

Allied Care (Mental Health) Limited

Newhaven

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

The inspection took place on 15 December 2018 and was announced.

Newhaven is located in Bognor Regis, West Sussex. It provides care for up to seven people with mental health issues and learning disabilities in a residential setting. At the time of our inspection there were six people living in the home.

Newhaven is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People were supported in a semi-detached house. Bedrooms were spread over two floors. There was a large communal lounge and a dining area on the ground floor. Access to the first floor was via a staircase. There were accessible outside areas to the rear of the home and an enclosed garden.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of falling or skin damage staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

People had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People had their eating and drinking needs understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and professionals described the staff as caring, kind and friendly and the atmosphere of the home as homely. People were able to express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. A complaints process was

in place and people felt they would be listened to and actions taken if they raised concerns. People's end of life wishes were known including their individual spiritual and cultural wishes.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted teamwork. Staff spoke positively about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Newhaven

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 site visit took place on 15 December 2018 and was announced. The provider was given 24 hours' notice because we wanted the people to be informed so that anxiety levels linked to their mental health needs could be reduced. The inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service and two staff. We received feedback from two health and social care professionals via the telephone.

We spoke with the registered manager and deputy manager. We reviewed three people's care files, four Medicine Administration Records (MAR), policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2018 resident and staff survey results. We looked at three staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between support staff and people who live there.

We asked the registered manager to send us information after the visit. This included policies. They agreed to submit this and did so via email.

Is the service safe?

Our findings

People, professionals and staff told us that Newhaven was a safe place to live. A person told us, "Yeah, I like living here, it's ok thanks". Another person said, "I like it here, the staff look after me which keeps me safe". Another person commented, "I like everything here. I certainly am happy here". A health professional said, "People appear safe and happy. I don't have any concerns". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, audits, checks and support.

We found that the home had implemented safe systems and processes which meant people received their medicines on time and in line with the providers medicine policy. The service had safe arrangements for the ordering, and disposal of medicines. However we found that stock medicines were stored in an unlockable portable canvas case. We discussed this with the registered manager who recognised the potential risks and ordered a new lockable medicine cabinet. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed. The temperature of the room where medicines were stored was also monitored and was within the acceptable range. Medicines that required stricter controls by law were not stored correctly in a separate cupboard at the time of inspection. By the following day these were stored separately and records kept in line with relevant legislation. Medicine Administration Records (MAR) were completed and audited appropriately.

There were enough staff on duty to meet people's needs. The registered manager told us that staffing levels were determined on support hours allocated and funded for each person. The registered manager said that they were confident that staffing levels met people's needs and that additional staff were put on rotas as and when people's needs changed or outings were arranged. A person said, "I think there are enough staff here and they are all really kind". Staff comments included; "I think there are enough staff, there are always three here. If we need more staff like days out then this is arranged". "Staffing is ok. We can meet people's needs. People's hours are met and people get to access the community".

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to Personal Protective Equipment (PPE) such as disposable aprons and gloves. Staff were able to discuss their responsibilities in relation to infection control and hygiene. Signage around the home reminded people, staff and visitors to the home of the importance of maintaining good hand hygiene practices.

Staff could tell us how they would recognise signs of abuse and who they would report concerns to. Staff confirmed that they had no safeguarding concerns. There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts. We found that

there were no safeguarding alerts open at the time of the inspection. A professional told us, "We have no safeguarding concerns".

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take suitable action. Accident and incidents were all recorded, analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. The deputy manager said, "We always learn from mistakes. We complete reflective accounts after incidents. These make us think about what happened and what can be done differently. We then discuss this in meetings. We are very open to learning".

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at risk of areas such as falls, alcoholism or self-harm assessments showed measures taken to monitor the person and reduce the likelihood of injury. For example, walking aids, handrails, support groups, staff training and distraction techniques.

Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge. A staff member told us, "Behaviour is ok to manage. Support plans help".

Equipment owned or used by the registered provider were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. For example, all electrical equipment had been tested in October 2018 to ensure its effective operation and gas safety checks had been completed in May 2018. People had Personal Emergency Evacuation Plans (PEEPs) in place. These plans told staff how to support people in the event of an emergency such as a fire.

Is the service effective?

Our findings

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 living at the service all had capacity to consent to their care and treatment. We found that care and support plans had all been signed by people including consent for photos. A person said, "They (staff) always ask for my consent to do anything". We were told that MCA and best interest paperwork would be used and in place when required.

Staff were aware of the Mental Capacity Act and told us they had received MCA training. The training records confirmed this. A staff member told us, "MCA is to determine whether people have capacity and protect those who don't. Practice is always least restrictive".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed that two people had authorised DoLS in place and one person was pending assessment from the Local Authority. We found that no authorisations had any conditions attached to them..

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "I get enough training, I recently did relationship training. This helps us be more aware on how to support people with intimate relationships and keep them and us safe". Another staff member commented, "We receive enough training and annual refreshers. I have also just done my level 5 diploma in health and social care. We have just done visual impairment training in response to a person's changing need". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; schizophrenia, drug and alcohol and bipolar disorder training. A staff member said, "Staff receive regular supervisions about six a year and an appraisal too. These are useful and provide an opportunity to feel listened to, discuss people and areas of improvement and best practice".

Staff also had access to resource packs which covered areas such as; personality disorder, schizoaffective disorder, MCA, Asperger's syndrome and eating disorders. The registered manager told us that staff sign to say they had read these. We were told, "It is important to provide staff with as much information as we can to deliver effective care".

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people

working in health and social care who have not already had relevant training. A staff member said, "My induction was very good. I was given information and shown it in practice. I think the induction is a very good system. They [management] make sure I read everything and complete my training".

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre-admission assessments which formed the foundation of basic information sheets and support plans details. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes. A staff member said, "Care and support plans give me all the information we need to do the job and support people well. The way they are written is very good".

People were supported to maintain a healthy diet and nutritional needs had been assessed. A person told us, "Food is smashing, top class. I can choose what I want to eat. I had a jacket potato yesterday". Another person commented, "Food is alright, nice sausages today". The kitchen had been awarded a five-star food standard rating and all staff had received food hygiene training. The deputy manager told us there was a weekly menu which was put together with people who lived at Newhaven. People's food choices were identified on the weekly menu's. The deputy manager said that menu's and food choices were discussed in house meetings and that people took part in food shopping for the home. We observed people being asked what they wished to eat during the inspection and noted that different requests were made and catered for.

We observed people eating and found that there was a relaxed atmosphere. Food looked appetising, was plentiful and overall it appeared to be a pleasurable experience. People chose whether to have their meals in their own rooms, the communal living room or dining area and this was respected by the staff.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. A person said, "Yes I am supported to see doctors". A health professional said, "People are well cared for and the staff are very good at seeking outside help if needed. Care is always in the best interest of the person receiving it". Recent health visits included; GP, community mental health nurse, social worker and a psychiatrist.

People told us they liked the physical environment. The home was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. There was a staircase providing access to each floor. There was access to an enclosed, outdoor space with seating and planting that provided a pleasant environment. We observed people using the garden during the inspection. The registered manager told us that recently communal areas had been redecorated with input from people in the colour and furnishings. A person told us, "I like staying here [Newhaven]. I certainly like my room. I got a new bed recently, lovely bed".

Is the service caring?

Our findings

People and professionals told us staff were kind and caring. One person told us, "I certainly do think the staff are caring, they respect me". Another person commented, "Staff are nice". A social care professional told us, "Staff appear attentive and support people well. Staff are patient, kind, brilliant".

People were treated with dignity and respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. A professional told us, "Staff are caring and respectful. They know people well and people feel comfortable with them [staff]". A staff member said, "I always knock and wait for a response, I give discrete support with personal care. I only share information with people in private areas like their rooms and would never open their mail without their consent". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. A person said, "[Preferred faith] is important to me I have my bible. I enjoy going to my place of worship on Sunday's. Staff respect and support this". We found that people's cultural beliefs were recorded in their files and that they were supported to attend services and meetings of their choice. The registered manager told us that people are supported to practice their faiths and that services are arranged.

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends and regular telephone calls. One person told us that they had regular meet ups with a friend at the local pub and also maintained a relationship with their fiancé with staff support. Staff were aware of who was important to the people living there including family, friends and other people at the service.

On the day of the inspection there was a calm and welcoming atmosphere in the home. We observed staff interacting with people in a caring and compassionate manner. For example, staff were patient and attentive as they supported people. They demonstrated a concern for people's well-being and were gentle and encouraging.

People were encouraged to be independent and individuality respected. A person said, "I do household tasks around the home but don't always like doing them!". A staff member told us, "We involve people in daily living skills like, hovering, gardening. One person likes to write the date and names of staff working each day on the board downstairs. Some people access public transport and the community on their own. This is all supporting their independence". Another staff member said, "I encourage people to do things for themselves. Independence is very important to people especially those with mental health".

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. A person said, "staff ask me what I want to do". A staff member told us, "I ask people if they would like things like; activities, food, clothes etc. I never force

decisions on people. I give them the information they need to make their own choices". People appeared well cared for and staff supported them with their personal appearance.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff were able to tell us how they put people in the centre of their care and involved them in the planning of their care and treatment. A person said, "Staff do my care plan I'm happy with my care and discuss it". Another person commented "Staff meet my needs, I'm happy". The deputy manager told us, "Professionals come to annual reviews. Often in the home and people attend". People completed annual reviews of their care by completing a 'wishes and preferences for my future care'. These gave people an opportunity to reflect on their care and look towards the future. The deputy manager also told us that they had been working with a person to attend health appointments following changes in their behaviour. This had been achieved and the outcome was that the person's medicines were reviewed and their behaviours had reduced making them less anxious and more settled. A social care professional told us, "People's care needs are met. People I see here tell me this".

Care plans were available to staff, up to date, regularly reviewed and audited by the management to ensure they reflected people's individual needs, preferences and outcomes. The registered manager and deputy manager alerted staff to changes and promoted open communication. We found that care plans contained photos of people and information about the person, their family and history.

At the time of inspection, the service was meeting the requirements of the Accessible Information Standard (AIS). The AIS is a law which requires providers to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed, met and shared with others as and when required.

People had opportunities to be actively involved in activities both inside and away from the home. We read one person's weekly timetable which included, meeting friends, food shop, lunch out, coffee shop, house activities and college. A person said, "I go to college every Monday. I am studying reading and writing and enjoy it". The person went on to say, "I went to a disco last night, it was ok". Another person commented, "I enjoy doing the garden. We have strawberry's. I like gardening". People had a notice board which provided them access to information such as complaints, advocacy services, safeguarding and activities. We read that a Christmas meal away from the home was booked for next week. A person said, "I'm looking forward to Christmas meal. Turkey and all the trimmings, lovely". A staff member told us, "Activities away from the home includes; cinema trips, walks along the sea front, pub trips, meals out and visits to local city's such as Portsmouth and Chichester".

The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints and steps taken to resolve these. We found that there were no live complaints at the time of our inspection. A person said, "I'd speak to the manager if I wasn't happy". Another person commented, "I would speak to staff or the manager if I wasn't happy. I am happy with everything though". A professional said, "I would feel comfortable raising concerns and feel these would be listened to".

People were supported with end of life care and preferences were recognised, recorded and respected. Care plans had a last wishes section which identified people's preference and requests. We read that one person wanted to be cremated and have their loved one by their side. Another person wanted Bob Dylan music playing at their funeral.

Is the service well-led?

Our findings

The service had 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.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, infection control, staff files, medicines and incidents. The registered manager and deputy manager told us that they worked care shifts with staff which enabled them to observe practice, make sure staff were completing records and take action to improve as and when necessary. We found that the Newhaven also received quality audits carried out by the internal quality assurance auditor quarterly. The last audit was completed on 30 October 2018. This identified one corrective action which we found had been completed. The area manager also completed monthly good governance visits which the registered manager said were useful.

The manager told us that they promoted an open-door policy. The manager's office was located on the second floor. The registered manager told us they recognised good work which was positive and promoted an open culture. Staff told us that they felt acknowledged by the management for good work, commitment and flexibility. A staff member said, "I feel listened to which is new for me and I like it. I feel valued and appreciated. Responsibilities are shared which means we learn more".

Throughout the inspection we observed the management demonstrating positive, strong leadership. The registered manager and deputy manager told us that they felt they were good leaders. The deputy manager told us, "I have a good working relationship with the registered manager. I work shifts which are useful to monitor staff and audit. I also enjoy working with people and leading by example".

Staff, professionals and people's feedback on the management at the home was positive. A person told us, "The managers are nice". Another person said, "Managers are very nice, good and wonderful thank you". Staff comments included; "The registered manager is always quick to support people and us [staff]. They manage the home well and are a good leader". "[Registered managers name] is supportive and always do their best for us and people. They give good advice and are flexible. The deputy is ok too. They are always teaching us and giving us updates and support". A professional said, "Management are approachable, helpful and professional".

Newhaven worked in partnership with other agencies to provide good care and treatment to people. The registered manager said, "We work closely with different services for example, the alcohol management service and community mental health team. I keep them up to date and arrange assessments if needs change. Information is always available to them". Professionals fed back that they felt information was listened to and shared with staff. A social care professional said, "I believe they work well in partnership with us. Information is available on request".

The manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people. A staff member said, "I think the service learns from mistakes. Learning is shared with staff, people and relatives through meetings. A positive open environment is always promoted". The registered manager told us that they followed the duty of candour following a medicine error. They said, "I met with the person and local authority and apologised. Measures were put in place to learn from this and no errors have reoccurred".

People and staff told us that they felt engaged and involved in the service. A person said, "I am listened to". A staff member told us, "I feel listened to, my views and opinions are valued. The registered manager is always encouraging us to bring ideas forward". The registered manager said, "We listen to people and involve them in changes to the home. I always encourage staff to bring ideas to me".