

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

Newtondale

134 Newtondale, Sutton Park, Hull, HU7 4BP

Tel: 01482329226

Date of Inspection: 11 July 2013

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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
Meeting nutritional needs	✓	Met this standard
Management of medicines	✓	Met this standard
Safety and suitability of premises	✓	Met this standard
Staffing	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Avocet Trust
Registered Manager	Mrs. Shafaq Malik
Overview of the service	Newtondale is registered to provide care and accommodation for one person who has a learning disability. Services are provided from a semi- detached bungalow in a residential area in East Hull, close to local amenities.
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 announced 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 11 July 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 sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

The person who used the service had limited communication, however they were able to confirm they liked living at the home and liked the staff.

Staff enabled the person who used the service to make choices about their care and how they wanted to spend their time, even where their understanding and communication was limited.

Records showed the person's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Staff demonstrated a good knowledge of the needs of the person who used the service.

Staff encouraged the person who used the service to eat their food and drink as independently as possible, providing support and assistance where required. They were provided with a choice of suitable and nutritious food and drink.

Appropriate arrangements were in place for the safe administration of medicines. Staff had received training in medicine management.

There were enough qualified, skilled and experienced staff to meet the person's needs. They were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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.

Before the person received any care they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to give consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Before the person received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We looked at the person's assessments and care plans and saw evidence that they were involved in decisions about their care and treatment. We found information recorded in the care plans relating to the person's personal preferences and choices. This ensured their care, treatment and support needs were met in accordance with their wishes.

During the inspection we saw that the care worker explained to the person the care they were giving. The person who used the service had limited communication skills however it was clear during the visit how well the care worker knew the person and understood their needs. We observed the staff member enabling the person to make choices about meals, drinks, what to wear, how to spend their time and participation in the visits from ourselves and other health care professionals. We observed staff effectively offering support, explanations and reassurance to the person who used the service.

Staff we spoke with had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguards. Records showed they had received training in this area. They explained how the person was able, with support to make day to day decisions but more important decisions about their care and welfare would involve a 'best interest' meeting with people like their social worker and GP. The staff member confirmed there had been no need for any such decisions in recent years. The annual review with the local placing authorities had been held recently which had not identified any issues.

The care worker confirmed that local advocacy services had visited the person who used the service some years ago but they no longer visited. They confirmed they knew how to access these services again if necessary.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure the person's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at the care files which belonged to the person who used the service. We found the person's needs had been assessed and care and treatment was planned and delivered in line with their individual care plan.

The care plans were person centred and set out in detail the person's healthcare, personal and social care needs. For example, due to the person's limited communication there were details of what non-verbal signs staff should look out for to make sure the person was happy with the care they received.

The care files contained risk assessments, which informed the staff how to support the person to keep them safe from harm. We found care records were reviewed and updated on a regular basis and when the person's needs changed.

Staff knew the person who lived at Newtondale very well and were able to describe their needs and the support required in detail. For example they told us how they interpreted the person's non-verbal and verbal communication in order to assess mood, behaviours and wellbeing.

There was evidence that people received regular health reviews and appointments with health professionals, such as the GP, hospital consultant, dentist and chiropodist. Records of health care professional contact and a detailed health action plan were maintained. During our inspection the person received a visit from the community nurse for learning disability. The nurse explained the visit was to carry out an assessment following a referral from the home staff and more equipment and support would be provided to meet the person's changing health care needs.

The care worker described the activities the person preferred and how they liked to spend their day. The weekly activity programme had been designed to meet their preferences. We saw that the person who used the service was supported to access community activities, for example: bowling, walks, visits to cafes and shopping for personal items. Discussions with the staff member and person who used the service identified they chose not to participate in any daily living tasks such as cleaning, laundry or cooking.

We saw daily notes had been completed which recorded how care and support had been delivered, and any actions staff had taken in response to any changes in the person's needs.

We noted a recent memo sent to staff about the use of personal mobile telephones on duty. The staff at Newtondale had been directed to collect a 'work' mobile phone from a sister service to use in emergencies. The provider may find it useful to note that not all staff employed at the service could drive and therefore have easy access to the work phone in case of emergencies or regular outings. There was no risk assessment in place to support staff accompanying the person on outings within the local community without telephone access.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

The person who used the service was protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

The person who used the service was provided with a choice of suitable and nutritious food and drink. The person we spoke with said the food was delicious. We observed during our inspection that staff encouraged the person to eat their food and drink as independently as possible, providing support and assistance where required. A four week menu was in place, the care worker confirmed this had recently been reviewed and updated to reflect current meal preferences.

We found the person who used the service was supported to be able to eat and drink sufficient amounts to meet their needs. Food and fluid monitoring charts had been completed each day. The food recorded was suitable and nutritious. Any dietary requirements were also identified and reviewed. The care plan stated what support was needed, and contained approaches and strategies to deal with any issues or concerns. For example, food was cut into small pieces and supportive equipment provided.

The care worker we spoke with was knowledgeable about the person's nutritional requirements. They told us they weighed the person each month and we saw records which confirmed the person's weight had been stable for the last two years.

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.

The person who used the service was protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

There were appropriate arrangements for obtaining and recording of medicines. We saw there were systems to manage the ordering of the person's regular medication to make sure they did not run out of their medication. We also saw there was a system to record any additional medication the person was prescribed. We saw a communications book where messages were passed to other staff about any medication that needed changing or ordering. Records we looked at showed the receipt and administration of medicines was recorded correctly.

The care files contained up to date information on the medicines the person was prescribed and also relevant information about interactions and side effects. We found a detailed care plan in place to direct staff on how to support the person to take their medicines. There was input from other healthcare professionals; this included the person's GP and a pharmacist. Records showed the person's medicines had been reviewed some months previously and some medicines changed. The care worker described how the person's health needs had improved following these changes.

We found medicines were locked in a secure area. There were no controlled drugs in use at the service. We found there were suitable arrangements for the safe disposal of medicine. Any medication which was out of date was returned to the pharmacy.

Staff told us they had received medication training. Records we looked at confirmed training was in place.

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

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. We were shown round the home by the person who lived there, with support from staff. The person who used the service told us he liked the home. We found the accommodation was clean and tidy. We observed the person was comfortable in their surroundings.

We found furnishings were domestic in quality making the environment feel 'homely'. The care worker told us that the person had been consulted about choice of décor and furnishings. The building and décor was in a good state of repair and appropriately maintained. The care worker we spoke with said they thought the home was safe and the facilities were good. They told us how they reported any work needed and said this was addressed speedily. Some windows had recently been replaced. Records showed the environment was checked regularly.

The garden was well kept and attractively planted with flowers and hanging baskets. The care worker told us how the person who used the service liked to sit in the garden and enjoyed helping and watching staff look after garden.

The staff at Newtondale had access to a room which was used for both sleeping in and as the office.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet the needs of the person who used the service.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet the person's needs. The staff we spoke with said they felt there were sufficient staff on duty to meet the person's needs. Records showed that one-to-one support was provided during the day and night. The care worker we spoke with told us that one member of staff slept at the home at night time and were called on if the person needed support. They added they could easily contact other services nearby within the organisation if they needed assistance.

Records showed the three permanent staff had worked at the service for many years. We found there were systems in place to respond to unexpected circumstances, for example, to cover sickness absences and emergencies. The care worker told us that existing staff covered where possible or bank staff who were familiar with the home. This meant the person who used the service had consistency of care.

During our visit we saw staff supporting the person who used the service in an inclusive way. They appeared competent and confident in their roles. Staff told us they enjoyed working at the service and received a good standard of training and support. We found the person who used the service was relaxed and happy in the care of the staff. They told us they liked all the staff.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

The person who used the service was protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

The personal records for the person who used the service, including their medical records were accurate and fit for purpose. We saw the person's care plans contained information for staff to follow about how to meet their needs and how to keep them safe from harm. There was a record of care provided and any contact with health care professionals. Medication records were accurate and maintained.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. Staff recruitment records were kept at head office. Staff rotas and records of staff and keyworker meetings were accessible and up to date. Policies and procedures were available for staff to follow which were used to ensure the smooth and effective running of the home.

Risk assessments were in place for the facilities and grounds. Records showed checks of systems, equipment and installations had been carried out and were safe. We looked records to support fire safety checks, hot water checks, electric and gas checks. We found these were up to date.

Records were kept securely and could be located promptly when needed. Records were archived chronologically in a store cupboard and kept for the required amount of time.

About CQC inspections

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

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

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

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

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

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

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

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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