Care at Home Services (South East) Limited

Newington Court Extra Care Unit

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

The inspection took place on the 20 and 21 June 2018 and was announced.

Newington Court Extra Care Unit provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using Newington Court Extra Care Unit receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, there were 20 people receiving the regulated activity.

This was the first inspection of the service since their registration with the CQC on 18 May 2017, following a change in provider. The service's office was based at the site of the extra care unit.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at Newington Court Extra Care Unit. People were protected from the risk of abuse and avoidable harm. Staff received training in safeguarding and were aware of who to contact if they had concerns.

Risks to people were assessed, monitored and were reviewed regularly or when people's needs changed. People were involved in decisions about any risks they may take.

People told us and we observed there were sufficient staff available to support people to stay safe and meet their needs. The provider's policies and systems promoted safe recruitment practices.

People were supported with their medicines safely; they received these on time, as prescribed and were supported by trained staff.

People were protected by the prevention and control of infection; staff had access to personal protective equipment and had completed food hygiene training.

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 were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. The service worked with external professionals, such as district nurses, GPs, occupational therapists, physiotherapists as and when needed.

People who used the service and their relatives were complimentary about the standard of care provided by the service. People said their privacy and dignity were respected and they enjoyed positive relationships with all staff.

People's needs were assessed before they started using the service and care plans were personalised.

People who used the service and their relatives were aware of how to make a complaint.

People, relatives and staff were regularly consulted about the quality of the service. People told us the registered manager and staff were helpful and approachable.

There were quality assurance arrangements in place, which were used to identify and address current and potential concerns and promote continuous improvement.

As this was the service's first inspection under the new provider's registration there were no requirements for previous ratings to be displayed.

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 was safe.

People were protected from the risks of abuse and were encouraged to raise concerns.

Risk assessments were in place and were reviewed regularly or when people's needs changed.

Recruitment systems were robust. There were sufficient numbers of staff .

People were supported with their medication in accordance with their assessed needs and in line with guidance.

Staff had easy access to personal protective equipment and had completed infection control training.

Staff were clear on their responsibilities to raise concerns. There were systems in place to report and record accident and incidents.

Is the service effective?

Good

The service was effective.

The registered manager assessed people's needs before they started using the service.

The service was working within the principles of the Mental Capacity Act 2005 (MCA).

Staff had the right skills, knowledge and experience and undertook training relevant to their roles.

People were supported with their meal preparation in line with their assessed needs.

People were supported to access healthcare services when needed.

Is the service caring?

Good

The service was caring.

People told us they were always treated with kindness, respect and compassion.

Staff had time to listen to people and support them with their emotional needs.

People were supported to express their views and were encouraged to participate in the decision-making process about their care and support.

People's privacy and dignity were protected and respected.

Staff encouraged people to maintain independence as much as possible.

Is the service responsive?

Good

The service was responsive.

People received care which was planned and personalised in accordance to their preferences. Staff demonstrated that they knew people well.

Care plans reflected people's physical, mental, emotional and social needs.

People were encouraged to participate in activities and follow their interests to reduce the risk of social isolation.

There was a complaints policy in place. People and their relatives told us they knew how to complain.

Is the service well-led?

Good

The service was well-led.

The service promoted an open and transparent culture.

Staff spoke positively about the registered manager and felt well supported in their role.

The service used questionnaires to seek feedback from staff, people, relatives and key stakeholders.

The service worked in partnership with the local authority and health care organisations.

Quality assurance audits were completed regularly to monitor and improve service delivery.

The registered manager was aware of their registration requirements to notify the Care Quality Commission (CQC) of events and incidents that occurred at the service.

Newington Court Extra Care Unit

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 21 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be in and staff and people who used the service would be available to speak with us.

Inspection site visit activity started on 20 June and ended on 21 June 2018. It included speaking with people, relatives and staff. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one inspector.

Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history and notifications. A notification is information about important events which the service is required to send to the Commission by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted professionals involved in caring for people who used the service, including commissioners. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. We sent questionnaires to people, relatives and professionals about the service. We received a total of 15 completed questionnaires.

We spoke with four members of staff, including the registered manager and three care staff. We spoke with 12 people using the service and three relatives, to gain their feedback on the service.

We looked at a sample of six care plans and other documents relating to people's care. We looked at records related to the operation of the service, including four recruitment files, training and supervision, staff handbook, service user guide, meeting minutes, audits and quality assurance.

We also viewed the safeguarding, recruitment, equality and diversity, infection control and medicines policies.

Good

Is the service safe?

Our findings

People told us they felt safe having Newington Court Extra Care Unit supporting them in their own home. One person told us, "I feel safe here; staff are always here to support me." Another person said, "Access to the building is restricted to people living here only, which makes me feel very safe."

There was a safe system in place for the management of medicines and medicines administration records (MAR) were completed accurately. A MAR is a document showing the medicines a person has been prescribed and records when they have been administered. Medicines risk assessments were in place and described the risks associated with people administering their own medicines. One person told us, "Staff give me my medicines on time." People's medicines were reviewed by their GP when required. Medicines were administered by staff who had completed medicine's awareness training. The registered manager checked staff competency and carried out monthly medicine's audits. The audit's findings and outcomes were discussed in staff meetings and in individual supervisions where required. This ensured that learning from audits and quality assurance checks were shared in a consistent way with all staff and allowed the service to improve service delivery.

The service had policies and procedures in place for safeguarding adults. Staff also had access to the local authority safeguarding policy, protocol and procedure. All staff had received training in safeguarding as part of the provider's induction, which improved their knowledge and skills in protecting people from harm and abuse. People and staff were confident that the registered manager would listen to them and act on any concerns they raised. Staff told us what actions they would take if they suspected abuse. One staff said, "If I have any concerns I would speak to the manager immediately. If they were not available, I know I can contact the local authority and CQC." Staff were also familiar with whistleblowing procedures and were confident in its use.

The provider had safe recruitment procedures in place which enabled them to check the suitability of staff to support people. The provider carried out a range of pre-employment checks before confirming staff employment. This included Disclosure and Barring Service [DBS] checks. The DBS restrict people from working with vulnerable groups where they may present a risk and provide employers with criminal history information. Applicants had completed an application process, which included a telephone interview, completing an application form and attending an interview. Other pre-employment checks included requesting references from previous employers and exploring any gaps in employment.

Staffing levels were sufficient to meet people's needs and support them safely. The registered manager considered people's needs when allocating staff to each care call. Additional staff was provided when people needed support to attend appointments. One person told us, "There is always someone here, even at night. Staff come quickly when I call. I don't have to wait." A relative said, "[Person] is looked after very well, I feel reassured that the staff are based here and there is always someone available should [person] need any help." Staff we spoke with did not raise any concerns regarding staffing levels. One staff told us, "We have enough time allocated to support people; we also have time to sit and chat with them."

Risks to people's health and well-being had been identified and the registered manager completed risk assessments to help people stay safe, without restricting their freedom. People were involved in decisions about risks they may take. For example, accessing the community, managing their medicines and finances. People were supported according to their risk assessments. The risk assessments were routinely reviewed to ensure they held up to date information. Risk assessments included details on the equipment people needed to complete tasks and clear details were provided in its use. For example, there were details on whether the person needed a wheelchair to mobilise, walking frames or a hoist for moving and handling tasks.

The service had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. People had individualised personal evacuation plans (PEEPs) to enable them to safely exit the building in the event of an emergency. The housing provider was responsible for maintaining the fire safety of the building and people's flats. The service worked well with the housing provider to ensure essential checks, such as emergency lighting, fire alarm and fire-fighting equipment, were undertaken regularly. Staff were trained in fire procedures as part of their induction and had access to refresher courses. This helped ensure they kept their knowledge and skills updated.

People were protected from the risk of infection. People told us staff followed good infection control practices when supporting them and staff were aware of the importance of infection control. Staff had easy access to personal protective equipment (PPE) on site such as, gloves, aprons and hand sanitizers. Staff understood the importance of reporting outbreaks of flu and vomiting to the registered manager, so they could cover their work to prevent the spread of infection. Infection control training was part of the provider's induction programme.

There were arrangements in place for recording and monitoring of accidents and incidents that took place. Records were detailed and included reference to actions taken following accidents and incidents. For example, any referrals made to external healthcare professionals. The registered manager monitored and analysed the accidents and incidents records to identify trends, triggers and common themes. This helped preventing any risks of re-occurrence. A social care professional said, "The registered manager and staff are aware of risk and appear to know how to maintain a safe environment for both themselves and the residents." The registered manager shared lessons learnt with staff in team meetings and via memos.

Good

Is the service effective?

Our findings

People told us they received effective care from staff who were skilled and understood their needs. One person said, "Staff are very efficient; they have the right skills. I will not move from here. It is very good." A relative told us, "The staff are very good here. They know what they are doing. I visit often and observe. The standard of care is good." Another relative said, "This is the best place for mum; staff are very good. They understand her and know her very well."

A social care representative said, "I feel that the care provided is of a high standard. There is always familiar set of faces when I visit as the care staff has remained the same which in turn promotes continuity and this is very important when providing care support. Staff are friendly and quick to identify needs of clients and report back any changes or risks they identify."

Staff had completed their mandatory training and some were booked to attend training refreshers in the next few weeks. Training involved practical sessions and was classroom based. Staff said that they found face-to-face training helpful as it was interactive. Staff were also required to complete a competency assessment to ensure they could administer medicine, this was carried out by the registered manager. New staff were required to attend a three-day induction programme, which was in accordance with the principles of the Care Certificate. The Care Certificate requires staff to complete a programme of learning and have their competency assessed before working independently. Staff were also expected to complete a shadowing period before they could work on their own. Staff attended formal supervisions and received an annual appraisal. One staff told us, "I find the one-to-one meetings helpful. The manager is very supportive and proactive."

People's needs were assessed before they started using the service . This ensured staff knew about people's needs before they began using Newington Extra Care Unit. The service worked effectively with other services, such as local authorities and healthcare professionals, to ensure people were supported in the best way possible. The registered manager also shared essential information with staff in meetings and handovers. Care plans included a summary of the person's background, health and medical history and care needs. Records described in detail what was required from staff at each visit and specific requirements regarding the person's communication, mobility, personal care, medicines, religious and cultural observance, meal preparation, domestic tasks and personal safety.

The registered manager used the guidance in the new Accessible Information Standard when assessing people's needs. They told us relevant information would be made available in large print or other formats for people with visual impairments or sensory loss, where required. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they could understand.

Staff supported people to maintain and monitor their health and wellbeing. One person said, "Staff have helped me call for emergency help when I needed it." People were referred to appropriate healthcare professionals when there were concerns. For example, the registered manager made a referral to

occupational therapist when they had concerns regarding a person's ability to transfer. As a result, the person's moving and handling equipment was changed and they were also referred to specialist multiple sclerosis nurse team for further advise and treatment. A relative told us, "Staff had promptly called for an ambulance when mum was not well. They were taken to hospital for further treatment. When she was discharged, the service kept me informed and updated."

Where required, staff supported people with their meal preparations. People's care plans detailed the level of support they required with this aspect of their care, for example, whether people needed prompts or full assistance with preparing their meal. People were complimentary on the support they received from staff. One person said, "The food is always well prepared." Another person said, "They make sure I have a drink before they leave, which is helpful as I do forget to drink." A third person told us, "Staff pop in between calls to check if I need a drink, I like mint and lemon tea which is refreshing. I prefer coffee in the morning, which they give to me."

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 2005.

We checked whether the service was working within the principles of the MCA 2005. The registered manager and staff understood the principles of the MCA 2005 and people we spoke with confirmed that staff asked for consent before they provided care or administered medicines. People supported had varying capacity to make decisions and where they did not; action had been taken by the service to ensure relevant parties were involved in making best interest decisions. There were currently no applications to the Court of Protection.

Good

Is the service caring?

Our findings

People were complimentary of the staff and the service they received. Their comments included, "We have exceptionally good staff and care", "This is how the elderly should be looked after, we live as a community here and we are not isolated at all" and "All staff are very caring, they are like our family."

Comments from relatives included, "The staff are caring and they are like family. I have no concerns" and "We always feel welcome here; the staff are always smiling and they do a wonderful job." The service had a room available for relatives who wished to stay overnight when they are visiting their family.

A social care professional said, "In the time that I have been involved with the service, I feel that they are indeed caring and deliver a consistently good service. I have never heard any client say anything other than positive comments about the care they receive."

Staff told us they enjoyed their job role and have worked with the service for many years. One staff said, "I love my job as a carer, it is such a diverse role." Staff spoke about people they supported in a caring and compassionate way. They told us what was important to people, their likes and dislikes and the support they required. For example, staff spoke about how one person liked to bake cakes and pies and on the day of the inspection we saw the person sharing scones they had baked with staff and people. They told us, "I love baking and sharing. It brings people together."

Staff provided us with examples of how they ensured people's dignity and respect was upheld while they were supporting them. For example, by making sure doors and curtains were closed when supporting people with their personal care and discussing people's care where they could not be overheard.

People and their relatives told us they were involved in planning their care and support. One person told us, "I am fully involved in my care planning and reviews". Additionally, a relative told us, "I have all the necessary information on the care and support (person) gets. We are consulted and feel part of it all." People told us they could choose between male and female staff to support them with their personal care needs. People's preferences were recorded in their care plan for example, people had signed consent forms to authorise staff to enter their flat in the event of staff not being able to contact them.

People received care, as much as possible, from the same staff. There was low staff turnover, which ensured consistency in the support provided as people were supported by staff who knew and understood them well. People and their relatives told us they were very happy with all the staff and got on well with them. New staff were introduced to people before they started to work with them. The registered manager knew everyone who used the service because they also supported people with their care needs, covered staff sickness and absences. This also gave them the opportunity to observe staff practice and seek feedback from people and relatives.

Staff promoted people's independence. We observed staff encouraging a person to book their own medical appointment and encouraged people to mobilise independently using their walking frames.. One staff said,

"It is all about enablement; we support people with what they can't do and not with what they can do. We encourage them to as much as they can by themselves and we do not disempower people. They are encouraged to make their own decisions and choices."

People could express their views about their lives with staff and others involved in their care. Where required, they had support from staff, their relatives and friends. The registered manager was aware of how to refer people to advocacy services if people needed this support. An advocate is an independent person who can help people express their needs and wishes, support them to make decisions and represent their interest.

The service had developed good links with the local community and people felt part of the local village. For example, volunteers from the Ticehurst Community Friends assisted with taking people to their social and medical appointments. One person told us, "We feel part of the local village and volunteers take us to Church and appointments." People using the service also supported local charities by organising fundraising events.

People and staff told us they were all treated the same and there was no discrimination. Staff received training on equality and diversity and the provider had an equality and diversity policy in place.

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs. Their comments included, "I get the right support at the right time and when I need it", "All staff are excellent and provides an excellent service. We don't want to see any change", "There is always someone available if they need support" and, "They go above and beyond. We can't ask for more."

A social care representative said, "Staff report any changes in people's needs to the registered manager and they will always contact me to request either a full review or an increase in call times so that the person's needs can be met appropriately."

People and their relatives were involved in planning their care. Care plans were personalised to each person and recorded details about their specific needs and how they liked to be supported. Staff knew people well and provided support according to their wishes and preferences. The care plans included information about people's life history, including their religion, disability, gender, sexuality and ethnicity. Staff supported people to maintain these in line with their needs and choices. People were given a copy of their care plan. Each care plan also included details of the person's likes and interests as well as relevant information about their health and medical history.

People and their relatives confirmed they took part in regular reviews. The registered manager was responsible for reviewing and updating care plans and assessments, and there was evidence that people, their relatives and external professionals all had input into this. The service adjusted the support people received based on changes in their needs, as well as liaising with external professionals to ensure people's changing needs were properly supported. The registered manager and staff had sought advice from occupational therapists regarding the use of moving and handling equipment. The service also regularly liaised with GPs, district nurses and social workers.

The service promoted social and leisure opportunities for people. People had the opportunity to attend lunch clubs, which were run by volunteers from the local community. There were also activities such as coffee mornings, bingo sessions, art and crafts and movie afternoons available on site. One person living at the service organised day trips, including making transport arrangements. One person told us, "We have enough to keep us occupied, there is always something going on." A relative said, "[Person] is not isolated here; they can socialise with other people and enjoys their own privacy when they want to."

The provider had a complaints policy in place, which was made available to people through notices, meetings and service user guides. Everyone we spoke with was aware of how to make a complaint and confident they could do so if necessary. One person said, "I am aware of how to complain however, it has not been necessary. If there is something you say it and it is sorted quickly." A relative told us, "I have no concerns at all. I know who to contact if I want to make a complaint."

The provider had received one complaint in the last 12 months. This had been reviewed and responded to in line with the complaints policy, with the registered manager providing a response and sharing any learning

with the team in staff meeting. The provider used complaints as learning opportunities.

The service also kept a record of compliments received from people, their relatives and key stakeholders. A few included, 'Thank you for being extremely kind, caring and professional in (person's) final days', 'Thank you to staff for all kindness to (person) through a difficult time' and 'Thank you to the staff for seeking medical help promptly.'

Good

Is the service well-led?

Our findings

People received care and support from a service that was well led. People told us, "The registered manager does a very good job; I admire her for that." Another person said, "All staff work well together."

A relative told us, "The manager is always about and we can see her anytime." A social care representative said, "I feel that the service is well led and the team as a whole work together to ensure things run smoothly. I have an open channel of communication with the registered whether it be on the phone or email, and we have regular meetings where we catch up on all the residents."

The service had a registered manager in post. The registered manager was based at the site of the extra care unit. The registered manager was qualified, competent and experienced to manage the service effectively. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014 and demonstrated good knowledge of people's needs and the needs of the staffing team. Staff said they enjoyed working at the service and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

Staff were kept informed about matters that affected the service. They told us regular staff meetings took place and that they were encouraged to share their views. We saw minutes of these, and the agenda included items such as staffing, call times, training and health and safety. Staff we spoke with told us the registered manager was approachable and they felt supported in their roles. One staff member said, "The manager is fantastic and does a great job," and another staff member said, "The manager is supportive and flexible in her approach."

The staff we spoke with were clear about their responsibilities and were motivated to provide high quality care and understood what was expected of them. Staff had the opportunity to discuss their job role and responsibilities in supervisions, appraisals and staff meetings. They spoke with enthusiasm about the people they supported. Each of the staff were positive about the support and quality of care offered by the service. One staff said, "We help people to stay in their own home for as long as possible. We encourage and promote independent living."

The service worked well with the local authority to facilitate care packages at short notice where possible. This helped reduced hospital admissions. The service successfully liaised with external organisations. For example, GPs, social workers, occupational therapists and district nurses. The service kept good links with the local community and supported people to engage and be part of the local village.

The service had implemented surveys about the quality of service people experienced and people also had access to feedback forms which they could use to raise any issue, concern or give compliments to the service. Survey forms were also sent to family, friends and staff. The survey results indicated people were happy with the service they received and complimentary comments were made towards staff and management.

We looked at the arrangements in place for quality assurance and governance. The provider had oversight of the service and carried out a quarterly audit. This helped them check people were receiving the care and support according to required standards. The registered manager completed monthly audits to monitor how the service was operating and to drive forward improvements. A range of checks were undertaken. These included care files, staff records and medicines. Any areas for improvement were recorded in an action plan and discussed in staff supervision meetings. Any accidents and incidents that involved staff or people who used the service were monitored to ensure trends and triggers were identified. The registered manager told us how they reviewed all aspects of the service and addressed any elements where they felt improvements could be made.

The registered manager was aware of what was required to be reported to CQC by law. We had received notifications when they were required. As this was the service's first inspection under the new provider's registration there were no requirements for previous ratings to be displayed.