

Crispin Homes Limited

Newland House

Inspection report

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Date of inspection visit: 3 June 2015
Date of publication: 31/07/2015

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	

Overall summary

We inspected Newland House on 3 June 2015. Newland House provides residential care for older people over the age of 65, some are living with dementia. The home offers a service for up to 30 people. At the time of our visit 25 people were using the service. This was an unannounced inspection.

We last inspected in May 2013 and found the service was meeting all of the required standards.

There was not a registered manager in post on the day of our inspection. A new manager had been employed by the provider and they had started the process to register

with the Care Quality Commission. They were supported by the former registered manager, who was now working as a quality support manager and a regional manager. 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.

Summary of findings

People were supported and cared for by kind, caring and compassionate care workers. Care workers knew the people they cared for and what was important to them. Care workers supported people to stay as independent as possible.

People were supported with their healthcare needs. People had access to food and drink and were supported by care staff with appointments. Healthcare professionals were working in the home and providing support to ensure people were protected from the risk of falls.

People spoke positively about their lives in the home. There were activities for people and they were supported to follow their interests and maintain relationships which were important to them.

Care workers had the skills they needed to meet people's needs. Care workers knew how to assist and reassure people before they became anxious. Care workers were supported by a strong management team and could access training and qualifications to develop their skills.

Care workers had knowledge of the Mental Capacity Act 2005. Where people did not have the capacity to make specific decisions, care workers ensured people's rights were protected. The manager had knowledge of Deprivation of Liberty Safeguards and ensured where people were deprived of their liberty this was carried out in the least restrictive way.

People, their visitors and staff spoke positively about the manager and the quality support manager. The manager was responsive to people's needs and concerns and used people's views to make improvements to the service.

The manager had support from the provider and had effective systems to monitor and improve the quality of care people at the home received. Care workers had the information they needed to meet people's needs and were encouraged to suggest improvements to the service. Staff were supported to make decisions and were aware of the caring culture the provider was trying to promote.

Summary of findings

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. People felt safe at the home. Care workers knew their responsibilities around reporting allegations of abuse and ensuring people were safe.

There were enough staff deployed to meet the needs of people. Care workers identified the risks of people's care and helped people manage these risks.

People received their medicines as prescribed.

Good



Is the service effective?

The service was effective. Staff had the skills they needed to meet people's needs. Staff had access to training, effective supervision and professional development.

People were supported with their nutritional and healthcare needs. Where people were at risk of malnutrition, staff took appropriate action. Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People who exhibited behaviours which were challenging were reassured and supported by care workers to protect their dignity.

Good



Is the service caring?

The service was caring. People spoke positively about the care they received from care staff. Care workers knew the people they cared for and what was important to them.

People were treated with dignity and kindness from care workers and were supported to make choices.

Care workers respected people and ensured that their dignity was respected during personal care.

Good



Is the service responsive?

The service was responsive. People had access to a range of activities and were supported by care workers to follow their interests.

The service promoted people's independence and supported people to maintain their relationships.

People and their visitors views were sought. The manager used these views to improve the quality of service people received.

Good



Is the service well-led?

The service was well-led. People, their visitors and staff spoke positively about the manager and their management support.

The manager was supported by the provider and all staff spoke positively about how they were supported to make decisions in the home.

The manager had a range of effective audits in place which helped improved the quality of the service. The home had a clear caring culture which all staff were aware of.

Good



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 checked 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 3 June 2015. This was an unannounced inspection. 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 visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams.

We spoke with 10 of the 25 people who were living at Newland House. We also spoke with three people's relatives or visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three care workers, a domestic worker, the home's cook, the deputy manager, the manager, a regional manager and quality support manager employed by the provider. We also spoke to a visiting healthcare professional who was visiting people on the day of our inspection. We looked around the home and observed the way staff interacted with people.

We looked at five people's care records, and at a range of records about how the home was managed. We reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

People told us they were safe. Comments included: "I've been very lucky, I am safe here", "I'm definitely safe here", "I have no concerns." Relatives told us they felt their loved ones were safe. One relative said, "I have peace of mind. They are safe and comfortable here."

Care workers we spoke with had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Care workers told us they would document concerns and report them to the manager, or the provider. One care worker said, "I would go to the manager immediately." Another care worker added that, if they were unhappy with the manager's or provider's response, "We can go to safeguarding. The details are right by the front door. I haven't had to though." Staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role.

The manager and quality support manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the registered manager and provider had ensured all concerns were reported to local authority safeguarding and CQC. They also ensured all action was taken to protect people from harm.

People had call bells in their bedrooms and we saw these were always within their reach. We observed care staff responded promptly when call bells were used. One person said, "If you want anything they are there straightaway. I am actively looked after very well here." Another person told us of night staff, "The staff on night duty are always dropping in to check on me and to see I'm ok." We observed care workers spend time with people, talking about their days and their interests. The atmosphere in the home was calm. One relative told us, "the staff are very good. there is a consistent staff team which is good."

Care workers told us there were enough staff to meet people's needs. Comments included: "We're really well staffed. We have time to spend with people, doing things like puzzles", "Most of the time we have enough staff. We always have the staff to meet people's needs, however one more would help us go that extra mile", "I have time to spend with people in their rooms. Staffing is good."

The manager had a system for ensuring there were enough care workers deployed to meet people's needs. They told us this was a flexible system based on feedback from care workers, people and their relatives. Staffing changed throughout the day to ensure people's needs were met. The manager told us that an extra care worker was deployed in the evening to "support the time when people walk with purpose in the evening." We saw the home's rota's clearly showed the staffing levels consistently met the manager and providers expected levels.

People had assessments where staff had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, social isolation and nutrition and hydration. Risk assessments enabled people to maintain their independence and stay safe. One person was supported to use the steps to the first floor. A risk assessment gave care workers guidance on how to support this person.

One person told us how care workers supported them to stay safe as they were at risk of falls. They said, "I'm not very good on my legs now. I had a tendency to fall over in my room and so the staff are always dropping in to keep an eye on me." We observed that care workers checked on and spent time with the person on several occasions throughout our inspection.

Four people were cared for in bed. Care workers had assessed these people were at risk of pressure area damage. Clear care and risk assessments were in place on how care workers were to support these people and the pressure relieving equipment, such as pressure mattresses they needed. People were assisted to reposition when they needed to be and there pressure relieving equipment was set to effectively meet their needs.

Care workers worked with people and their GP's to review their medicines. One person told us that they were on a large number of tablets each day to manage the symptoms of their Parkinson's, which made it difficult for them to walk. They said "staff were marvellous" and had helped regulate their medicines and they were now taking less tablets and with support from care workers was able to walk with walking aids. The person told us they were very happy in the home.

All medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each

Is the service safe?

person. Medicine stocks were checked monthly by nursing staff. These checks showed staff monitored stock to ensure medicines were not taken inappropriately and people received their medicines as prescribed.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

Is the service effective?

Our findings

People and their visitors spoke positively about care staff and told us they were skilled to meet their needs. One person told us, "They [care workers] have lots of ways of doing things well here." Another person said, "The staff are lovely and organised." One relative told us: "I haven't met a member of staff that I'm not 100% sure about. The staff have also been very good with me and they are very supportive to me and helping me get used to her changes and they are good at explaining what has been going on."

Care workers told us they had the training and skills they needed to meet people's needs. One Care worker said, "The training is really good. The manager geared me up with training before I started came into a caring role." Another care worker told us, "We're supported to bring what we learn into the home and help improve it."

Staff told us they had been supported by the manager and provider to develop professionally. One care worker told us, "I've done a lot of training, NVQ (National Vocational Qualification) 2, palliative (end of life care). The manager always asks if we want training and we can request training. There are courses we can always attend." Another care worker said, "I've been offered to do an NVQ, and this is something I am interested in. I've discussed this in supervisions and they're looking to support me."

Care workers told us they felt supported by the manager, the provider and other senior staff. One care worker said, "The management are amazing. As a team we all support each other." Another care worker said, "The managers are easy to talk to and supportive."

Staff had access to supervision and appraisal from the manager. Staff supervision records showed staff were supported, able to request training and challenged to improve. Supervision records also showed care workers were observed assisting people and these observations were discussed to identify good practice and improvements. One care worker said, "supervision is bi monthly. It seems all the time. We get asked if we have any problems, if we know what we are doing and training."

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning,

implementing and evaluating people's care and treatment. These included GPs, psychiatrists, district nurses, community mental health nurses and speech and language therapists.

One person told us how care workers had supported them to have access to additional healthcare services. They said, "They [care workers] have arranged for a chiropodist to come and see me and the dentist comes too." Another person told us, "I needed new glasses and the optician came but I can't get on with them and he is going to have to change them." They told us staff had contacted the optician and they were booked to come again.

Care workers had been given specific guidance from occupational therapists for one person who was cared for in bed. This contained information on how care workers were to support this person to transfer, including the equipment needed. Care workers we spoke with knew how to assist this person, and the equipment they needed was stored in their room.

Two people were supported by care workers with thickened fluids because they were at risk of choking. They had been assessed as at risk and speech and language therapist (SALT) guidance had been sought and followed. We observed care workers prepare people's drinks in line with this guidance. Where care staff had concerns over people losing weight they contacted the person's GP. People were supported with dietary supplements and were given support and encouragement to meet their nutritional needs.

People spoke positively about the food and drink they received in the home. Comments included: "The food is definitely good", "I'm happy with the food. We have two good cooks, everyone seems happy and nothing seems to get left", "Mealtimes seem to be a good selection and they always look and smell good too, makes me hungry." One relative told us, "The food is excellent, she [mother] has put on one and half stone, we think she wasn't eating properly before and they are watching her weight now."

One person told us how they had regular choice over their meals. They told us how they liked tea, with bread, butter and fresh fruit. We observed care workers were very supportive to people when offering choice of meals. One care worker supported a person to make a choice of drinks and biscuits, they ensured the person had a choice, even though they knew what the person preferred.

Is the service effective?

We observed people enjoying their lunch in the dining room. A care worker and the chef ensured people had the food they wanted. One person did not enjoy their main meal and was given support to change this. The care worker ensured people had the support they needed. Condiments and extra food and drink were available to people if they wished. Where people needed assistance to eat their meals, care workers sat next to them as they served them their meal, to ensure it did not cool down.

Care workers and the chef were aware of people's dietary needs and preferences. One person had an intolerance to certain food types. This was clearly recorded in their care plan and clear guidance was provided on how care workers and chef should support them with their meal choices.

Care workers had good knowledge of the Mental Capacity Act 2005 (MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time). Care workers told us how this affected their role. One care worker said, "It's about choice. Just because someone can't decide where they wish to live, they can choose what they want to eat, drink and wear." One person's care plan showed how they were to be supported by care workers with clothing choices. The care plan stated the person could make odd choices around their clothes, however as long as it did not put them at risk, such from tripping, care workers should respect their choices.

The manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made as the person wanted to continue to access the local community independently, however they no longer had the capacity to understand the risks associated with this choice. The manager made a Deprivation of liberty safeguard (DoLS) application which was approved following a meeting to consider the person's best interests. This meeting included the person's family and social worker. DoLS is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety.

Care workers had the skills they needed to assist people who could become anxious and exhibit behaviours which challenge. One care worker told us about a person who could become anxious if they were unable to go outside or if they needed the toilet. The care worker said, "I know when they're getting anxious, they'll raise their voice and will walk around a lot more. I'd ask them if they want the toilet or to go outside and assist them before they may get agitated."

Is the service caring?

Our findings

People and their visitors were wholly positive about the care and support they received in the home. People also told us the care workers were excellent and made them feel comfortable and cared for. Comments included: "They are excellent. Nothing is too much trouble for them", "I like it here, it's the most beautiful place. I'm lucky to be here" and "I hope they get a good report so that lots of other people can come here and see how good it is." One relative told us, "There's a nice family feel here and mum absolutely loves it here. All the staff are so kind and caring, they are all very kind and the grand children know they can breeze in and out and they will get biscuits and a drink and it's all just like home from home."

We observed the deputy manager and activity co-ordinator take time to assist someone to watch a video on the internet at their comfort. The person wanted to watch a video of an interview their relative had given on a local radio station. The activity co-ordinator told us the person had watched it before, and they had talked about the interview and why it was important to them. They worked with the person to ensure they could watch it in comfort as the computer needed to be connected to the internet. The deputy manager made sure everything was okay and the person was comfortable and able to watch the video on a laptop. The person told us, "Nothing is too much trouble for them."

One person who was living with dementia and exhibited behaviours which could challenge staff when anxious. Care workers spoke confidently about this person's preferences and told us the person liked to be outside or be busy. On the day of our visit a care worker had supported the person to go for a walk in the home's garden. The person's care plan documented that they liked to be kept busy doing household duties, such as cleaning tables or sweeping leaves, and this was reflected in their daily care notes. During the morning of our inspection care workers and the manager assisted the person to sort their wardrobe. Staff knew this person and what was important to them, and assisted them to ensure their well being was maintained.

The manager had also identified this person could not go outside as much as they would like as the back garden was not secure and the person was at risk of accessing the community unsupervised. The manager told us this person liked to sit with a friend they had made in the home in the

garden, and staff (along with the people's relatives) were supportive of this friendship. The manager informed us they were looking to buy a gate so the garden could be secured. We were told by the manager and quality support manager this gate was being installed immediately after the inspection to ensure there was a secure space outside which people could access at their will.

We observed care workers and the manager taking time to talk to people throughout the day. They went out of their way to ensure people were happy and comfortable, and had everything they needed. One domestic worker took time to sit with people and talk to them about their days. We also observed the manager and care worker look after one person who walked around the home with purpose. They helped the person and guided them around the home and also supported them to find their favourite hat.

One care worker told us how they supported people to be as independent as possible at mealtimes. They said, "One person needs some support with their meals, they sometimes need a bit of support to start eating. We help them to start, guide them with their cutlery to the food. They then can help themselves. It promotes their independence." We observed this care worker, assisting this person at lunch, and saw how they assisted them to eat their meal independently. The care worker checked the person was okay and took time to encourage the person and ensure if they needed any further help.

One person told us how care workers supported them with their religious beliefs. They said, "They [care workers] are very good people here. I've been a Christian all my life and go out to the Church down the road. Two of my church come in every week." They told us recently they had changed their faith and had been supported by care workers to go to services and had regular visitors from their chosen faith. They spoke highly of staff for giving them support and respecting their decisions.

One person told us staff assisted them to be clean and well presented in accordance with their wishes. They told us they had a wash basin and toilet in their bathroom and that the care workers helped them have a good wash every day. They said, "They get me washed and dressed, they are good help, I need help with my socks and trousers. They make sure I have a clean shirt everyday." When we asked them if they were happy with the care they received, they told us, "They [care workers] are more than good, they are perfect."

Is the service caring?

One relative told us how they felt emotionally supported by dedicated and skilled care workers and the manager following changes with their relatives care. They told us, “The staff have also been very good with me and they are very supportive to me with helping me get used to her changes and they are good at explaining what has been going on.”

One person was asked for their views of where they would wish to be treated in the event of their health deteriorating. The person, with support from their family had decided they wished to be cared for in the home. A Do Not Attempt Cardio Pulmonary Resuscitation form was in place which stated they did not want to receive active treatment in the event of heart failure. The person and their family's wishes around their end of life care had clearly been recorded, meaning their wishes would be respected by care staff.

Staff clearly knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. One care

worker told us how they supported someone who was cared for in bed. They told us what was important to this person and made them feel happy and comfortable. This included singing, talking to them and reassuring them. Staff spoke positively about the time they got to spend with people, and the importance in making their lives as full as possible.

People were treated with dignity and respect. We observed staff assisting people throughout the day. One person liked to spend most of their day in their room. Staff checked on this person, knocking on their door and introducing themselves. When staff assisted this person with personal care they ensured their room door and curtains were closed to ensure their dignity was protected. People were asked if they preferred a male or female care worker providing their personal care. Their preferences were recorded in care plans and people told us their choices were always respected.

Is the service responsive?

Our findings

People spoke positively about their social lives within the home. Comments included: "the activity co-ordinator does sing-alongs and bingo and we have chats and lots of music", "All the visiting entertainers are very good", "I love everything here. I have mementoes in my room and the games and bingo are all well organised. My Daughter takes me out into town in my wheelchair and I also go into town for podiatry." and "There is a lot going on in the place." A relative told us, "The activity lead is very good and the staff spend a lot of time talking with mum and they are very caring."

The provider employed an activity co-ordinator, who were supported by care staff to deliver a full programme of activities and events. Throughout our inspection we saw people being assisted with activities, such as bingo, board games and watching DVDs. We observed care staff assisting people with activities on a one to one basis. One care worker took time to accompany people for a walk, whilst we observed a domestic worker talk to a person about their day.

The activity co-ordinator told us they provided a range of games and bingo, arts and crafts, reminiscence sessions and food related cooking and baking activities. They told us they played music a lot which was very popular with people. We observed people asked for a musical DVD to be played during the morning of our inspection. One care worker told us, "One or two residents do like to dance. It's really important to them."

To protect people from the risk of social isolation, the activity co-ordinator and care workers visited them in their rooms and play music to them. They also told us they arranged religious visitors for people who were cared for in their rooms, to enable them to maintain their religious beliefs.

The activity co-ordinator told us they had their own financial budget for visiting entertainers and seated exercise. They also told us for National Care Home Open Day they had booked an Artist who encourages people and visitors to join in. They also had support from other activity co-ordinators employed by the provider and met with them during activity forum's so they could learn from each other and share best practice.

People's care plans included information relating to their social and health needs. They were written with clear instructions for staff about how care should be delivered. They also included information on people's past work and social life as well as family and friends.

The care plans and risk assessments were reviewed monthly and where changes in need were identified, the plans were changed to reflect the person's needs. Relatives told us they were involved in planning their relatives care. We also saw, where appropriate, people's relatives signed documents in their care plan which showed they wished to be involved. One relative explained how they were involved in discussing their relatives changing care needs with staff. This was clearly recorded in the person's care plan. They told us, "I'm informed if her care plan is changed and I sign it off. I see all the DN notes and I'm called if anything changes." Another relative told us, "I go through my mother's care plan monthly with their care worker, it's a really good idea."

People and their relatives told us they knew how to raise concerns if they needed to. Comments included: "I've raised a concern in the past and the manager dealt with it. The service is very good, I've got no complaints", "The only criticism I had was that sometimes the left hand didn't seem to know about the right hand. It was quickly and quietly resolved after I raised it and I have noticed a difference since" and "I've got no complaints. I would tell the manager if I did."

One relative told us how the manager had responded to their concerns. They told us they had raised a concern about the front door of the home, and were concerned their relative wasn't safe. They told us, "This had been resolved, and there was now a code lock on the front door". They knew the code, and it made them feel comfortable that no strangers could enter the home in the evenings.

There was a complaints policy which clearly showed how people could make a complaint and how the manager and provider would respond to this complaint. Complaints had been responded to in accordance with the provider's complaints policy. The registered manager kept a record of all the compliments they had received from people and their relatives and these were available for people and their visitors to look at.

Is the service well-led?

Our findings

People and their relatives spoke positively about the manager. Comments included: "The manager is very approachable" and "The manager listens to us, which is important" and "There has been a positive difference in the last few months, since the manager came in."

There was not a registered manager in post on the day of our inspection. A new manager had been employed by the provider and they had started the process to register with the Care Quality Commission. They were supported by the former registered manager, who was now working as a quality support manager and a regional manager. 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.

During the day we observed the manager, quality support manager and regional manager were visibly present in the home. People and their relatives knew them. People and relatives felt that managers listened to what they had to say and they responded to their comments.

The provider sought people's views on their care to help improve the service people received. A customer satisfaction survey was carried out which identified people's views on their individual care and how the home was run, including activities, food and staff. In 2014 people used the survey to tell the provider there was not enough activities, with one person saying there was no activity co-ordinator at the weekend. Following this the provider had arranged for an activity co-ordinator to be employed at the weekend. In the most recent survey people told the provider they had noted an improvement.

People and their relatives views had been sought on the food they were provided. This was a topic of discussion with people around the way desserts were presented. The manager discussed this with the chef during supervisions. New dessert bowls had been provided and the chef decided to add chocolate bits to desserts. At this inspection we found changes had been made. The chef and care workers spoke positively of the change. One person said, "It looks very nice."

The manager and representatives from the provider carried out a range of audits to ensure people were receiving a good quality service. These included audits on medicines, health and safety, care plans and infection control. Where concerns had been identified, actions were taken, such as preventative measures to ensure people's care plans were current, accurate and reflective of their needs.

Incidents and accidents were recorded by care workers when they occurred. The manager looked at these records to identify any possible trends when accidents had occurred. The manager was proactive in identifying these trends and had ensured information was shared with local healthcare professionals. People could be assured that the manager used all the information they had to ensure the service people received was meeting their needs.

The manager was working with the local care home support service around improvements with dementia care. This was a project which was being led by the care home support services and local community mental health teams. We spoke with a nurse from the care home support service who spoke highly of the service and how care workers managed people and their anxieties. They said, "This is a good home. It is somewhere I'd put my 'mum'".

The manager told us they had plenty of support from the provider, through the quality care manager and their regional manager. On the day of our inspection the regional manager was on site to carry out the manager's supervision. The quality care manager, who was the home's former registered manager was also on site carrying out quality audits. The manager spoke positively about the support they received and how this enabled them to maintain the quality of service people received.

Care workers were supported to make decisions and told us they were supported and involved in discussing improvements within the home. One care worker told us, "We're always asked what we can improve. In staff meetings the manager ensures the meeting is open and that we're listened to." Staff also had the information they needed to meet people's needs. They told us they received this through team meetings and handover notes.

The provider and manager ensured care workers were aware of their responsibilities in caring for people living at the home. The manager used team meetings to discuss these responsibilities around activities and spending time

Is the service well-led?

with people chatting or drinking tea. People, their relatives and visitors and staff spoke positively of the friendly and family feel about the home. One person said, "Staff make it my home."