A Appleton

Newholme House

Inspection report

440 Baddow Road
Great Baddow
Chelmsford
Essex
CM2 9RB

Tel: 01245476691
Website: www.newholmehouse.co.uk

Date of inspection visit:
03 January 2018

Date of publication:
06 February 2018

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

At the last inspection in October 2015, the service was rated as Good. At this inspection in January 2018 we found the service remained Good. The inspection was unannounced.

Newholme House 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. Newholme House accommodated 17 people in one building which consisted of two floors.

The service has 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.

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew their responsibilities for safeguarding people. Risk assessments had been completed so that staff knew how to keep people and themselves safe.

There were sufficient staff with the right knowledge and skills to meet people's needs. Staff had been recruited safely. Staff had the competence and skills to administer medicines safely and as prescribed and there was a system in place to protect people from the risks of infection. The provider recorded, reviewed and investigated incidents and accidents and took the necessary action.

People's needs were holistically assessed and support delivered in line with current guidelines. Staff were provided with training and supervision in order for them to carry out their role effectively. People's health needs were met as staff liaised well with health and social care professionals. People received a balanced diet which met their nutritional needs.

We made a recommendation that the provider continue to consider what improvements and modernisation may be necessary in the longer term to meet the changing needs and expectations of people who use 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's end of life wishes were taken into account and care provided accordingly.

The staff were very caring, supportive and kind. They respected people's privacy and dignity. The service was responsive to people's needs and wishes as they listened and involved them in their care. Positive relationships had been maintained. The service was meeting the Accessible Information Standard by

ensuring people's sensory and communication needs were met.

There was an effective complaints procedure in place and people and their relatives knew how to make a complaint should they need to. Systems were in place to regularly assess and monitor the quality of the service provided. Feedback from people, their relatives and staff was encouraged with regular contact and reviews of people's care. This feedback was used to make improvements to the service and was very complimentary of the service provided.

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 remained safe.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service remained well led.

Newholme 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 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.

The inspection took place on 3 January 2018 and was unannounced. The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in caring for older family members.

We reviewed all the information we had available about the service including notifications sent to us by the registered manager. Notifications are information about important events, which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to plan what areas to focus our attention on for the inspection.

Some people at the service were unable to verbally tell us about their experience so we spent time observing the interaction they had with staff. We also looked at records relating to their day to day support so we could understand the quality of the care they received.

During the inspection, we spoke with six people who used the service and one relative. We also spoke with the provider, registered manager, the senior/administrator, three activities coordinators, and four care staff. We looked at four people's care plans and records about the staffing and management of the service.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks to people's safety as at the previous inspection and the rating remains good.

People and their relatives told us they felt safe living at the service. Comments from people included, "We are safe and very well cared for," and, "Whilst I would prefer to be in my own home this is a good place to recover and I feel very safe," and, "It's very secure and the staff are brilliant with [name]. They are very happy here and we can relax and go home without any worries for their wellbeing."

We found staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They knew the signs of abuse and had access to information and guidance about safeguarding to help them respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. People and their representatives had been involved in the process to assess and plan how those risks would be managed. Examples included plans to manage risks associated with falls, personal care, malnutrition, poor skin integrity, choking and medicines.

Risks associated with using equipment such as a hoist or a wheelchair was also recorded so that people and staff were kept safe. From the risk assessments and the daily notes, we saw that staff had a good understanding of people's needs, and the actions they needed to take to protect them.

All essential safety checks on the environment and equipment had been undertaken. We discussed two hazards with the registered manager during our inspection and we were assured that they would be dealt with as soon as possible. People had evacuation plans in place in case of emergency.

Sufficient staff were available to provide the level of care needed. The registered manager told us that over the past year, they had lost some long standing members of staff but had now replaced them and had a full team with a mix of trained and skilled staff. We saw from the records that staff had been safely recruited and all the necessary checks and safety precautions had been put in place to protect people from harm.

The provider had a clear medicine policy and procedure in place, which was up to date. People who were assisted with their medicines told us they got them on time and as prescribed. They also felt confident in the competence of the staff to administer them. One person said, "I receive my medicines at roughly the same time each day and I don't have to worry about that as an issue."

People's care plans contained clear information about the level of assistance needed to take their medicines. Staff kept a record of medicines, including creams people had prescribed for them. These had been completed correctly. Staff told us they had received training in administering medicines. Checks on the competency of staff to give medicines were completed. The service was proactive in liaising with people,

their families and with professionals about the correct dose, ordering, disposal and administration of medicines.

We saw that staff used hygienic practices during the course of their work. They wore gloves and aprons appropriately and were aware of the risk of cross infection. One staff member told us about how they cared for people when they had a specific infection and the guidelines they followed to ensure safe and hygienic practices were maintained. Staff had received training in infection control in order to effectively carry out their role and responsibilities.

There were systems in place to record, review and investigate safety concerns and these were reported through the appropriate internal and external channels such as social services or the GP and to the provider. These included for example falls, pressure ulcers, and people's mental health.

Good

Is the service effective?

Our findings

People and their relatives told us staff understood their needs and provided good care. People told us they had regular staff who they knew well. One family member said, "The staff are very very well trained, especially the manager. My [relative] has been known to collapse without any warning, so they are especially careful. They collapsed when I was here one day and fortunately, the manager was on hand. They knew exactly what to do and within a short period [relative] was up and okay again. Frankly I don't think [relative] would still be with us if it wasn't for the staff here."

People's needs were holistically assessed and met. Systems were in place to ensure that care was effective and the registered manager kept up to date with current legislation and good practice ensuring that staff were updated about changes and improvements.

Staff received regular training to give them the skills and knowledge to meet people's needs. New staff completed an induction process, which included the Care Certificate (the new vocational qualification in social care) and shadowing experienced staff. Training was provided in a range of subjects relevant to the care worker role including on-going observations and assessments of their practice. One staff member said, "We get lots of training as the manager is very keen that we always do things right. The virtual dementia tour I did recently was brilliant and made you really understand about how someone with dementia might feel." Staff supervision and annual appraisals took place where their work and personal development was discussed. We saw that staff were respected within this process and their views listened to.

People told us that the staff were well trained. One person said, "The staff are always courteous and always ask my consent when assisting me." Another person told us, "For health reasons, I have been confined to my room and the staff have taken the trouble to get to know me, despite my isolation. They ask me what I want, how I am, what I like to eat and so forth and they have made a good effort."

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. We saw evidence in the daily notes of the food and drink people had and, if their food and drink was monitored, the amount was also recorded to ensure they were having enough. Staff offered people choice of what to have to eat and how much they would like. We observed that staff who assisted people to eat did so in a respectful and unhurried way and people had a good meal time experience. One person said, "There is plenty of food and drink and they are always refilling cups or coming round with new drinks."

People were very positive about the menu choices and the quality of the food. They were also involved in having an input into choosing the monthly menus. One person said, "The food is generally very good. There's always something I can't eat, but if I don't fancy anything on the menu they will get me something else, even if only a sandwich. But it's rare that I don't want anything on the menu." Another said, "The food was good average and there is always a choice of where and when we eat."

Staff and health professionals worked closely together to deliver effective care and treatment. Arrangements were in place to share and receive information so that care could be coordinated. We saw that relevant

information had been sent from hospital for a new person using the service which meant that his care and treatment could be put in place quickly.

People and their representatives were involved in discussing their health condition with relevant health professionals, such as the district nursing service or GP. Referrals were also made on people's behalf when they needed equipment or a change to their medicines to enable them to maintain their independence.

People's needs were currently met by the adaptation of the premises. The building was a detached Victorian house which had been extended at the back to add on a lounge and dining room. We discussed with the registered manager and provider their planned improvements to the environment. They told us about the internal decoration in the premises, with bedrooms repainted before a person moved in and old flooring due to be replaced in the hallway so this was safer and easier for people to walk on.

We asked about the longer term plans of the modernisation of the premises and were told that these plans were starting to be discussed and recorded at the provider management meetings. The registered manager told us that they tried to be creative in the way they used the lounge and the dining room, as these were the only two communal spaces. For example, they have fold up chairs for visitors to use so they can sit with the person they are visiting and they have placed comfortable chairs looking out to the garden so people can enjoy the view.

We recommend that the provider continue to consider what improvements and modernisation may be necessary in the longer term to meet the changing needs and expectations of people who use the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We found that the service was working within the principles of the MCA and the conditions to deprive a person of their liberty were being met. The provider had policies and procedures in place, knew how to make applications to the local authority and staff had received training on the MCA and DoLS. Staff were able to tell us who had capacity to make decisions for themselves and if they couldn't how people were being denied their liberty in their best interests.

People and their families had been involved in their care arrangements and had signed consent to their care. One person said, "I signed the form about consent to things here. The staff ask before doing anything to or for me and are very supportive." If people did not have capacity, we saw that a person had a Lasting Power of Attorney (LPA) in place who had signed their agreement on the person's behalf.

Good

Is the service caring?

Our findings

People told us the staff were caring and kind. One person said, "The staff are very good and they treat me and my [relative] very well here. I have nothing but praise for the staff for the way we are treated." Another person said, "Good, very good. Sometimes some of them are a little difficult to understand at times." A family member told us, "The staff are very caring here. I had looked around for other homes, but I think they are so good with my [relative] I would not think of moving them. My [relative] really is very happy here."

We saw people were treated in a caring and respectful way by staff. Staff were friendly and sensitive when providing care and support to people. We saw that staff knocked on bathroom doors and waited for a response before entering. We saw people being spoken to discreetly about personal care issues so as to not cause any embarrassment. Staff clearly knew people well and respected them. They were able to tell us about people's personalities, interests and individual preferences.

Staff sought accessible ways to communicate with people such as pictures, photographs and larger print. Their interaction with people was very positive. Staff actively listened and used touch appropriately to ensure there was human contact and affection. People were involved in their care and staff enabled people to make their own decisions where they could. We saw this in practice.

Throughout the day, there was a calm and relaxed atmosphere around the service and no one was rushed or hurried. Over lunch for example, staff were observed to be very attentive, constantly reassuring people by the questions and comments they made. Small mouthfuls were offered and there was plenty of time between each mouthful. Good eye contact was maintained and staff were gentle and encouraging when people fell asleep whilst eating.

Good relationships had been formed between people and staff. We were given one example about a person who had told them that they made the best apple pie. The staff member got the person to instruct them step by step as to how to make it. Everyone then enjoyed a slice of the person's best apple pie.

Staff spoke with people by kneeling or sitting next to them and they took the time to listen to what people were saying. Staff could understand what clues people were giving when they were anxious and looked at ways to comfort and reassure them. For example, one person was getting irritated and upset by another person. The staff immediately diffused the situation by using distraction techniques and suggested they go and do something together. One person we met had depression and cried a lot. The staff knew how to respond and what helped them to dry their tears.

People were encouraged to make choices and their independence was encouraged. One person said, "I am assisted to be as independent as possible, within my current physical limits. I make my own choices about the help and assistance required. They give me all the support I need, if I need more then I ask. They are on hand pretty quickly when needed."

Good

Is the service responsive?

Our findings

People told us that staff responded to them quickly and appropriately. One person said, "I come and go, more or less as I wish. My relatives visit and we often go out somewhere. There are never any problems for my visitors, nor are there any issues with leaving the home. I just let them know I am going out and that's fine." One family member said, "They [staff] are very responsive to their needs and I couldn't be happier. I always feel [relative] is very safe and very happy here."

People contributed to the planning of their care. Care plans included detailed assessments, which took into account people's physical, mental, emotional and social needs. Also recorded to ensure the service identified and met their needs was their culture, ethnicity, faith, sexual orientation, age and gender. We saw people's wishes, views, likes, dislikes and preferences recorded.

Relationships with people's families were maintained and actively encouraged. People and their families had been involved in collecting, sharing and helping staff record memories and past life experiences so that everyone got to know the person and who they were. One family member told us, "I regularly speak to the manager and staff about my [relative] and I have filled in their background. I do think staff know them well. [Relative] has their favourite staff of course, but they are all very good with her."

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. We observed a shift handover in the afternoon where key information was shared with staff and questions answered about people's needs. Staff coming on duty had a clear up to date picture in order to respond appropriately. Some information in the care plans needed dating and signing so that it was clear that the record was correct.

The call bell system was in operation. People told us they never had to wait long for assistance. One person's said, "The staff are lovely, very attentive and kind. Any problems I just press the bell and someone is with me within three to five minutes." Another said, "If I press the bell, someone will be with me within two to three minutes." A third person told us, "I have been very pleasantly surprised at how good they are here. Staff are always on hand if you need help."

People were supported to follow a range of social and leisure interests, both inside and outside the service. Regular activities were provided and seasonal events were celebrated. In response to the comments made by people in the 2016 survey, the registered manager told us they had employed three part time activities coordinators to provide one to one and group sessions throughout the week and weekend to enable people to follow a range of social and leisure activities of their choice. The daily diary of activities showed that staff were working in a person centred, creative and innovative way to bring satisfaction and happiness to people who used the service.

Due to an increase in men using the service, the staff had involved them in discussing their interests. Plans had been made to do regular trips to the pub, work in the greenhouse and shed in the garden and have discussions on topics of interest that they had identified. One person said, "I do not take part in any activities

as I prefer my own company. I read and watch the TV. The staff tell me what's on and give me the opportunity, but I'd rather stay here in my room."

We saw that the service complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss. For example, the registered manager told us how they responded to the needs of a person who had lost their sight. A larger bedroom downstairs had been offered and accepted and additional plug sockets put in so that equipment could be used such as a talking clock and radio near their bed. We were told, "When my [relative] became blind, we were moved down to the ground floor and given this new room, where they would be safer and more comfortable."

There was a complaints process in place. The manager explained the process used if complaints were received. People said they were able to raise any concerns they had with the registered manager or staff. People told us, "I know how to make a complaint to the manager, though I'd probably talk to the staff first, but so far there has been nothing to complain of." There had not been any complaints regarding the service in the 12 months leading up to our inspection. Compliments received from people and their families showed that there was high level of satisfaction with the service.

People were supported at the end of their life to have a comfortable and pain free death as possible. Information about their wishes, preference of where they had chosen to die and their funeral arrangements were contained in their care plan. We saw 'Do not attempt cardiopulmonary resuscitation' (DNACR) orders in place which recorded the decision a person, or others had made on their behalf, to show that they were not to be resuscitated in the event of a sudden cardiac arrest.

The registered manager involved palliative care professionals in a timely way and had medicines readily available should they be needed. We saw for one person appropriate processes had been followed during and after the person's death. We saw in the records that staff had offered support and care to family members whilst they visited a person at the end of their life.

Good

Is the service well-led?

Our findings

People and staff were very complimentary about the leadership and management of the service. One person said, "The manager and the assistant are very good, they run this place very well and they certainly know how to plan. The manager is also very good at defusing any awkward situations."

The service has 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.

The registered manager had worked at the service for a number of years and was now supported by an administrator. They were experienced and knowledgeable about the needs of people who used the service and their responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They promoted a positive culture and were motivated, visible and well respected by staff and the provider.

Staff understood the vision and values of the service and spoke positively about the registered manager describing them as, "Open and approachable," and, "Fair but firm." One staff member said, "[Name] is a fantastic manager, so kind and caring but on the ball. They are so respected here." Staff had a positive attitude, knew what was expected of them in their role, were enthusiastic, fun and sensitive to people's needs. They knew how to question practice and raise concerns and were supported to do this. A staff member said, "It's a lovely place to work, I really enjoy it, that's what care should be about, caring."

Staff, people who used the service and their relatives were involved in discussions about developing the service and we saw their views had been recorded in annual surveys and team meetings and the actions taken. One relative said, in the comments section of the survey, "The care provided by the excellent manager and their team continue to make me confident that we chose the right place." Another said, "We are very pleased and the home seems to be a very happy environment."

Quality assurance systems were in place and audits were undertaken. During our discussion with the registered manager and administrator, we identified some audits, which were not as up to date as others and needed some attention. It was agreed that these areas would be given priority. We were told that the meetings with the provider were now more regular, formalised and recorded so there was a record of discussions and actions to take. This provided support and guidance to the registered manager in order to put in place on-going improvements.

Systems were in place to ensure that accidents, incidents, complaints and safeguarding were appropriately dealt with. The registered manager had good links with key organisations and looked at ways they would keep informed of best practice by liaising and working with other providers and the local authority. They had also cultivated strong links with the community. People accessed a local community centre, places of interest and had monthly visits from children from a local school which were mutually beneficial.

The leadership, governance and culture promoted the delivery of high-quality, person-centred care.