

Colten Care (1993) Limited

Newstone House

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Newstone House is located in the market town of Sturminster Newton in Dorset and comprises of accommodation for people over three floors. The service provides accommodation, nursing and personal care for up to 59 older people, including people living with dementia. At the time of the inspection there were 50 older people living at the home. Two of these people were staying for a period of respite.

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

There was a very strong emphasis on the provision of activities that were meaningful and therapeutic to the people living in the home. The activity staff developed a comprehensive programme of activities to stimulate people's physical, emotional and cultural need. The wide range of social activities at the home were varied and enabled people to live fulfilled and meaningful lives, both inside the home and within the community. People received a personalised service which was responsive to their individual needs.

People received outstanding care at the end of their lives. Staff ensured people at the end of their lives experienced a comfortable, dignified and pain-free death. Staff were skilled, competent and provided emotional support and practical assistance needed at the end of the person's life.

People felt safe and looked comfortable and relaxed with the staff who supported them. People were treated with kindness and respect by enough staff who had been recruited safely and had the skills and required training to support their needs. A relative told us, "They (staff) are very nice, always friendly, helpful, and efficient."

People lived in a home which was pleasant, welcoming and well maintained. Risks were managed effectively for individuals and the environment. Assessments of people's needs were comprehensive, with outcomes identified. Care and support was regularly reviewed and updated. Changes in people's risks were promptly identified, and referrals to health care professionals were made to seek additional support in a timely manner.

Risks of infection to people was minimised because staff followed up to date guidance on the use of personal protective equipment.

People's medicines were generally managed safely, and they received them as prescribed for them. However, we identified some areas for improvement.

People had access to sufficient food and drink and were supported to eat and drink properly, their personal care needs were met, and their dignity and independence were considered. The dining environment was pleasant and there were enough members of staff to provide personal support. The management team had identified the food management at the home was an area which they could improve on and had taken action to address this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and those important to them were involved in making decisions about their care and asked their opinions about the home. They said they were happy with the care and support they received and said they would recommend it to others.

The provider recognised the importance of supporting and caring for their staff team and had good staff retention. They were actively recruiting and used the services of agency staff where their own staff could not fill any duty gaps. Staff felt supported and valued by the provider and said staff morale was good. One member of staff said that following the challenges of the pandemic there was a focus on mental wellbeing for staff and people who lived at the home.

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

Rating at last inspection

This service was registered with us on 9 August 2021 and this is the first inspection.

The last rating for the service under the previous provider was outstanding, published on 14 April 2020.

Why we inspected

This inspection was carried out as it is a newly registered 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 Newstone House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Newstone House

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 Health and Social Care Act 2008.

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

This inspection was undertaken by two inspectors and a medicines inspector. An Expert by Experience spoke to relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Newstone House is a 'care home' with nursing care. People in care homes receive accommodation, personal and nursing care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered under the current provider. We sought feedback from the local authority's quality team. 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 11 people and 12 of their relatives. We spoke with 14 staff including the registered manager, the clinical lead, the care co-ordinator, nursing and senior care staff, care staff, companions (staff who support people with their social needs), housekeeping staff, reception staff and the maintenance person. We also spoke with a visiting GP.

We emailed six health and social care professionals who support people at the service to ask their views, we received a response from two of them.

Members of the provider's higher management team were also present during the inspection and we spoke with them. These were the provider's operations manager, quality manager, clinical manager, regional support manager and regional facilities manager.

We reviewed a range of records. This included three people's care records and a sample of medication records. We looked at a variety of records relating to the management of the service, including training records, incident records, complaints, compliments, quality assurance processes and various policies and procedures. We discussed the recruitment process and staff supervision and appraisals.

After the inspection the management team sent us additional information about the service provided at Newstone House.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People looked comfortable and relaxed with the staff who supported them. One person told us, "They [staff] are all very kind." Relatives told us that they felt people were safe at the home. Comments included, "Is absolutely safe...I've never heard any of the carers being anything but kind, caring and courteous" and "She's safe...I'm happy with her care...she's looked after extremely well."
- Risks of abuse to people were minimised because staff had received training in recognising and reporting abuse.
- Staff were confident that any issues raised with the management team would be taken seriously and action would be taken to keep people safe. One member of staff told us that prompt action had been taken when they raised a concern.

Assessing risk, safety monitoring and management

- Care records contained risk assessments which identified individuals risks, and what support was needed to reduce and manage those risks. This included how to support people at risk of choking to eat safely, helping people to manage their risk of falls and risks related to skin integrity.
- Staff were aware of people's risks and the support they needed to remain safe. We observed staff supporting people to eat safely.
- Changes in people's risks were promptly identified and referrals to health care professionals were made to seek additional support in a timely manner. For example, staff monitored people's weights closely and made referrals if people had lost weight unexpectedly.
- Environmental risks to people were managed safely. Staff recorded maintenance issues on a computerised tablet which was reviewed by the maintenance person and the regional facilities manager, and repairs were undertaken. The provider had an on-call maintenance team to cover out of hours emergencies.
- Legionella precautions were in place, staff cleaned shower heads and flushed unused taps.
- Fire checks and drills were carried out and regular testing of fire and electrical equipment was completed.
- External contractors undertook regular servicing and testing of moving and handling equipment and fire equipment. An external fire risk assessment had been carried out and actions had been taken to address recommendations made.
- Personal Emergency Evacuation Plans (PEEPS) were in place, they were informative and gave staff excellent guidance in evacuating people from the service.

Staffing and recruitment

- Staffing levels met the needs of the people who use the service. To ensure there were enough suitably

qualified and experienced staff to keep people safe the provider used an occupancy care need staffing tool to assess people's support requirements.

- People had access to a range of social activities and stimulation. In addition to care and nursing staff the home employed a companionship team of five staff. This ensured social activities were available seven days a week.
- As in many care services the provider was having difficulties recruiting staff. They had numerous initiatives and incentives to recruit new staff and worked with existing staff to ensure they were happy within their role. To ensure there were always adequate staff to meet people's needs the provider used the services of care agencies.
- People and relatives felt on the whole there were enough staff to meet their needs. Comments included, "I do feel there's enough staff", "There are plenty of staff there" and "I think they've had difficulties with staffing numbers but have coped really well."
- Some people felt the use of agency staff caused them some difficulties. One person said, "The biggest issue is consistent staff. There are a lot of agency and you have to tell them things you need." Another person said they experienced communication and language issues with some agency staff.
- The management team regularly reviewed staff response times to call bells to ensure people were responded to promptly. To reduce noise and call bells ringing in the home, the provider used a pager system to alert staff if people required assistance. During the inspection the management team were working with staff to ensure enough staff were carrying pagers and that people who could use one had access to a call bell at all times.
- Staff were recruited safely. The registered manager and the providers HR team undertook the required checks on newly appointed staff before they started working at the home. The registered manager included a person living at the home in the recruitment process. They met with potential staff members who had passed the initial interview and were able to give their views.
- The registered manager ensured new staff had a positive attitude and ethos and would fit in well with the team they told us in their provider information return (PIR), 'staff are recruited purely on their ability and suitability for their roles here at Newstone our staff are a diverse workforce from different countries and cultures'.
- Records were in place to ensure nursing staff were registered with the Nursing and Midwifery Council (NMC).

Using medicines safely

- People were given their medicines in a safe and caring way.
- Staff recorded on electronic Medicines Administration Charts (MARs) when people's medicines were administered. These records showed people generally received their medicines in the way prescribed. However, we found one dose that had been missed on the day of our inspection. Staff and managers took prompt action to address this.
- If medicines were prescribed to be taken 'when required' then there was guidance on the electronic system for staff for when these should be given. However, this guidance was not always person centred and was not present for every medicine prescribed this way.
- Creams and external preparations were recorded on separate sheets when they were applied. These had directions and body maps to guide staff where they should be applied.
- Most preparations with an 'in-use' expiry period were dated on opening. We found some eye drops where this had not been recorded. However, these were all within their in-use expiry period.
- There were suitable arrangements for storage, recording and disposal of medicines, including those needing extra security.
- Staff had training in safe medicines handling. They also had competency checks to make sure they gave medicine safely.

- Regular medicines audits were completed, and we saw that areas for improvement were identified and actions recorded. These audits had identified the areas for improvement we found, although the actions had not yet been completed.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Risks of infection to people were minimised because staff followed up to date guidance on the use of personal protective equipment. We observed staff wore face masks in all areas of the home. Other equipment, such as disposable gloves and aprons were readily available for staff to use when required.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People lived in a home which was clean and hygienic. People praised the standards of cleanliness. One person said, "Cleanliness is unbeatable. They are constantly cleaning and wiping things down."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- In line with current government guidance the home was open to visitors. There were no restrictions to movement around the home. Visitors were required to wear a mask.
- Relatives confirmed they had been able to visit their relatives. Comments included, "There are no visiting restrictions now ...they are very flexible." and "I visit regularly, and I can take her out for a drive or a walk. I have to wear a mask and staff have masks."
- People were also supported to keep in touch with families and friends through video and telephone calls.

Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Records showed that appropriate actions were taken by staff following any accidents and advice was sought from other health professionals when needed.
- The registered manager and the providers higher management team reviewed the accident and incident reports to ensure staff had taken appropriate action and to identify any themes or trends.
- The provider's management team and registered manager were constantly looking to make improvements where needed. They responded very promptly to areas we discussed at the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were involved in a pre-admission assessment. This ensured their care and support needs and lifestyle choices were understood and could be met. A relative recorded on a review site, 'The Home Manager visited us at home to be sure that Newstone House could accommodate his needs and then discussed it with the clinical lead. They undertook some extra training in (specialist process) for staff in readiness'. The registered manager told us in the provider information return (PIR) 'All residents are given a choice as to how they wish to spend their day, this is something we explore prior to their admission during their preadmission assessment, so we know what their preferences are prior to them moving into Newstone'.
- When people arrived at the home, staff completed a step by step checklist to ensure their admission was safe and their needs were met. After six weeks staff completed a second full assessment to ensure care records contained all of the person's support needs and that they were being addressed.
- Assessments were completed using nationally recognised assessment tools that reflected best practice and assessment tools developed by the provider's quality team. Assessments included any specialist equipment needed such as pressure relieving mattresses and moving and handling equipment.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and competent within their roles. We saw records which showed staff competence in areas of their work, such as supporting people to move around safely, were observed and checked by more senior staff.
- All new staff received an induction when they first started to work at the home. The provider told us in the PIR, 'All care staff have completed or working towards the care certificate as a minimum and have level two or above in the health and social care qualification'.
- The provider had introduced a staff academy which meant all new staff completed three to five days of training courses before they began working at the home. This ensured that staff had the basic knowledge and training to provide safe and effective care to people.
- The provider employs an admiral nurse (registered nurse who specialises in dementia). They provide a level two dementia training for staff who work with people with dementia.
- New staff also had opportunities to shadow more experienced staff so they could get to know people and how they liked to be cared for.
- People had confidence in the staff who supported them. One person told us they needed staff to assist them to move using a mechanical hoist. They told us although they found the use of the hoist uncomfortable, they were, "Confident with the staff."
- Staff received support, supervision and annual appraisals from the management team to enable them to

develop in their roles. Staff felt well supported by the management and their colleagues. Staff commented that everyone worked well together as a team.

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

- People were generally happy with the food at the home. One person told us, "The food is good. You always get a choice." Another person said, "The food is alright. There's definitely plenty to eat." Relatives told us, "He likes the food...The food looks appetising", "He has anything he wants and enjoys the food. They keep a watch on him as he was thin but now put on more weight and they let me know how he's doing" and "I was worried as she'd stopped eating and they worked hard to get her interested in food and her weight has stabilised. She gets plenty of snacks."
- The management team had identified the food management at the home was an area which they could improve on. They were holding monthly nutritional meetings as part of the management's strategy to manage people's nutritional needs. Care staff were having a nutritional supervision and there were plans for the providers' admiral nurse (registered nurse who specialises in dementia) to undertake a nutritional audit.
- People could choose where they ate their meals. Some people chose to socialise in the dining room and others ate in their rooms. We saw that food was well presented and people were offered choices of alcoholic and non-alcoholic drinks to accompany their meals.
- Where people could not verbalise their meal choice staff showed them two meal options so they could make a choice.

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

- People's health and care needs were met. People's healthcare needs were monitored by trained nurses. One person told us, "The nurses here are very good. If you ask to see the nurse, they are with you in a minute."
- People said they were able to see a doctor if they needed to.
- Records show the service communicated with other healthcare professionals such as the mental health team and speech and language therapists (SALT) to provide continuity of care.
- The provider employed an Admiral nurse. They supported staff to identify the needs of people living with dementia and implementing appropriate support.
- The service worked well with the GP and visiting health care professionals to deliver care and support in line with people's assessed needs.
- Staff support people to attend appointments. We heard at the daily morning 10 at 10 meeting staff organising an outpatient's appointment for one person ensuring they had everything they needed, and that they did not miss any meals.

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

- The home was purpose built and provided a pleasant and welcoming environment for people. People had access to a well-maintained secure garden and were encouraged to use it.
- The layout of the home provided a range of communal and private spaces for people to enjoy. This included a cinema room, a hairdressing salon and a beach themed room, which we were told wasn't being used as much as previously.
- People's bedrooms had en-suite facilities and were personalised with personal items. For examples, photographs and soft furnishings.

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).

- Staff had a good understanding of the principles of the MCA and asked for people's consent before they gave care and support.
- People and those who are important to them were involved in making decisions about their care and treatment. Care plans included capacity assessments where required and best interest decisions were always made in line with people's wishes. Relatives who had legal powers of attorney confirmed they were involved in decision making. Comments included, "I'm his power of attorney (POA)...and they always talk to me about it. We had a review quite recently and talked about end of life and then chatted with dad about this" and "I'm her POA and her care plan gets tweaked. I've got the latest best interest form to sign."
- The registered manager submitted applications under the MCA and DoLS to the supervisory body for authorisation, when authorised these were monitored and reviewed.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were treated with kindness and respect. Throughout the inspection we heard pleasant interactions between people and the staff supporting them. This included very friendly and warm interactions when people were visited by ancillary staff.
- People told us staff were kind and friendly. One person said, "Staff are always pleasant and kind." Another person told us, "Nurses are tolerant and understanding."
- People received care from staff who were thoughtful and caring and treated people as individuals. People and their relatives told us, "They (staff) are kind, caring and they listen to us and are accommodating", "They (staff) are very nice, always friendly, helpful, and efficient." and "They (staff) are really excellent ... sensitive and respectful. The companions are excellent."
- People's diversity and individuality were respected, and their rights were considered when their care and support was being planned. Staff completed equality and diversity training which promotes understanding and respect when they started working at the home and received annual training.
- People had communication care plans and access to services to support communication needs. Staff had a very clear understanding of people's individual communication, care and support needs.
- On a day-to-day basis there is ongoing observation and oversight of staff behaviours, by the management team. They were ensuring staff displayed the provider's values which are: 'friendly, kind, individual, reassuring and honest'.

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

- People and those important to them were involved in making decisions about their care. Their views were central to how care was planned and delivered. The provider had used a 'resident of the day' system but had recently introduced a monthly evaluation process which they said was more person centred. This system included contacting relatives, speaking with people and evaluation of their care records.
- Most people felt they were involved in planning their care but were unsure about their care plan. One person said, "They did ask about what I wanted when I came but I don't think they did a care plan." Another person said they had been involved in their assessment and care plan.
- People told us that staff consulted with them about their day to day routines. One person told us, "You can choose what you do." Throughout our visits we heard staff asking people if they were happy to be helped before supporting them. Relatives on the whole confirmed they were involved in discussions about their relative's care. Comments included, "They know what they are doing. The social worker and mental health team have been involved with his care plan and I have a copy of the assessment. I'm not left in the dark" and "I'm involved in care plan discussions."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity; their privacy was respected, and their independence was encouraged. People and relatives confirmed staff maintained their dignity and privacy.

- We observed that staff knocked on people's doors before entering. However, it was not always clear if people had chosen to have their bedroom doors open when they were in bed. The management team assured us that each person had requested that their door remain open and that they would check to ensure people's wishes were being followed.

- There was a clear ethos of promoting independence for people living in the service. People were encouraged to do as much as possible for themselves. A health care professional told us, "It appears that my clients have their personal needs met, and their independence promoted."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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; People were extremely well supported to develop and maintain friendships and relationships that were important to them.

- People's well-being and quality of life was enhanced because staff worked tirelessly to provide them with meaningful activities and experiences. For example, a relative told us, "Mum loves being outdoors and is heavily involved in the garden...she's been potting up bulbs, she enjoys the cycle of nature. They had a German afternoon which was good for her."
- There was an extensive and varied programme of activities that met people's individual needs. There was a team of five activity staff, referred to at the home as 'companions'.
- The activities programme was planned around people's interests and hobbies as well as considering new experiences for them. Individual 'this is me, now and then', documents had been completed for everyone, which included information about people's routines, preferences, wishes and previous things they liked to do. Records also included any spiritual or cultural needs and a life history. This enabled the companions to develop activities that were personalised, which people would enjoy.
- Companionship staff said they met with people when they moved into the home to make sure activities were planned around their interests and hobbies.
- People and relatives were very positive about the activities. Comments included, "They always attempt to get him involved in activities. He likes the old songs and I've seen him clapping along...he enjoys it. He likes the table football and has a go at that. He loved the visit from the donkeys", "He used to build model steam engines and one of the companions is trying to organise a group for those who like steam engines – fingers crossed" and "She likes the singalongs, going out on trips and going out in the garden and sitting outside."
- People were able to choose the activities they took part in. There was a monthly activity plan which everyone received a copy of. This enabled people to decide what activities interested them and plan around these. On the day of the inspection people were able to take part in a flower arranging session, making poppies and a beer tasting afternoon.
- People had access to other diverse activities and events both at the service and within the community. A community event had been recently organised by the home at a local venue, 'Music through the decades', which people had enjoyed and was well attended. People had also been included in the towns turning on the Christmas lights.
- There were numerous in-house events. These included a dedicated Dorset day, which included traditional activities such as knob throwing, welly wanging, a quiz about Dorset and a cocktail afternoon in the garden. People had been supported to set up an art gallery at the home of inspired inspirational pieces of art they had produced. This included, tapestries, watercolours, silhouettes and many other inspirational art pieces.

- Trips were organised on the service's minibus to local places of interest. This included supporting a person to a train yard as they loved trains.
- Staff had asked people to record on tickets their wishes. One person had written that they wanted to see their son wing walking. The staff supported the person to be able to be at the event. Another person had expressed that they had always wanted to ring the school bell. Staff had contacted a local school and had made her wish come true.
- To avoid social isolation, the companion team provided regular one to one sessions for people who preferred to be in their room or who did not want to take part in group activities. Records showed people received visits most days. A staff member told us they had a box on wheels which contained numerous activities, for example painting books, puzzles, up to date magazines which they used to support these visits.
- Consideration had been given to people's spiritual beliefs. People were able to follow their beliefs by taking part in religious services at the home. This included an on-line Catholic service on a Sunday, a Church of England service and visits from other religious representatives.
- Staff worked with people to ensure they were supported to follow their chosen beliefs. For example, one person had a prayer book of their chosen religion which staff took time to read with them.
- The staff helped people to keep in touch with friends and family. We were told that visitors were always welcomed to the home. One person told us, "They look after your visitors really well. Always a welcome and refreshments."

End of life care and support

- People received outstanding care at the end of their lives. People's end of life wishes were known and reflected in the care they received. Care was holistic and person centred.
- Staff were passionate about providing outstanding end of life care that was person centred, and focused on dignity, compassion, kindness and respect. An example of this is where a relative thanked a staff member for their extreme kindness by staying beyond their allotted time to dress and prepare their relative for the funeral directors.
- Staff made extraordinary efforts to ensure people's wishes were known and made them happen. The registered manager spoke passionately about the end of life care at the home. They told us about a person who had made it known that they wanted to eat fish and chips on Weymouth beach. The person's health had deteriorated but the staff team still enabled this wish to happen.
- People received care from staff who were skilled in end of life care, shared learning and supported each other with kindness and empathy. A visiting health professional described end of life care at the service as, "Care here is particularly very good, the end of life care is excellent".
- The provider's End of Life Strategy Policy was embedded at the home, 'To provide effective and compassionate care and support for residents who are approaching the end of life so that they can have a dignified, peaceful and supported end of their life in line with any known wishes.'
- The registered manager and staff team demonstrated a commitment to providing the best possible end of life care in line with the provider's policy. We saw numerous letters from relatives thanking the staff for the wonderful care they and their relative had received at the time of their relative's death. Examples included, "Thank goodness dad was able to be so lovingly looked after before he died and thank you to your staff who took care of me as well. Every staff member I had contact with was so kind and caring and dedicated", "Thank you for providing such a happy time and wonderful memories for my mother and me over the last few years." and "The care, warmth and companionship our mother found at Newstone House...a very happy time, felt safe and engaged and enjoyed the sociable environment and stimulation."
- Each day at the 10 at 10 meeting the heads of department discussed people who were nearing the end of their life and ensured everything they needed for their comfort was provided. Staff put in place an individual end of life care file and care plan to ensure staff had all of the required information to support the person.

- Staff developed caring, respectful relationships with people. This was demonstrated when we arrived at the inspection, where we observed staff lined up along the road showing their respects to a person's funeral corsage as it passed. This had been a request by the person and their family, and that staff raised their mugs of tea. We were told that another family had requested that a staff member who had built up a strong relationship with the person sing at their funeral.
- The management team recognised the importance of supporting people's relatives during their loved one's end of life care. They had a relative's involvement and support checklist, to ensure no areas were missed and it also included ensuring there was reserved parking available.
- Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.
- Staff worked in partnership with the GP and health care professionals to support people at the end of their life and to ensure arrangements were in place for the necessary medicines.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives spoke positively about the care the service provides. Comments from relatives included: "I think he is well looked after, very well...they have got him on the right track."
- People's care plans were detailed and written in a person-centred way. The provider had developed their own unique care system which they called 'All about me'. They had trained nurses and senior staff to use the system and had training dates scheduled for other staff. They had a target to transfer everybody's care records by the end of 2022. We found that people's care records contained information and guidance for staff about how to support people based on their individual health needs, mental capacity and preferences.
- People's care and support was reviewed regularly with them and the people who mattered to them. The provider used an evaluation process to ensure people, and their relatives where appropriate, were regularly included in reviewing their care and the support they received.
- Staff had skills and experience to identify when people's health was deteriorating, and their support needs were changing. This meant that referrals to medical professionals were made in a timely manner. One healthcare professional told us that staff contacted them appropriately about people's care needs. Another told us, "I do feel I am contacted appropriately...I feel I can discuss elements of treatment". They gave an example where they worked with the staff team to improve a person's mobility.
- Staff worked hard to ensure people living with dementia had their care needs met appropriately. The provider's 'Admiral nurse', undertook visits to the home to undertake individual assessments and to support staff to provide appropriate care. This had included putting in place care plans for people who became distressed and had behaviours which challenge. They had also introduced 'night owl snacks' to be used at night, porridge and cooked breakfasts not just being available at breakfast but could be an alternative meal as some people enjoyed it so much.
- People said they were able to make choices about their day to day lives. One person said, "You can choose what you do, when you get up and when you go to bed." Relatives confirmed that they felt people could make choices. Comments included, "He's an old-style gentleman and he's sharp and they love him. He has plenty of choice, what to eat, where to have it, when to get up" and "There's lots of choice for both of them".

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 known to staff. This included whether people needed glasses, hearing aids or any additional support. To aid staff, photographs of people's glasses and hearing aids were photographed and in people's care documents.
- We were told by the management team If needed information could be provided in large print, picture format or a language other than English.

Improving care quality in response to complaints or concerns

- Guidance on how to make a complaint was given to people and/or their relatives when they moved to the service. People told us they would be comfortable to make a complaint if they were unhappy with any aspect of their care and support. One person said, "I would complain if I wasn't happy and I think they would listen." Relatives said, "Yes, I know how. I have a whinge to the receptionist for minor things. I'd go to (registered manager) who runs the place if I needed to complain" and "Yes, I would go to the reception and ask to speak to the manager but have no need to".
- Records evidenced that the complaints process was followed when concerns were raised, with any learning shared with the staff team and used to drive quality.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and senior staff within the home had clear lines of accountability and responsibility, and staff were clear about their roles. There were always trained nurses and senior staff on duty. This meant people always had access to professional support and staff had access to ongoing advice and guidance.
- The in-house team were supported by a strongly motivated and committed senior management team who regularly visited the home and monitored the service provided.
- The provider's governance systems were embedded within the service to monitor quality and drive improvement. Every four weeks, audits were carried out on the provider's essential ten core areas of service, meetings were held, and any required actions were set out in an action plan. Areas looked at included staffing, people's care needs which include weight oversight, incidents at the home, wounds, falls and behaviours. The provider used a rating system, for each four-week period and identified if a service had areas which required improvement. At the time of our visit Newstone House was rated green.
- To address and monitor standards of practice at the home the management team used individual supervision and performance management.
- People and relatives felt the home was well managed. Comments included, "I do feel it is run well and they've done a good job during difficult times. Staff retention is good" and "It is well managed; the managers are very helpful". Relatives also commented on the warm welcome they received when visiting the home. One relative commented, "The receptionists are friendly and welcoming. Newstone House is a really nice place, and it feels comfortable like a nice hotel. The staff don't seem to be rushing around". A health care professional told us, "I highly recommend Newstone House to my clients."
- The management team worked in an extremely collaborative way with other care services. The home held monthly reviews involving a GP, frailty team and a pharmacist as well as arranging individual visits when required.
- In February 2022 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained. They recorded, 'Excellent standard throughout at time of visit...'

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

- The registered manager promoted and encouraged open communication amongst everyone who lived at

the home. There were good relationships between people, relatives and staff. Work was being undertaken to ensure communication was effective on a day to day basis. A relative wrote, 'May I thank you personally for the assistance you gave when we came to the home... May I say that I think Newstone is very well run and congratulations to you in working through a very difficult time with Covid and staff shortages.'

- The provider had an external company undertake a survey of people and relatives in September 2022 and analyse the findings. They identified communication, choice, and food as areas which required some improvement. The management team had acted promptly by meeting with heads of department and devising an action plan which would be kept under regular review. They told us the results would be shared with people and relatives and displayed in the homes reception area, on a 'You said we did display'.
- Relatives said they had been asked about their views of the home. Comments included, "Yes, have had a questionnaire" and "Yes, I have attended a relative's meeting online...it was a meaningful event with the manager there and not just a box ticking exercise. Also did a survey."
- The home had scored 9.9 on a care home review site with 86 reviews with an overall experience being rated as five out of five.
- The home was part of the local community. They invited people to the home and hosted some local events. For example, an art exhibition.
- People were involved in decisions about the home and kept up to date with any changes. There was a regular newsletter and meetings for people to share their views. Relatives had also been invited to a support group meeting which had been very successful.
- The registered manager wanted people to be involved in decisions about the home. This included a person being involved in the home's recruitment process for staff.
- Staff ensured people were kept informed and supported. For example, to help people understand the government guidance during Covid about minimising infection risks. A staff member wrote a song, 'hands, face and space' and worked with people to make a film to help with everyone's understanding.
- The management recognised the importance of a happy well-informed team. They were continuously looking at ways they could improve the communication within the home. They had numerous ways of keeping staff informed. This included a daily meeting, heads of department meetings, individual staff group huddles, staff meetings and supervisions. Staff also received a handover at the beginning of their duty and an informative handover document. The management team were also trialling a seven-day handover folder with key information about people's changing needs during the previous week, so staff could refer to if they had been off.
- The management team had innovative ways of engaging with staff. This included a 'culture meeting' to look at what a good and bad day looked like and how they could make changes. We were told about an 'all about us day' which was scheduled the week after our visit to bring the team even closer together. The itinerary of this day had been designed to be fun and informative and included a cooked breakfast and small workshops. We received feedback from the operations manager after this event, that it had been a positive day and staff had consistently reflected their goal was to create a 'home from home' for people.
- Staff were happy in their jobs which created a warm and friendly environment for people to live in. One member of staff said, "It's good atmosphere, everyone pulls together." Another member of staff said they were 'proud' to work at Newstone House.
- Staff felt supported and valued by the provider. One member of staff said that following the challenges of the pandemic there was a focus on mental wellbeing for staff and people who lived at the home. One member of staff said, "I feel lucky to be here."
- The provider values their staff teams and runs an in-home awards scheme, designed to honour and reward staff who shine in what they do and contribute to people's care every day. Staff are nominated by people, families and staff. Newstone House had been shortlisted to be the home of the year, and two staff members for the values award and a warm welcome award. Some examples of nomination quotes from people living at the home include, 'All the team, they have worked so hard to keep everyone happy.' A

relative wrote 'uncomplaining care...kindness towards other residents, laughter when appropriate and team spirit...every time I visit Dad someone impresses me above and beyond expectation and the entire team is made up of some very special people.'

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

- People were happy with the care and support they received at the home and said they would recommend it to others. One person commented, "It was recommended to me and I would recommend it to others." Another person told us, "Would recommend the home 100%."
- Relatives spoken with said they were generally happy with the care their family member received. Comments included, "I'm happy with his care...During Covid they did their absolute best to keep them safe and entertained and to give them the best quality of life. Newstone House is a dynamic place, they think imaginatively, and they don't rest on their laurels" and "I'm more than happy with Newstone House and nothing needs to change. I would recommend Newstone House."
- Staff told us morale and teamwork were good. It was sometimes difficult using agency staff, but staff still felt the care they provided was good.

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff were committed in connecting the home with the local community.
- The management team were always looking for ways to improve care. During the inspection they were holding meetings with all staff about 'back to basics', to remind them not to forget about underlying principles of care, for example, people having access to call bells, the use of pagers, food and crockery and personal possessions.

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 registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with people and families.