

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

Newnton House Residential Care Home

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

Tel: 02076905182

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Management of medicines	✓	Met this standard
Safety and suitability of premises	✓	Met this standard

Details about this location

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

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information we asked the provider to send to us and reviewed information sent to us by other authorities.

What people told us and what we found

We spoke with one person who used the service. Other people using the service were out or preferred not to speak with us. People received care or support with their consent and the provider acted in accordance with their wishes. Care and support was planned and delivered in a way that ensured people's safety and welfare. One person who used the service said, "everything is fine. I'm being looked after very well. They are very helpful to me."

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. People were protected against the risks of unsafe or unsuitable premises.

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

More information about the provider

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

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

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Staff provided care or support with the consent of people who used the service and we saw that the provider acted in accordance with their wishes. We spoke with one person who used the service who said, "they [staff] ask me things and what I think. They are very good."

Staff said they had received training on Mental Capacity Act training. Staff who spoke to us showed awareness of mental capacity issues and said they had access to a policy and procedure about this. They explained how they worked together with people and with their consent when supporting them. We saw that people were involved in making decisions about issues affecting them.

The provider acted in accordance with legal requirements where people did not have the capacity to consent to particular decisions about their care or support. Two people had received capacity assessments by a local authority in relation to the management of their finances. We saw that changes were made to safely manage their finances as a result.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Care and support was planned and delivered in a way that ensured people's safety and welfare. We spoke with one person who used the service who said, "everything is fine. I'm being looked after very well. They are very helpful to me."

The person told us staff supported them to look after their needs. They said they took part in activities inside and outside of the home that helped them to become more independent. Staff told us that two people had moved out of the home as they were able to live independently following the support they received in the service. People took part in a range of leisure and educational activities of their choice in the community and in the home. People made decisions about group activities in residents' meetings that took place regularly.

All people using the service had individual care plans. These were in the process of being updated. People had regular contact and support from other health and social care professionals as well as contact with family and friends.

People's individual and diverse needs were taken into account as part of their individual assessments. People had choice and were supported to express their cultural or religious needs. Some of the staff were of the same ethnic background as people who used the service.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The person we spoke with said that they felt safe and well looked after. Staff told us that people using the service were protected from abuse.

There had been one new safeguarding matter since the last inspection and the service fully participated in the resulting safeguarding investigation.. The allegations against the service were unsubstantiated but the investigation resulted in a number of recommendations to ensure the safety of people using the service. We saw that staff had implemented the action plan, which included medication and safeguarding training for all staff. The safeguarding policy and procedure had been updated and staff were aware of what action to take if they had any safeguarding concerns.

The service had been the subject of an earlier safeguarding investigation over a serious incident that occurred in 2011. This had been concluded and the allegation of neglect over the incident at that time was substantiated.

We looked at the incident report and its recommendations and saw evidence that the service was implementing the improvements that were required. For example more detailed individual care plans were required that included objectives set by people's health and social care professionals. We saw that the service was in the process of developing individual care plans in consultation with other professionals.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at the way medicines were managed for four people who used the service. There were appropriate arrangements in relation to obtaining, recording, handling and safely administering medicines.

The service had improved the way it handled medicines. All staff were required to undertake a practical assessment in the home following their medication training to ensure they were competent with managing medicines. The service also revised the medication policy to ensure the procedures were clearer for staff who handled medicines.

We checked and found that medication records were accurate and fully completed by staff. Their signatures showed that people received their medicines as prescribed. Staff recorded any known allergies to ensure medicines were safely administered. The provider may wish to note that the quantity of medicines received were not always recorded. Records of this kind are good practice to ensure an audit trail for medicines received and administered.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

The premises were suitable for people who used the service. There was sufficient light, heating and facilities for people. We spoke with a person who used the service who said they were comfortable in the home, they liked their room and had no concerns about their environment.

We saw that certificates were available including fire safety, electrical installation and gas safety. The provider may wish to note that there was no evidence of a recent water safety check. The provider may also note that there was no risk assessment for the windows on the first floor that could open widely and posed a potential safety risk to people. Health and safety checks were being carried out on a daily basis. A maintenance and repair book showed that the service was proactive in addressing maintenance issues.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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