Barchester Healthcare Homes Limited

Newton House

Inspection report

148 Barrowby Road
Grantham
Lincolnshire
NG31 8AF

Tel: 01476578072
Website: www.barchester.com

Date of inspection visit:
27 April 2021

Date of publication:
08 June 2021

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service

Newton House provides accommodation, nursing and personal care for up to 120 adults with needs relating to dementia, physical disabilities, and mental health. The service is divided into four separate units.

At the time of our inspection visit there were 81 people using the service.

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

People were well-cared for at Newton House. Staff responded to people's needs in a sensitive and caring manner. Staff spoke respectfully with and about people and were quick to respond to their changing needs.

Staff knew how to keep people safe and what to do if they had any concerns about their health or welfare. People's care and nursing needs were met, with the support of external health care professionals where necessary

The premises were divided into four units, known as communities, to provide a homely atmosphere. Each community had its own staff team who knew the people they supported well. There were enough staff on duty to ensure people's needs were met including nurses, care workers, activity co-ordinators and ancillary staff.

The manager and staff were friendly and approachable and worked as a team to ensure people had a good quality of life. There were lots of activities for people to take part in and we saw people enjoying one-to-one sessions with the activity co-ordinators.

The manager and provider carried out regular audits to check on the quality of the service. They listened to the views of people, relatives, and staff and made improvements if they were needed.

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

Why we inspected
This was a focused inspection based on concerns we had received about the service. These were in relation to people's care and governance. As a result, we undertook this focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Newton House on our website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Newton House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors, a specialist advisor, and two experts by experience. A specialist advisor is a person with professional expertise in care and/or nursing. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection the registered manager was no longer working at the service but had not yet deregistered. A new manager was in post and in the process of applying for their registration.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we received about the service since the last inspection. We sought feedback from

the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection
We spoke with four people using the service, 17 relatives, the manager, the deputy manager, three nurses, and four care workers. We also spoke with members of the service's senior management team consisting of the senior regional director, the clinical development nurse, and the manager's mentor (a registered manager at another of the provider's services).

We reviewed a range of records including people's care records and a sample of medicines records. We also looked at records relating to the management of the service including audits, policies and procedures, and infection control documentation.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. Relatives said their family members were safe because the staff were caring, the premises secure, and there were good infection control measures in place.
- Having contact with their family members during the pandemic reassured relatives of their family members' safety. A relative said, "[Person] is safe because I was able to speak to them through video calls and could see they were safe."
- Staff were trained in safeguarding (protecting people who use care services from harm). They knew what to do and who to go to if they were concerned about the well-being of any of the people using the service.
- Managers followed local safeguarding protocols and worked with the local authority and CQC to safeguard people.

Assessing risk, safety monitoring and management

- Staff assessed people's needs and put care plans and risk assessments in place to ensure they had the support they needed. These were regularly reviewed, and changes made where necessary so people continued to receive safe care.
- For example, if people were at risk of choking and/or weight loss, staff completed food and fluid charts to monitor their intake, and the kitchen prepared 'soft' diets and fortifying meals. A relative said, "[Person] eats well and has put on weight. The staff show us what [person] has been eating on [online messaging service]." This was reassuring for the relative.
- Where necessary, staff sought advice from external health care professionals, for example dieticians, physiotherapists and community psychiatric nurses, on how best to keep people safe. Their advice was incorporated into people's care plans and risk assessments.

Staffing and recruitment

- The service was well-staffed with a kind and caring staff team. A person said, "They [the staff] all care for me here." A relative said, "The staff know what they're doing. They are trained to meet the residents' needs."
- There were three nurses and a team of care workers on duty day and night to ensure people's nursing and personal care needs were met. The service had four units, known as communities (although one was closed for refurbishment at the time of our inspection visit). A nurse acted as 'head of community' in each unit providing leadership and support to the staff team.
- Managers used a dependency tool to calculate staffing numbers. A dependency tool is used to work out how many staff are needed per shift to meet people's care and other needs. Records showed staffing levels were flexible as people's needs changed.
- Staff were safely recruited and trained to provide appropriate care for people.

Using medicines safely

● Some people were on time-specific medicines (medicines that must be given at a certain time to make sure they are safe and work effectively). Staff had not always recorded the time these medicines were given. We discussed this with the clinical development lead who immediately sent written instructions to each unit reminding staff to always record this information.

● Medicines were stored securely in temperature-controlled environments. Effective systems were in place for ordering and disposing of medicines.

● If people were on covert medicines (medicines administered in a disguised format) there were GP letters in their care files showing this had been authorised.

● Records showed staff had the information they needed to safely support people with their medicines, for example, pain charts, PRN (as required medicines) protocols, and information about any allergies. Medicines were administered in the way people wanted them to be, as recorded in their medicines care plans.

Preventing and controlling infection

● Relatives said staff kept their family members as safe as possible from the risk of COVID-19. They said the home used testing, vaccinations, visiting screens, and PPE (personal protective equipment) to keep people safe.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. A family member told us, "During COVID-19 I have received email from the head office regarding policies and procedures in place to inform me of the actions the home is taking."

● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

● Staff had a system for recording 'lessons learnt'. They documented accidents and incidents and completed a form to record learning from them, and any changes made to the service as a result.

● For example, when one person's medicine wasn't ordered on time, managers introduced a daily tracking system to prevent this happening again. This demonstrated a positive and proactive approach to learning when things went wrong.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the service culture they created promoted high-quality, person centred care.

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

- The service had a warm and welcoming atmosphere and the premises were spacious, homely and well-decorated. People's needs were promptly met, and staff continually interacted with people.
- The manager and staff were friendly and helpful. A relative said, "The staff are amazing and approachable, they are more like friends." Another relative said, "The manager and staff all work hard and are committed to the residents."
- A staff member said, "[Manager] wants to improve the service and is on the side of the residents and the staff. If we are short staffed [manager] comes and works on the unit. [Manager] is resident orientated, supportive and fair."

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

- The service's registered manager was no longer working at the service. A new manager was in post and applying to the Care Quality Commission (CQC) for registration
- Care documentation was up to date and comprehensive, however some staff members' handwriting was difficult to read, and some people's care files overfilled, which made them difficult to access. The manager said they would address these issues.
- The provider's quality assurance system included regular comprehensive audits carried out by the manager and the service's regional director. These included getting the views of people, relatives, and staff.
- The audits were effective. Shortfalls in the service were identified and addressed. For example, improvements were made to food and fluid charts, staff training, and call handling, following recent audits.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood and complied with the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.
- Relatives said staff always told them if their family member was involved in an accident or incident. A relative said, "When [person] had a fall, they called us straight away." Another relative said, "We are told immediately if something is wrong with [person]."

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

characteristics

● Staff sought people views on the service at regular socially distanced residents' meetings. Minutes showed people discussed activities, quality of care, and food, and their views were recorded as part of the provider's quality monitoring system.

● People's views were shared with senior managers so they could understand what was important to people and how well their needs were being met.

● Relatives spoke positively of the approachability and kindness of the manager and staff. A relative said, "They involve me in [person's] care and ask for my opinion. They are good at communicating with me and I have never felt shut out, even during COVID."

● The manager had an open-door policy and staff were encouraged to share their views, including concerns, with the manager. There were regular staff meetings where staff could comment on the service and make suggestions for improvements. Staff had regular supervisions and competency checks to help ensure their work was of a good standard.

Continuous learning and improving care

● Parts of the premises had been refurbished and redecorated. A person told us they liked the new colours which they said were 'soft' and 'uplifting'. Work was ongoing, with one unit closed for refurbishment.

● One unit's enclosed garden area needed improvement. A person using the service showed us round this garden and pointed out what needed doing. There were issues with access, uneven paving, unsafe fencing, and tripping hazards. People could only use this garden accompanied by staff for safety reasons. This restricted people's access to the garden.

● Senior managers knew the garden needed improving but said the work had been put on hold due to COVID-19. Following our inspection they contacted us to say the work had been authorised and the resources were in place for the work to begin.

Working in partnership with others

● Staff worked closely with visiting health care professional to ensure people's healthcare needs were met. Records showed people received specialist health care when they needed it from health care professionals including the tissue viability team, dieticians, and physiotherapists.