

Crispin Homes Limited

Newland 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 19 June 2018. Newland House is a 30 bedded 'care home' registered to provide personal care to older people. People in care homes receive accommodation and 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. On the day of our inspection there were 18 people living at the service.

At our last inspection in June 2017 we identified medicines were not always managed safely and that the records relating to the administration of medicines were not always consistently completed. We also found that systems for monitoring people's conditions where people had been assessed as at risk were not always effective. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We therefore asked the provider to submit an action plan telling us how they were going to address these concerns. We received the action plan within the timescales given that showed how the improvements had been made.

At this inspection we found the provider addressed the above concerns and the service improved to Good in Safe and Well-led domains and remained Good in Effective, Caring and Responsive. As a result, the service was rated Good overall.

The service was safe. People told us they were safe and staff knew how to identify, report and escalate safeguarding concerns. People's files contained risk assessments relating to people's well-being and any individual health conditions. Where an area of risk had been identified, a management plan was in place to guide how to keep the person safe. People were supported by sufficient number of safely recruited staff. Staff received good support and complimented the provision of training. People received their medicines safely and as prescribed.

There was a registered manager running the service who started working at the service just before our last inspection in June 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider's quality assurance systems had improved. The registered manager analysed the audits and used the information to inform an ongoing action plan to ensure continuous improvement.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's rights to make own decisions were respected and we found the records surrounding people's capacity improved and were in line with the Act.

People's care plans were up to date, current and gave clear guidance to staff on how people wished to be supported. People were supported to maintain a good nutrition and were offered suitable diet that met their dietary preferences.

People knew how to complain the complaints and concerns were managed appropriately. When required, the service worked with other professionals to ensure people had a comfortable, dignified and pain free death.

The team was caring and we found people's individual needs, including equality and diversity needs were considered and respected. People's dignity, privacy and confidentiality were maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service had improved and was safe.

Medicines were managed and administered to people safely.

There were sufficient staff to keep people safe.

Risks to people's health and well-being were assessed, recorded and managed appropriately.

Staff were aware how to raise safeguarding concerns if needed.

Is the service effective?

Good ●

The service was effective.

People's right to make own decisions were respected.

People were supported by suitably trained staff that were well supported.

People were supported to meet their dietary and healthcare needs.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and kind.

People's dignity and privacy was respected.

People's confidentiality was respected and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People received support that met their needs.

People knew how to raise concerns and complaints were

managed in line with the provider's policy.

People were supported to have a dignified and pain free death.

Is the service well-led?

Good ●

The service had improved and was well-led.

The provider's quality assurance processes were effective.

People's feedback was sought and acted upon.

The staff felt valued and listened to.

The team demonstrated positive, open and transparent culture.

Newland House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to look at the overall quality of the service.

This inspection took place on 19 June 2018 and was unannounced. The inspection team consisted of two inspectors 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information the Care Quality Commission (CQC) holds about the service. This included notifications of significant incidents and complaints reported to CQC since the last inspection. Notifications are changes, events or incidents the provider is legally required to tell us about. This ensured we were addressing any areas of concern.

Throughout the day of our inspection we spent time observing care throughout the service. We spoke to five people and one relative. We also spoke with the registered manager, two care staff, one senior carer, activities co-ordinator, the maintenance person and the chef. We looked at five people's care records and three staff files including their training and supervision. We also viewed records relating to the running and management of the home.

Following the inspection, we also contacted four external health and social care professionals to obtain their views about the service. We also spoke to one more relative to gather additional feedback.

Is the service safe?

Our findings

At our last inspection in June 2017 we found medicines were not always managed safely and the records relating to the administration of medicines were not always consistently completed. We also found that systems for monitoring people's conditions where people had been assessed as at risk were not always effective. These concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We asked the provider to submit us an action plan stating how they were going to address these issues. We received the action plan that showed how the improvements were being made.

On this inspection, in June 2018 we found people received their medicines safely, as prescribed and medicine records were completed accurately. Medicines were stored securely and as per manufacturers' guidance. We observed a staff member giving medicine to people, they demonstrated an awareness of the needs and preferences of people and their practice was seen to be safe. Medicines records were pre-printed by the pharmacy and contained people's profile sheet with the details of any allergies along with the person's full name, recent photograph, date of birth and the name of their GP. There were no gaps on the MAR sheets reviewed and appropriate codes had been entered for non-administration when required. Running totals of medicines were recorded. Individual protocols for the use of 'when required' (PRN) medicines were available.

Risks to people's safety and well-being had been assessed and staff were aware of these. People's care files contained plans on how to manage risks surrounding falls, mobility, skin integrity and other individual conditions. The records showed effective outcomes were achieved in respect of pressure area care. No people suffered from any pressure sores, despite some people being assessed as being at very high risk of developing them.

People told us that they felt safe. One person said, "I feel safe. I have no fears or anxieties about anything". One relative said, "I feel [person] is safe here".

The provider had whistleblowing and safeguarding policies in place and staff were aware how to raise concerns if needed. One staff member said, "I'd report to manager, or senior of shift or to the head office – if externally, can go to Care Quality Commission (CQC) or social services".

There were enough staff to keep people safe. On the day of our inspection we observed people were assisted promptly. People said staffing was sufficient. One person said, "I stay in my room and do my own personal care but there are staff if I need them". Staff told us there was enough staff. One staff member said, "We're not short staffed, if we have agency we book the same people [agency workers]". The registered manager was actively recruiting to ensure the use of agency staff was reduced. People were protected against the employment of unsuitable staff as the registered manager followed safe recruitment practices.

People were protected from risk of infections as staff had been trained and followed good hygiene guidelines. The service, including people's rooms, communal areas, bathrooms and toilets were clean and free from malodours. Staff were seen to wear disposable aprons and gloves.

People were also protected from environmental risks. There were regular checks taking place, such as fire checks, fire drills, water temperatures checks, and equipment (hoists, wheelchairs, windows restrictors and others) checks. There was a business continuity plan in place that covered instances such as a loss of the building, kitchen, records and other emergencies.

The provider had a system to record accidents and appropriate action had been taken where necessary. For example, where a person had fallen, they were referred to the relevant professionals and encouraged to try using a protective equipment such as hip protectors.

The provider ensured when things went wrong this was used as a learning opportunity. For example, following concerns identified at our last year's inspection the provider introduced a new, electronic system for care planning and to record environmental audits and check. This allowed better monitoring and improved overview of the quality of the service.

Is the service effective?

Our findings

People were assessed prior to admission to the service to ensure the service was able to meet their needs. The service had a clear policy in place which stated the pre-admission assessment is to be carried by the registered manager or the deputy manager. The assessment included areas such as cognition, psychological, well-being (emotional, life events), physical needs, social aspect as well as expressing sexuality. Information obtained during the assessment was then used to create people's care plans.

People's rights to make their own decision were respected. We saw a member of staff assisted one person downstairs for a meal, they asked the person where they would like to eat; in the dining room or in one of two lounge areas. The staff supported the person's choice. We also saw people being asked for their choices in relation to food choices.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager ensured applications to the local authority when people were assessed as being deprived of their liberty had been appropriately submitted. We saw where people were assessed as being deprived of their liberty, corresponding capacity assessments for each specific decision had been carried out.

Staff were aware of MCA and they told us how they used it in their daily working life. One staff member told us, "Give choices to people, where people can't make specific decisions this needs to be assessed and recorded".

Staff received training relevant to their roles. Training provided reflected the standards of the Care Certificates. The Care Certificate is a nationally recognised set of training standards that all social care workers need to adhere to in their work. Staff complimented the training and support received. Staff had regular supervision and told us there was a good team work. Comments included, "Training is 100%, had plenty of refreshers and more is booked", "I did shadowing for about two weeks to find out about the residents. I have had so much support since I've been here. It's been great".

People were supported to meet their dietary needs and good hydration. We observed the lunchtime meal service and it was a positive experience. We saw when people required a pureed diet they had this and received appropriate support from staff. Staff did not rush people and people were able to enjoy their meal at the pace that suited their needs. We received mixed feedback from people, some people said the food

was good when other commented the menu could be more varied. The registered manager told us they were working on improving the dining experience and meal choices.

People were supported to access health professionals when needed. The team worked closely with various external professionals such as GPs, the Care Home Support Service (CHSS), Speech and Language Therapist (SALT) and others. External professionals were complimentary about the service. One professional said, "Manager is good at referring people. They act on recommendations". Another professional said, "Last year there were concerns, but it's much better now".

People benefitted from a clean and homely environment and were able to personalise their bedrooms. There was a well-maintained garden accessible to people and a number of shared communal areas for people to socialise in.

Is the service caring?

Our findings

The caring approach was demonstrated by the staff throughout the day of our inspection. People told us staff were kind and supportive. Comments included, "They are kind and caring" and "The staff are quite good, they try to help and are kind". One relative said, "I think [person] is extremely looked after here, [staff] always consider [person's] needs. Staff are absolutely brilliant. It's homely feel. The warmth is coming across strongly here". One external professional said, "Residents seem well cared for".

Staff encouraged people to do as much as possible for themselves so their independence was promoted. For example, one person wished to go out to town on their own. Since the admission to the service staff worked with the person to build their sense of direction and confidence. Staff supported the person to go to town and when the person was assessed as safe to go on their own they started enjoying their trips independently. Following an incident when the person got confused on one occasion and struggled to find the way home, the staff worked with the person to put additional support. Extra measures were put in place so the person could continue to enjoy their trips. We saw the person's file reflected the use of technology that allowed the person to remain independent which was clearly very important to them. Staff told us how they planned to work on encouraging people to be more independent. One staff told us, "We've been pulled into idea of promoting life skills. One person helps to make the bed, another one helped with peeling potatoes".

People's privacy and dignity was respected. We saw staff respected people. For example, we observed staff transferring one person that had very limited mobility using a hoist. We saw that at every stage of the transfer the staff kept talking to the person, explaining what they needed to do and ensure the person was comfortable with being moved, before taking any action. We saw staff knocked on people's bedroom doors before entering.

The provider had policies surrounding equality and diversity. The policy stated no one should 'receive less favourable treatment on the grounds of any of the nine protected characteristics'. For example, people's records showed people's religious needs were assessed and recorded. Staff knew how to ensure people received information in a format they required, that included supporting them with the necessary equipment. One staff member said, "Make sure hearing aids got batteries, glasses are cleaned. We had one person that used talking clock". People's care plans gave details how to effectively communicate with people. One person's care plan said, 'I appreciate staff talking loudly and clearly to me'.

People's confidential information was kept secure. People's files were kept locked and where the electronic data was concerned the staff had own login password to access the records.

Is the service responsive?

Our findings

People had care plans in place that were based on assessments of their needs. Care plans and intervention records were all stored electronically. Care plans detailed the support people needed with regards to various areas. These included, behaviour, communication, continence, daily life, death and dying, emotional support, medical support, medicines, mobility, nutrition and hydration, personal care, skin integrity and sleeping.

The service was responsive to people's individual needs and supported people's choices and continuity of care. People told us that the care they received met their preferences. One person said, "I like to be up and about, I've always been active. They help me get up and get out into the sun". Other comments included, "I'm pleased with the home. There's a peaceful attitude. There's nothing I'd improve really, I'm quite happy with it as it is" and "I'm happy here, there's nothing that could be improved, it's where I live and it's very lovely". An external professional said, "They are attentive to the wishes of patient and family. I get no sense of them having a generic approach".

Staff knew how to support people in a way that met their needs. We saw staff remained supportive and patient towards one person who was repeatedly calling for attention during the day. A member of staff spent time with the person and treated them with compassion. Due to their cognitive impairment the person became anxious and was observed to display behaviours that challenged and we saw the member of staff remained calm and respectful.

People had access to the activities provision that recognised their needs and abilities. This area was led by an activity co-ordinator who knew people's needs very well. They planned to further improve the activities provision and introduce additional ones such as baking classes. On the day of our visit we observed an art activity which five people took part in and it was adapted so it suited the needs of each participant. For example, where one person had speech difficulties they were supported in a way so they could take part and at all stages. People said they could join activities if they wanted. One person said, "I don't take part much. We have the odd quiz but there are not a lot of people here so not many take part". Another person said, "I don't get involved, they aren't my type of thing. I read the paper and watch a bit of TV. My family visit often and take me out".

People and their relatives knew how to raise concerns and the provider's complaints policy was available. Comments from people and relatives included, "If I ever had any concerns I'd not hesitate to speak to manager or any other staff" and "If I have a problem, I speak to a staff member". There was a complaints log and we saw nine verbal complaints had been recorded this year. These were all investigated and closed. There were records of action taken, for example when a person reported they had lost their hearing aid, the staff ensured the search was commenced and the missing piece was found.

People were supported to have a comfortable, dignified and pain free end of life. People's records gave details about people's preferences in how they wanted their final care to be provided. This included information about DNAR (Do Not Attempt Resuscitation) status. If needed staff worked with the relevant

professionals such as district nurses to ensure people remained pain free. One person who was nearing to the end of their life was being supported appropriately to remain comfortable. The person had their position changed at regular intervals and had been prescribed pain control medicine for when required. They also had an end of life care plan that detailed their wishes, including a decision not to be resuscitated. The staff ensured they enabled people to enjoy their final days, when one person had been assessed by the doctor as at end of life stage, staff discussed that end of life for them meant 'living till the end'. We saw a picture of when this person was taken outside in the garden on a sunny day, well supported by cushion in a wheelchair, pictured with a big smile, clearly enjoying the sun.

Is the service well-led?

Our findings

At our last inspection in June 2017 we found the provider's systems for monitoring and improving the quality of the service were not always effective. On this inspection we found improvement had been made.

There was a registered manager that started working at the service just before our last inspection in June 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager ensured regular monthly audits had been carried out, these included an audit of safeguarding concerns, falls, accidents, medicines and care plans. The registered manager analysed the results of the audits and worked towards an ongoing action plan to ensure continuous improvement. They shared with us a copy of their action plan, which included plans to further improve the dining experience and focus on embedding the vision of the 'Family' approach.

People and relatives complimented the service and told us the service was run well. Comments included, "Very approachable, I think the fact I don't visit often shows I am comfortable with care [person] is getting there" and "They are quite prepared to listen. I haven't had any problems but I get the feeling you can talk to staff and get support".

Staff also told us they were well supported and praised the support from the registered manager. Comments included, "(Registered Manager) is a good leader, easy to go to", "We've come a long way, we've done amazing, staff pulled together and manager is an amazing manager, I can trust him 100%" and "Manager is very helpful and easy to talk to".

The registered manager told us they were in a process of recruiting a new deputy manager. The registered manager spoke positively about the support from the head office and senior managers they had experienced whilst settling into their new role. They said, "The head office had been great, came and supported but also rang to ask about stress levels and work-life balance. I cannot praise them enough". Staff were encouraged to attend staff meetings. Staff reported good team work which was supported by a positive staff morale and initiatives such as 'Hartford Hero' award scheme. The scheme recognised where staff excelled in delivering good quality care and support to people.

People and relatives were able to provide feedback in various ways. There were regular meetings and the registered manager operated an open-door policy. The registered manager told us they also planned to send out satisfaction surveys to people and families soon. The registered manager took feedback on board, for example, people reported in the last years' survey the service needed a 'more of a family feeling'. The registered manager completed a leadership course and as a part of the course they were required to set their vision of the service. The registered manager came up with a 'FAMILY' that stands for 'Fulfilling wishes by, Assisting each other to, Make memories and, Inspire others to, Live their lives, Year on Year'. The

registered manager told us, "My vision had to feed into the company's vision, I want this to relate to people and staff alike". The provider's vision was to provide 'Care, comfort and companionships' to people.

Staff ensured there was a good communication and a comprehensive handover was given at shift change. The staff talked about each person and included information on their condition, any illnesses, accidents or incidents, changes in medication and pain control. Additionally, a non-clinical information was also discussed, such as visits from relatives or planned events. This ensured staff shared information about people and the upcoming events to make sure people received support they needed.

The registered manager worked in partnership with other organisations and external social and health professionals. The feedback received from external professionals was very positive and included comments such as, "Open, transparent [culture]. Residents seem happy, staff are happy, things are safe", "Things have improved since last year. Manager is up and running, he has made a difference - communication is good now, it's more of a team effort" and "Care and nursing homes generally feel under-resourced and under-staffed and yet Newland House has never felt this way to me. I would choose this home as 'my' care home if I had to choose within our immediate locality".