

Huskards Care Limited

Newday Nursing Home

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

Newday Nursing Home is a residential care home providing personal and nursing care to 34 people aged 65 and over at the time of the inspection. The service can support up to 37 people.

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

People were kept safe by staff who knew how to report concerns of abuse and manage risks to keep people safe. Staff were safely recruited and there were sufficient numbers of staff to support people. Medications were given in a safe way. Lessons were learned following accidents and incidents.

People's needs were assessed and these considered protected characteristics under the Equality Act. 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's dietary needs were met and people had access to healthcare services where required.

People were supported by staff who were caring. People were involved in decisions around their care and were treated with dignity. Advocacy services were sought for people where needed to share their views.

Staff knew people well and supported them in line with their likes, dislikes and preferences. People were supported to access activities that met their individual interests. Where complaints were made, these were investigated.

People and staff felt well supported and told us that the service was well led. There were effective systems in place to monitor the quality of the service and gather feedback on people's experiences.

Rating at last inspection

The last rating for this service was Good. (Report Published 31 December 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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 ●

Newday Nursing Home

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.

Inspection team

The inspection was carried out by one inspector, a nurse specialist advisor and an 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.

Service and service type

Newday Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the 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 with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who use the service and three relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two members of care staff, the activity co-ordinator, the deputy manager and the registered manager.

We looked at four people's care records, two staff recruitment records and records relating to the governance of the service. This included quality assurance audits, records of accidents and incidents and complaints made.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe as staff were aware of the different types of abuse and understood the action they should take if they had any concerns that people were at risk of harm.
- Where concerns were raised, referrals to the local authority safeguarding team were made.

Assessing risk, safety monitoring and management

- Risks to people's safety were managed well. Risk assessments provided detailed explanations about the risks to posed to people and how staff should respond to reduce this risk. Staff knowledge of risks reflected the information held in assessments. For example, where people had been diagnosed with Diabetes, although nursing staff were responsible for the administration of insulin, care staff demonstrated an in-depth knowledge of the condition, how they should support the person to remain healthy and the signs and symptoms of ill health related to Diabetes.
- Staff knew the actions they should take to ensure people's safety in the event of an emergency such as fire. Staff had received training and knew their specific role in keeping people safe in these instances.
- Safety checks were carried out routinely on all equipment used by people to ensure this remained safe for use.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person told us, "When I press my buzzer they come straight away to help me" and "There are enough staff. They are all very good; I can't fault them".
- Staff were not rushed in their work and told us that the registered manager was responsive in amending staffing levels where people's needs had changed. A staff member said, "I was pleasantly surprised that when we got a new person in, they also gave us an extra staff member". Our observations reflected this. Staff were visible throughout the service and people's needs were met in a timely way.
- Staff were recruited safely. Records showed that the provider had sought references from previous employers and completed a Disclosure and Barring Check prior to recruiting staff.

Using medicines safely

- People were happy with the support provided with their medication. One person told us, "The staff do my medication for me I don't do it myself. They do it properly".
- Medication had been stored safely. Medication administration records showed that medication had been given as prescribed.
- We saw staff supporting people to take their medication and this was done safely. Staff explained to the person that it was time for their medication and remained with them while they took this.

Preventing and controlling infection

- Staff demonstrated good infection control practices. Staff were seen to wear personal protective equipment such as gloves and aprons where needed and the home was clean.

Learning lessons when things go wrong

- The registered manager was proactive in learning from incidents. Reflective practice sessions took place after accidents and incidents in which the staff team gathered to discuss the incident and agree together how they could learn and make improvements to reduce the risk to people in future. One reflective practice for example, resulted in changes to admission processes so that people would be monitored more closely during a settling in period.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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's needs had been assessed prior to them moving into home and their needs continued to be assessed as and when needed. These assessments took into account any protected characteristics under the Equality Act, such as religious needs. Assessments of people's needs were detailed and identified the areas in which the person required support.

Staff support: induction, training, skills and experience

- Staff received an induction before they commenced work that included completing training and shadowing a more experienced member of staff. Staff spoke positively about the induction and told us it prepared them to support people effectively. New staff had also been required to complete the Care Certificate. This is an identified set of standards that care workers must adhere too to.
- Staff training was updated regularly and the training given reflected the individual needs of people living at the service. Staff were happy with the training given and gave examples of how the registered manager had sought additional training for them to support them in improving their practice. One staff member told us that they had requested training in colostomy care and that this was provided for them.

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

- People were happy with the meals they were provided with. People told us they had choice and that there was flexibility in their mealtimes if they did not want to eat with others. One person told us, "The food isn't bad here. We get a choice and so there's always something that I like".
- We saw that mealtimes were a relaxing experience. People sat together and chatted. People were offered a choice of drinks and condiments were available for people who wanted these.
- People's specific dietary needs were met. Where people had religious requirements such as Halal meat, this was respected and we saw people being provided with meals separate to the main menu that reflected their dietary needs.

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

- People told us that they were supported to access healthcare services where needed. One person told us, "They [staff] always get a doctor for me when I'm not well; I'm well looked after. They keep their eyes on us". Another added "I've not seen the doctor since I've been here, but I have seen the optician. The optician comes here to see me."
- Records we looked at showed that people had been supported to access health services and that staff provided support to health appointments where required.

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

- The provider was in the process of completing a refurbishment of the service to provide a Dementia friendly environment for people. This had included decorating hallways in contrasting colours and providing each hallway with a 'street name' so that people would be supported to identify where their own room was. Further work was being undertaken to replace bedroom doors with new doors that resembled a traditional front door to support people in identifying bedrooms.
- Signs around the building were available in pictorial format to support people in moving around independently. There was adequate outside space for people who wished to spend time outdoors and we saw this being utilised.

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 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. 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 , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us that staff sought their consent before supporting them and we saw staff do this. One person told us, "I'm able to make all of my own decisions".
- Staff understood the importance of seeking consent and could provide examples of how they do this. Where people were unable to verbally consent to support, staff understood the need to use non verbal cues such as facial expressions and gestures to communicate consent.
- Where people lacked capacity to make specific decisions, the registered manager had acted in line with the MCA and had made appropriate applications to deprive people of their liberty. Staff understood who had an DoLS authorisation in place and how this would impact on their support.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us that they had friendly relationships with staff and that staff were caring in their approach. One person told us, "The staff are kind. I can't fault them at all. They treat me with respect; the way that I like to be treated".
- All staff, including kitchen and maintenance staff, took time to talk with people. It was clear that people were comfortable in staff's presence and people were seen smiling, laughing and chatting with staff throughout the day.
- Staff were respectful of people's diverse needs and wishes. The registered manager showed us records of training sessions where staff had learnt how to better support people who may be Lesbian, Gay, Bisexual or Transgender (LGBT). Where people practised a religious faith, staff supported this and accompanied people to their place of worship.

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

- People were active partners in their care and had been involved in decisions where able. One person told us, "I can make my own decisions."
- People were given choices throughout the day that included where they would like to spend time and what activities they would like to join in with. Where they had made these decisions, staff were respectful of their choice and supported them to action this. One person explained, "They [staff] always knock the door before they come into my room. They also ask me whether I want to get washed and dressed now?"
- Where people needed support to enable them to make decisions, the provider had sourced advocacy services to help them.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. For example, one person requested a cup of tea. Staff responded by preparing a container of hot water, and cups of milk and asked the person if they would like to make the drink themselves at the table. This demonstrated that staff gave people the opportunity to maintain their daily living skills where able.
- People were treated with dignity and their privacy was respected. We saw staff knock bedroom doors before entering and asking people discreetly if they would like support to use the toilet.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People felt staff knew them well. One person told us, "The staff know me well. They know what I like. If they don't know what I like they'll ask me".
- Staff had taken time to get to know people's life history and this enabled them to support the person in a responsive way. For example, one person had a sentimental attachment to a doll. Staff understood the significance of this doll, and the history behind why the doll meant so much to the person. As a result, staff were seen to treat the doll with importance, ensuring the doll was well dressed, clean and cared for. Staff told us that they knew the doll was important to the person and so treated it with care.
- Care records held detailed, personalised information about people. For example, records noted how people liked their bath preparing, how they liked their drinks and what colour nail polish they preferred. It was clear that people had been asked about their likes, dislikes and preferences and these were recorded for staff to adhere to.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person at the service had a visual impairment. The registered manager had ensured that this was considered when planning the person's care. Care records detailed how best to communicate with the person to support their understanding. This included standing in specific positions to enhance their vision. Staff were aware of the person's visual impairment and understood how to support their communication needs.

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

- People spoke positively about the activities available to them. One person told us, "So many things are put on for us. I get pampered" and another person added, "We can go out shopping. The activities coordinator takes me out in my wheelchair".
- The service had a dedicated activity co-ordinator who had taken time to get to know people and facilitate activities that met their interests. Although an activity plan was available, this was flexible and people were able to choose what they would like to do each day.
- We saw people being supported to spend time outdoors, read newspapers, and chat with staff. People were supported to go out as they chose to and one person told us about their recent trip to the local shops

where they purchased pizza and chips. The person had clearly enjoyed this visit and had been keen to share this experience.

Improving care quality in response to complaints or concern

- People told us they knew how to complain if needed. One person told us, "I don't have any complaints".
- Where complaints had been made, these were investigated and resolved. People were involved in this process and outcomes shared with them.
- The registered manager kept a log of any other minor grumbles that were raised with them. Although these were not taken through their formal complaints' procedure, action had been taken in response to each one and a record kept to support the registered manager in identifying themes to complaints.

End of life care and support

- Although no one currently at the service required end of life care, the registered manager had gathered information about any particular wishes people would like to see respected 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The registered manager had developed a culture in the service that people and staff described as supportive and family orientated. People throughout the service knew the registered manager and spoke openly about the impact of their support. For example, one person told us, "You can go to the manager anytime that you want to. She'll always speak to us". A relative added, "I do know the manager yes. She's very efficient. She's a very capable person".
- Staff were highly motivated and spoke of their pride in working at the service. One member of staff told us, "I love it here, there is a real family atmosphere". There was a low staff turnover and a number of staff had worked at the service in excess of 10 years. Staff were encouraged and supported by the provider to develop their personal skills to benefit their own career and enable improvements in people's care. Two staff were supported by the provider to qualify as nurses whilst working at the service. The registered manager spoke about the benefits of this for people and told us, "We encourage it as its good for them [staff], but it's also good for people as we get a new nurse and staff want to stay, which gives people continuity of care".

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 and met their duty of candour. Where incidents occurred, investigations had been completed and people, their relatives and staff had been involved in these.
- Where concerns were raised, the registered manager had referred these to CQC and local authority safeguarding teams. Staff knew how to whistle blow if required.

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

- The registered manager had effective systems to monitor the quality of the service. This included regular audits of care records, medication and observations of staff practice. Where areas for improvement had been identified, these were acted upon. For example, where environmental audits identified items that required replacing, this action was promptly taken.
- The provider and registered manager understood the regulatory requirements of their role. They had ensured that notifications were sent to us where incidents occurred, their most recent inspection rating was displayed within the home and they had submitted their PIR as requested. The information given in the PIR

reflected what we found on the inspection.

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

- The registered manager had encouraged people's engagement with the service. Each person had their own mobile messaging group to enable regular contact and sharing of information between the service, people and their relatives. We saw that each group had a number of family members involved and that conversations were free flowing. People shared updates about their activities with relatives within the 'group chat' and where people could not use a telephone to type, staff supported them to send voice recordings to the group. The feedback given in these family groups was overwhelmingly positive, with relatives thanking staff for updates, sharing their delight at being able to get pictures and videos of their loved ones and getting support and advice from staff. This system had enabled relatives who are not local to still be involved in the service and their family member's care.
- In addition to the family group chats, people were given opportunity to provide more formal feedback in residents meetings and via questionnaires. Where people provided feedback that identified concerns, the registered manager had been proactive in using these to drive improvements.

Continuous learning and improving care / Working in partnership with others

- The provider was committed to learning and improving care. They had recently recruited an external consultant to provide recommendations on what the service could do to improve further. The registered manager explained that this was because they wanted to improve on the good practice already being demonstrated and aimed to be an 'outstanding' service. The registered manager had begun implementing the recommendations by the external professional.
- The registered manager and the staff team had introduced 'flash meetings'. These would take place where any one of the team had read something interesting in the media about good or bad practice and wanted to share this with the team. They would discuss the item and use this to reflect on their own practice and make changes. For example, a recent article was shared with the team about a care provider who had not safely stored cleaning products, leading to a service user injury. This was discussed with the team and learning points agreed for them to action in their own work.