

Newbrae Care Home Limited

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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

About the service

Newbrae Care Home Limited provides personal care and accommodation for up to 10 older people. At the time of our visit 10 people were being accommodated. The service is provided in a converted house set over 3 floors. There is access to a courtyard garden and the local community.

People's experience of using this service and what we found

People told us they were happy living at the service and with the care and support they received. A relative told us, "[relative] always seems happy there."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medicines were dispensed by staff who had received training to do so.

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 support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was in need of refurbishment.

People were supported to follow their interests and participate in social activities. The provider responded to complaints received in a timely manner. People were supported to make plans for the end of their life.

The provider had systems in place to monitor the service and improve outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 18 July 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Newbrae Care Home limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection program. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Newbrae Care Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 1 inspector.

Service and service type

Newbrae Care Home Limited 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 2 relatives about their experience of the care provided. We spoke with 4 members of staff including the registered manager, provider and care staff.

We reviewed a range of records. This included 2 people's care plans and multiple medicine records. We looked at 2 staff files in relation to recruitment, and information relating to the management of the service, including training data, meeting minutes and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager followed the local authority safeguarding procedures to report any safeguarding concerns and worked with them to investigate these to keep people safe.
- Staff had received training in safeguarding people and knew how to raise any concerns. One member of staff said, "I would tell the manager if they did not act, I would go higher or inform the local council."

Assessing risk, safety monitoring and management

- Risk assessments were in place to assess people's needs and mitigate risks of harm to them.
- Risk assessments and care plans provided guidance to staff to support people who were at risk of falls, pressure sores, malnutrition and moving and handling safely.
- Staff had received training in fire awareness and first aid and knew what to do in an emergency. One member of staff said, "If somebody fell over, I would check they were breathing, check for bruising, call 999 if needed and make them comfortable and stay with them."
- Safety checks on equipment and the environment were kept up to date. The provider employed a maintenance person to address general repairs at the service.

Staffing and recruitment

- People and relatives told us there was enough staff and they were well looked after.
- The registered manager used a dependency tool to determine staffing levels. Staff told us they felt they had enough staff on duty to meet people's needs.
- The registered manager recruited new staff safely ensuring they were suitable for the role they were being employed for. This included obtaining references, checking work history and obtaining a disclosure and barring check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Using medicines safely

- People received their medicines safely.
- Staff had received medicines training and had their competency to support people with their medicines checked.
- Medicine records we reviewed were in good order. There were suitable systems in place for the storage, ordering, administering, monitoring and disposal of medicines.
- Regular audits were completed to check medicines were being managed safely.

Preventing and controlling infection

- The registered manager had taken steps to prevent the spread of infection to people, staff and visitors.
- Infection prevention control policies were in place and risk assessments had been completed.
- Personal protective equipment (PPE) was available for staff to use.
- The registered manager kept staff up to date with infection control procedures and staff had received training to manage these.

Visiting in care homes

- There were appropriate visiting arrangements in place for people to receive visitors at the service and to support people to go out in the community.

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents and shared lessons learned with staff during meetings. The registered manager said they had a small team and held regular discussions to share learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans were person centred. People's needs were assessed and regularly reviewed to ensure they were being met.
- The registered manager supported staff to deliver care in line with standards, guidance and the law.

Staff support: induction, training, skills and experience

- Staff were supported to have training to enhance their skills and keep them up to date with best practice. On the day of inspection, we saw staff receiving training from an external medical professional on supporting people with constipation.
- Staff told us they had a full induction when they started at the service. This included completing training and working shadow shifts. One member of staff said, "I had a two-week induction and completed all my training. I then started part time and increased to full time."
- Staff new to care were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. We observed a lunchtime meal, which was a sociable occasion with people sitting together to enjoy their food. People gave positive feedback on the food they had eaten.
- The registered manager discussed menus with people to ensure they received the types of food they enjoyed.
- Nutritional assessments were completed, and people's weight regularly monitored. Any issues were referred to the GP and where needed, people were referred for specialist advice and assessment with a speech and language therapist.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received support from other healthcare professionals when needed at the service such as GPs and district nurses, dementia nurses and the palliative care team.
- Staff supported people to have eye tests and dental appointments and when needed to attend hospital appointments.

Adapting service, design, decoration to meet people's needs

- The service was provided in an adapted house and set over 3 floors.
- Parts of the service were in need of redecoration and refurbishment. Consideration needs to be given to ensuring the environment meets the needs of people using the service and is dementia friendly. We discussed this with the provider who informed us of the plans they had in place for refurbishment and to make the environment more dementia friendly.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider understood their responsibilities under the MCA and had made appropriate referrals when needed.
- Staff understood how it was important to support people to make choices for themselves and continued to support people to do this where possible.
- People were supported to access advocacy services if they needed support with important decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were positive about their experience at the service. One person said, "All is okay here, there are no problems." A relative said, "[person's name] is well cared for, everything is absolutely fine."
- People seemed happy and relaxed in the company of staff. We observed people had positive expressions on their faces when staff were interacting with them.
- The registered manager told us the local church had recently started visiting again which had been received well by people.
- We saw from care plans people's equality and diversity was respected.

Supporting people to express their views and be involved in making decisions about their care

- People's views and decisions were respected. Staff discussed with people the care and support they would like, and this was recorded and reviewed regularly with them.
- Meetings were held with people to gain their feedback on the day to running of the service, such as activities, food and entertainment. We saw these meetings were also an opportunity for people to raise any concerns.

Respecting and promoting people's privacy, dignity and independence

- People were supported with dignity and respect. Staff encouraged people's independence and for them to keep to the routines they enjoyed. Such as what time they preferred to get up and be supported with their personal care.
- People were encouraged to make their own decisions and have choices how they spent their time.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Before people came to live at the service the registered manager did a full assessment of their needs to see they could be met. Care documentation we saw was person centred and identified how people wished to be supported.
- Care documentation was regularly reviewed with people and any adjustments to their needs or wishes made.
- People were supported to follow their interests and do activities of their choice. One person told us how they liked to go out for walks and were happy to watch activities rather than join in.
- We saw from staff meeting minutes the registered manager discussed with staff the importance of supporting people to keep active. In addition to staff support external people also came to the service to encourage and support activities.
- People were encouraged to stay in touch with relatives and told us they have regular visitors. A relative told us they often took their loved one out to the local area when they visited.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered. Staff knew how to support people with glasses, hearing aids and to speak clearly to people.
- The providers information return (PIR) states how they support people's communication needs when needed through use of large print, pictorial menus and audio aids.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place to respond to any issues. We saw where complaints had been made these had been responded to.
- People were given an opportunity to raise any concerns or complaints to the registered manager during meetings.
- The service also received compliments one we saw said, 'It gives us real peace of mind to know they are well cared for.'

End of life care and support

- Staff received training in supporting people at the end of their life. The registered manager worked with other health professionals when needed such as the palliative care team.
- Where appropriate, documentation had been completed to support people's decisions at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service. There was a relaxed and calm atmosphere and we saw people and staff had good relationships whilst interacting together.
- Care was planned in a person centred way to specifically met each person's individual needs and promote their independence.
- staff shared the manager's vision to provide good care. One member of staff said, "We want to care for people and make them happy."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management structure at the service was clear and staff understood their roles, in relation to regulatory requirements. Staff felt supported by the registered manager and provider to perform their roles.
- The provider visited the service regularly and worked closely with the registered manager.
- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager engaged with people, relatives and staff. One relative said, "Communication is good and [manager's name] keeps in touch."
- Staff gained people's feedback during all interactions and discussion of their care. The registered manager held regular meetings with people and staff and also gained feedback through the use of surveys.

Continuous learning and improving care; Working in partnership with others

- The registered manager completed regular audits and had systems in place to monitor all aspects of the service to provide good oversight for themselves and to the provider.
- Staff and the registered manager were supported to develop their skills with regular training.
- The service worked in partnership with other healthcare professionals such as district nurses to support people's care needs.