Care plans were personalised to each individual and contained

information to assist staff to provide care in a manner that respected their needs and individual wishes. People living at Newstone House told us they were happy with the care and support provided.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. People told us they felt safe at the home, One person said, "I feel very safe, the staff are always on hand if I need them."

Most people who lived at the home were able to make decisions about what care or treatment they received. Where people lacked capacity to make some decisions, the staff were clear about their responsibilities to follow the principles of the Mental Capacity Act (MCA) when making decisions for people in their best interests.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. There was a varied programme of activities.

The service had a complaints policy and procedure which was available for people and visitors to view. People said they were aware of the procedure and knew who they could talk with. People and staff said they felt confident they could raise concerns with the registered manager and they would be dealt with appropriately.

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

There were systems to make sure people were protected from abuse and avoidable harm.

There were enough staff to keep people safe.

People received their medicines when they needed them from staff who were competent to do so.

Is the service effective?

Good

The service was effective

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their needs and wishes.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Is the service caring?

Good

The service was caring.

People were cared for by kind and caring staff who went out of their way to help people and promote their well-being.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

A programme of meaningful activities was in place which enabled people to maintain links with the local community.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Good

The service was well led.

The leadership and supervision arrangements for staff ensured staff were fully supported.

The provider's quality assurance system operated effectively in identifying and making changes to address areas for improvement.

People and their relatives told us the management and staff were open and approachable and they were generally complimentary about the service.

Newstone House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 11 April 2017and was unannounced. It was carried out by an adult social care inspector and a specialist advisor.

In December 2016 the provider completed a Provider Information Return (PIR) which asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service.

Some people who lived in the home were not able to fully express themselves due to their dementia and other health care needs. We therefore spent time observing the care and support practices in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we met with the registered manager, operational manager, quality manager, clinical manager. We spoke with eight people who lived at the service, seven visiting relatives, and eight members of staff, three visiting health and social care professionals.

In addition to speaking with people, we looked at documentation relating to nine people who used the service, four staff recruitment and training records and records relating to the management of the service.

Good

Is the service safe?

Our findings

The service continues to provide safe care. People were very positive about the support they received and all people spoken with said they felt safe living at the home. One person told us, "I feel very safe, the staff are always on hand if I need them." One relative told us, "The staff are so good and deal with any concerns rapidly." One health professional said, "Palliative care is undertaken extremely well, I am regular visitor and on the whole it all works well".

Risks of abuse to people were minimised because there was a recruitment procedure for new staff. Before staff were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with vulnerable people. Staff members described the appropriate checks that were undertaken before they started working. These included satisfactory Disclosure and Barring Service (DBS) criminal record checks and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable staff from working with people. These checks had been completed and recorded.

People were supported by sufficient numbers of staff to meet their needs and keep them safe. The provider told us in their PIR, "The Home Manager has the authority to be flexible with staffing numbers dependent on resident need". The registered manager told us, there were no current staffing issue and they ensured staffing numbers increased with demand. For example they told us. "If we have people needing additional support at the end of their lives, we ensure extra staff are on duty to support, we also ensure additional staff are available to cover holidays and sickness". Staff confirmed they felt there were sufficient staff. Two staff members told us, they had "Never felt that resident's safety has been compromised through skill or staff shortages."

The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff told us they had regular safeguarding vulnerable adults training. They knew about the different forms of abuse, how to recognise the signs of abuse, how to support people to communicate any concerns and how to report them. They were familiar with the whistleblowing policy and told us they would feel confident in using it. On the morning of the inspection staff were receiving safeguarding training by a Colton Care training facilitator. The registered manager told us, "At Newstone House we have very close links with the safeguarding team and report any incidents or concerns promptly without any delay".

Care plans contained risk assessments which outlined measures which enabled care to be provided safely. They included a wide range of risks including communication; medical conditions; medication; diet; independence; continence; memory and pressure ulcers. There were separate risk assessments regarding environmental risks. Staff were aware of people's risks and the correct procedures to minimise these? . One visiting professional told us staff followed their instructions. They told us, "It is a testament to the home that staff are knowledgeable by the action they are taking to reduce risk."

Staff demonstrated their knowledge of supporting people at risk of developing pressure ulcers and managing other risks relating to people. Staff were aware of the identified risks for each person. Measures in

place included, repositioning people, pressure relieving equipment and prescribed creams. Staff supported people as planned and used the appropriate moving and handling equipment. At the time of the inspection, although some people had been admitted with pressure ulcers, the care provided had ensured there were no current issues with pressure ulcers at the home.

Medicines were administered by registered nurses and senior care staff. All staff administering medicines had received training in the correct procedures to follow. Medications were audited on a weekly basis. There was also a monthly MAR (medication administration record) chart medication audit in place. The MAR sheets were legible, a photograph of the person was on the front sheet to aid identification, and allergies were clearly recorded. Up to date staff signatures and initials were attached to the MAR. Abbey pain scale charts were in place for people consisting of six questions used to assess if a person with poor communication skills was perceived to be in possible pain. The records showed staff were required to check the efficiency of the support offered 30 minutes after administration, and to gage if any further action was required.

Risks to people, visitors and staff were reduced because there were regular maintenance checks on equipment used in the home. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Windows had restrictors to prevent them from being opened fully. There was an emergency plan in place to appropriately support people if the home needed to be evacuated. Personal emergency evacuation plans (PEEP's) had been prepared; these detailed what room the person lived in and the support the person would require in the event of an emergency. Night visits are carried out by the registered manager and clinical lead to ensure safe standards of care were maintained at night.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made.

Good

Is the service effective?

Our findings

At our focused inspection in August 2015 we found that the provider had followed their action plan and legal requirements had been met in regards people's rights being upheld. At this inspection we found people received effective care and support from staff who had the skills and knowledge to meet their needs. One person told us, "I like to stay in my room, they [staff] always make an effort to come and see if I am ok". A relative told us, "Staff really persist in trying to encourage [relative] to try different things."

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people effectively. In addition to completing induction training, new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. Staff confirmed they had completed an induction programme linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of indication training to new care workers.

Staff received the training they needed to meet people's specific needs. Training was completed by E learning modules, external and internal training sessions. The training matrix identified 97% of training was complete. Training certificates in staff files confirmed the training staff had undertaken, which included safeguarding of vulnerable adults, manual handling, infection control and the Mental Capacity Act 2005 (MCA). Staff were positive about training opportunities, and told us they had opportunities to develop skills in supporting people specific needs. One member of staff told us, "I feel I have learnt so much following my (MCA) training. I look at the principles of the Act in more depth now to ensure I am getting it right for the people I support. The training has made me want to develop my skills further". A visiting professional said, "I often see residents being involved and consulted about their day".

Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans contained assessments of people's capacity to make certain decisions and where necessary, for example the provision of some equipment, a best interest decision had been made. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe. One visiting professional told us, "The staff are always very knowledgeable and consistent. They always make sure the person and their family are involved in any decisions particularly if there is a change in the support needs."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were identified with people's nutrition, staff sought support from professionals such as GP's and speech and language therapists. Records showed where reviews had taken place, and risks had been identified. Most people were able to eat independently and required no assistance with their food.

Waiters were present to serve people their meal. The chef told us, "We ensure we have visited all new residents within 48 hours to discuss their likes and dislikes. We give residents a personal food questionnaire to fill in. There is always an alternative if residents wish to have a different meal to the one on the menu".

The meal times were dived into two seating to enable staff to support people on the ground floor and upper floor. People who dined in the ground floor went to the dining room to eat their lunchtime meal. The dining room was very well presented. Small tables were laid with fresh flowers, table cloths and napkins. We found people relaxed and enjoying social interaction with each other and with staff and visitors. Within the dining area a food diary was available, where people were encouraged to make comments in regards to their experience of dining. A variety of alcoholic and non-alcoholic drinks were served from a trolley. The sweet trolley showed a number of cold and hot sweets were available. One visitor told us, "I have eaten here often, the food is always to a high standard.

Although staff were friendly and supportive and were effective in encouraging people to eat their meals, on the dementia unit we completed a SOFI over a lunch time on the experiences of three people who needed support from staff. Two received good interactive support from staff. one had periods where the care worker left them to support others. We also observed three people who were in their rooms over a lunchtime period. We saw that these people were assisted to eat with dignity and kindness. We discussed our findings with the provider. Who informed us after the inspection changes had been made to the dining experience for people. For example a gentleman's lunch club had been started which gave people the opportunity to eat their meals in quieter areas. The registered manager told us, "Improvement were being made which include monthly rotation of staff to enable all staff to understand how to support people effectively with their meals". They told us the recent employment of an 'Admiral Nurse' would support staff understanding and knowledge by observation, advice and teaching of good practice in dementia care. Admiral Nurses are specialist dementia care nurses who give expert practical, clinical and emotional support to families facing the challenges of dementia.

Following the inspection the registered manager told us changes had been made to ensure people on the dementia unit had a positive mealtime experience, they told us, "We have set up a gentleman's lunchtime group, where people are supported to eat in smaller quieter dining areas".
People who were less mobile or did not wish to eat in the dining area had their meals served in their rooms. The admiral nurse told us, staff no longer administered medicines at meal times freeing up staff to support people with their meals in their rooms. A night menu was available for those who wished to eat when the kitchen was closed. The kitchen was clean and staff had recorded food allergies likes and dislikes. Food was appropriately stored and appliance checks were recorded to maintain effective food safety management. Posters around the home showed the service had received 5 * from their recent environmental health inspection.

People had access to health care professionals to meet specific needs. Records showed that people were seen by health care professionals in response to changing needs and management of existing conditions. One health professional told us, "The home is good at keeping us up to date and involving the person in their reviews. I have found people who have come to live here are settled quickly and their health improves".

Good

Is the service caring?

Our findings

The home continues to provide a caring service to people. People and their relatives told us the staff were kind, caring and compassionate. One person said, "I really like living here, staff are very nice". One visiting relative told us, "All the staff are kind and caring, lots of engagement and encouragement".

Staff demonstrated empathy and interactions with people and clearly knew each person well. Staff interactions were warm, spontaneous and respectful, and laughter and playful dialogue was witnessed throughout the day. The atmosphere in the home was calm, unhurried and caring. One visiting relative told us, "My [relative] receives very good care, we come to visit at different times, and have never witnessed anything other than respectfulness and kindness to the residents living here". Another visitor told us, "Lovely home, my relative used to live here, I still like to come back to visit. The end of life care is wonderful."

The home provided compassionate care to support people approaching the end of their lives. We were shown letters and compliment cards from families who had expressed their gratitude for the way their relative had been supported at the end of their lives. A memory tree was in the reception area where family and friends could hang cards remembering their loved ones. The registered manager told us of plans to hold an annual 'Remember me' event where families and loved ones could come back to the home to celebrate their loved one. Memory cards were also being sent to families who wished their loved one to be remembered but could not attend the day.

Newstone House has been accredited Beacon status with Gold Standard Framework (GSF). The Beacon status is the highest award in the GSF programme, for end of life care. GSF provides a comprehensive training and quality assurance system to enable care homes to provide quality care for people nearing the end of their life. Providers have to apply for re-accreditation every three years. End of life comfort care plans had been developed, which showed staff had taken the time to have a conversation with them about how they would like to be cared for when approaching end of life, and may no longer be able to make those decisions. This meant people were assured their wishes would be carried out and respected. In the entrance used by staff a notice board informed staff if a person had passed away, the registered manager told us, "This ensured staff had personal time to reflect on the person they had been supporting before entering the main building of the home.

Staff respected people's privacy. All rooms at the home were for single occupancy. People could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people feel at home. Staff knocked on doors and waited for a response before entering. We noted staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. Staff addressed people using their preferred name and they were discreet when offering people assistance with personal care needs. One visitor told us, "I once watched carers trying to reposition someone, they were so kind and really gave the person time and space to move when they were ready".

The home was specious and had a number of smaller lounges for people to relax in. People had access to

drinks machines, fresh snacks, homemade cakes and biscuits throughout the day. There were a number of quiet areas where they could sit with visitors and make their own drinks. People had a number of areas where interests could be catered for, for example, the home had a cinema room, where people could spend time watching films, a sensory room and potting shed room.

The service promoted people's independence. People had the equipment they required to meet their needs. There were grab rails and hand rails around the home to enable people to move around independently. Where needed, people had access to walking frames and wheelchairs. People were seen to move freely around the home. A lift was available to assist people with all levels of mobility to access all areas of the home. The accommodation and grounds were maintained to a high standard and provided a pleasant environment.

Good

Is the service responsive?

Our findings

The service continues to be responsive. People received care and support which was responsive to their needs and respected their individuality. The registered manager told us each person had their needs assessed before they moved to the home and from these assessments they created person centred care plans. One person told us, "The staff are very good and don't do anything without my say so". Another person told us, "When I want support I get it but I try to do it myself first".

An initial assessment of need established whether it was safe for people to receive a service and for staff to carry out the care and support required. Reviews of care carried out with people and their representatives, where appropriate, were undertaken to ensure that these assessments were up to date and reflected people's needs on a regular basis. Senior staff meetings were held each morning where new people were discussed. The registered manager told us, "We hold a head of department meeting each day where the needs of all residents is discussed". "A visiting professional told us, "The team are very responsive here, good interactions with the people they are supporting. When we visit we always know who is going to be involved. One relative told us, "The staff are very good at responding to [relative] needs, they consult with both of us. If I am not around I get a telephone call if they have any concerns, or feel there have been any changes to the support required".

Care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information remained accurate. People and their relatives were invited to be involved in developing their care plans. Advocates were available if required. The provider told us in their PIR, "Prior to, or on admission, residents/relatives complete a life history and explain their hobbies and interest which provides a social picture of who the person is. The activity organiser meets the residents on admission and creates 'my daily life plan'. Some people had been identified as being at risk of social isolation. To reduce this risk, the service employed companions who supported people who were unable to join in the activities downstairs or chose to remain in their rooms. People and their relatives confirmed companions spent time with them. One visitor told us, "Although [relative] does not go into the main lounges the staff are very good at making sure they have company".

Systems were in place to review care being provided. Staff demonstrated an awareness of people's changing needs. Care plans and risk assessment were reviewed and updated to ensure they reflected people's current needs. A 'resident of the day' check was held which ensured all people received regular reviews of all aspect of their daily lives. One member of staff told us, "We look at everything in the person's life, from their dining experiences to people's complex needs. We are developing our knowledge and responding to people's changing needs particularly in regards supporting people with dementia".

There was a full and varied activity programme. Activities took place 7 days a week. Staff were knowledgeable about people's life history and used this knowledge to assist people with their day to day activities which were meaningful to them. During the morning of our inspection, some people were out on a trip, others joined in a word quiz and word games. One person told us, "There is always something going on". Visiting entertainers attended the home on a regular basis, and trips out were organised with advanced

warning.

Each person received a copy of the complaints policy when they moved into the home. Although people didn't have any complaints about the quality of care they received, they were aware of how to make complaints. Copies of the service's complaints procedures were displayed in the reception area of the home. People told us they would raise any issues or complaints with staff. One person told us, "I would feel very comfortable to make a complaint if I needed to, and know the manager would respond. I did have a complaint once, about a piece of equipment, they were straight on to it." Where a complaint had been made we saw that the registered manager had taken action to address the issue and ensure there was no re occurrence. This demonstrated the provider promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The provider sought people's feedback and took action to address issues raised. Any issues raised from the feedback questionnaires were dealt with and people and relatives informed of the issue raised and action taken. At the last residents meeting held on 30/03/2017, people had discussed the new spring menus, new activity board and forthcoming events. People were also asked who would be interested in supporting staff interviews. The registered manager told us, "We recently held some interviews for new staff where residents supported the process. Their input was very good and we all agreed on the new employee". They told us it was important people living at the service had a 'voice' in who supported them.

Good

Is the service well-led?

Our findings

The service benefitted from a management structure which provided clear lines of responsibility and accountability. The registered manager had been in post since January 2017 and had the immediate support of an operations manager, quality manager, clinical manager and senior nurse. The management team were all available to support the registered manager on the day of the inspection.

The service provided an open and empowering culture. People told us they felt the service provided good care, was well-led and they knew who to contact if they needed to. One person told us, "Can have a chat with the manager on most days". A visiting relative told us, "Always see the manager on the floor very approachable".

There was a strong emphasis on continually striving to improve. The quality manager discussed improvements being implemented to ensure people living on the dementia unit shared the same positive experience as others. Changes to the staffing structure were in place. One new member of the team spoke about how they were encouraging staff to ask more questions, and to look more at positive experience for people they said, "Historically staff have assumptions, we are guiding them not to assume, but ask". The registered manager told us staff now work all over the home to gain, "A wider knowledge base of everyone living at the home". In their PIR the provider told us, "As part of our dementia strategy, we support the Alzheimer's Society dementia friend's initiative, by hosting information sessions for staff, residents, relatives and community contacts at each of our homes. We are also one of the first private sector care homes, working in partnership with Dementia UK to appoint an admiral nurse. The operation manager told us by the appointment of the admiral nurse they hoped to "To look at innovation in dementia care and apply the knowledge of best practice to develop relationship centred approaches to care".

There were quality assurance systems in place which enabled the registered manager and head of departments to identify and address shortfalls. These included audits and checks on medicines management, care records and accidents and incidents care records. Where incidents had occurred, for example falls, these were analysed to check for any trends. Actions were taken to reduce future risks, for example making a referral to a dietician to assess a person's dietary needs. The operational manager explained part of the quality assurance tool was a 'risk score card' system which rated their services from green, amber to red. They told us, "We hold regular audits, and balance the risk. We are in regular contact with all of our registered managers. As there is a new registered manager at Newstone House our contact is more frequent." The registered manager told us as part of their audit of the home they have introduced a daily walk about known as 'significant 7'. They told us the ' walk about' are completed by the registered manager and clinical lead or person in charge that day. Any concerns are added to the heads of department meeting. For example one record showed where a person had been showing signs of anxiety, the walk around had identified additional support for the person.

The registered manager and staff were aware of the providers values which were to ensure people receiving a service were treated friendly, with kindness, treated as an individual, and team were reassuring, and honest. These values were seen around the home on posters which staff said made them aware and

remember the values. One member of staff told us, "I love working here and I love my job. As a team we make a difference, it not them and us, we all muck in it works."

The registered manager told us they ensured people remained involved within their local community. They told us, "Newstone House is approved learning centre for pre-registration students attending Bournemouth University, this encourages our RNs (mentors) to keep up to date with Nursing practice, as they are been given the responsibility of supporting the students, but also it is a two way partnership as our RNs can also learn new things from the student nurses as well."

Following the inspection the provider wrote to us telling us about the measures in place to enable nurses to maintain their skills, competencies and professional registration. They stated that nurses from Newstone attended Colten Care's inaugural Nursing Excellence Day, where agenda items supported revalidation. Revalidation is a process all nurses and midwives need to follow to maintain their registration with the Nursing and Midwifery Council. They also advised that nurses have access to the Nursing Times online support and evidence based practice, on going learning and reflecting to support revalidation

The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.