

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Newhaven Care

20 Penkett Road, Wallasey, CH45 7QN

Tel: 01516305584

Date of Inspection: 26 July 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard

Details about this location

Registered Provider	Mr Danny So
Registered Manager	Mrs. Catherine Higginson
Overview of the service	Newhaven Care is a domestic style property that is registered to provide personal care for up to 14 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Care and welfare of people who use services	6
Meeting nutritional needs	8
Safeguarding people who use services from abuse	9
Management of medicines	10
Supporting workers	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 July 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff and talked with commissioners of services.

What people told us and what we found

People living at Newhaven Care had a learning disability and most had lived at the home for a long time. When we visited on 26 July 2013 there were eleven people living at the home. Most people had limited verbal communication, however the staff working at the home were able to understand people's needs and choices and there was evident warmth and respect between the staff and the people who lived at the home. We spoke with a relative of a person who had lived at the home for many years. The relative told us:

"They treat him very well, they are very good to him. He would tell me if there were any problems and I can speak to Cathy (the manager) any time."

We spoke with a consultant psychiatrist who told us that they had a number of patients from Newhaven Care over the years. They considered that the manager and staff were very good and always brought relevant information to appointments. They had no concerns about the support people received at this care home.

We spoke with one person who lived at the home and another who was having a respite stay there. They both told us that the staff were very kind to them and spent time talking to them and listening to their worries.

People's medicines were well managed to ensure that they always received what was prescribed by their doctor.

All of the staff working at the home had a national vocational qualification and received regular training relevant to their work.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People living at Newhaven Care had a learning disability and most had lived at the home for a long time. When we visited on 26 July 2013 there were eleven people living at the home. Most people had limited verbal communication, however the staff working at the home were able to understand people's needs and choices and there was evident warmth and respect between the staff and the people who lived at the home. We spoke with a relative of a person who had lived at the home for many years. The relative told us:

"They treat him very well, they are very good to him. He would tell me if there were any problems and I can speak to Cathy (the manager) any time."

People were all registered with a local GP practice and some people went to the surgery for appointments while others were more comfortable with being visited at the home. People had access to community health services including chiropody and dentistry. A chiropodist had visited on 19 July 2013. District nurses supported people who had health needs, for example one person had recently undergone major surgery and required frequent visits from a district nurse. The manager told us that she had spent long periods of time at the hospital with this person and learned about the post-operative care the person would require. She had then cascaded this to the staff team.

We spoke with a member of the district nursing team who told us that the care this person received was consistent and "really good". The staff working at the home all knew this person well and the nurses had no concerns.

The home received support from a psychiatrist and a learning disability facilitator from the Cheshire and Wirral Partnership NHS Foundation Trust as needed. We spoke with a consultant psychiatrist who told us that they had a number of patients from Newhaven Care over the years. They considered that the manager and staff were very good and always brought relevant information to appointments. They had no concerns about the support people received at this care home.

We spoke with one person who lived at the home and another who was having a respite stay there. They both told us that the staff were very kind to them and spent time talking to them and listening to their worries.

We looked at the care plans for two people who lived at the home. The care plans contained a print out from the person's GP which gave details of their medical history. There was also a 'pen picture' providing information about the person's life and their preferences. Each person had plans for their care, which included risk assessments, and these had been reviewed monthly. People had a 'Health Passport' that gave information about their health needs and could be used by medical services such as doctor, dentist or hospital staff. A full review was carried out annually by the manager and this was well documented. A daily diary was kept for each person and recorded what they had done and how they had been feeling each day. Since our last visit, the care plans had been modified to meet the requirements of the local authority.

The home had a minibus and most people went out to use leisure facilities in the community including the local theatre. All of the staff were involved in organising social events both in the home and in the community.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People's dietary likes, dislikes and preferences were recorded in their care plans and were well known to all of the staff. Any special needs were also displayed in the kitchen. People's weights were recorded monthly and the manager told us that at present there were no concerns about anyone's appetite or weight. The person who had been in hospital recently had special needs which were recorded and monitored at weekly hospital appointments. Three people required a soft diet. A person who had gone to live at the home recently had been reviewed by a speech and language therapist and the nutrition team and had gained a considerable amount of weight as a result of improvements to their diet.

The manager told us that people could have whatever they wanted for breakfast at a time to suit them. The main meal was served at lunchtime, tea was between 5pm and 6pm, and supper between 8pm and 9pm. Food and drinks were available 24 hours a day and staff had full access to provisions to make anyone a snack. Some of the people who lived at the home were able to make their own drinks. The manager told us that four people were unable to express their preferences, three could do this by gesture, and the others were able to say what they wanted. An alternative was always provided for anyone who didn't like the meal that was planned. People who went to a day centre took a packed lunch with them and had their main meal when they got back home.

The home had a twice weekly delivery of fresh fruit and vegetables and the provider did any other shopping required. The provider may be interested to note that the home did not have any written menu plans to show what meals were available. However the manager demonstrated her awareness of the need for people to receive a varied and balanced diet.

The home's catering arrangements received a five star food hygiene rating.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All of the staff had received training about safeguarding, which had been provided both in-house and externally. They had completed the Wirral Council training programme in 2011. There had been no safeguarding allegations, but the care manager felt confident that the staff would know how to respond to an allegation and the staff we spoke with were familiar with safeguarding policies and procedures and how to recognise abuse. The home had a copy of the Wirral Council safeguarding policies and staff knew how to contact the duty team to report any issues.

We contacted the quality monitoring officer at Wirral Council and they told us that there were no concerns about this service and they were not aware of any recent safeguarding referrals or complaints.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the arrangements for the ordering, storage, administration and recording of medicines. Repeat prescriptions were ordered electronically through a local pharmacy. Any additional items prescribed by a person's doctor were delivered the same day.

Monthly repeat medicines were dispensed in weekly cassettes. In the cassettes there was a description of each tablet. These were checked in against the pharmacy label and the prescription by two members of staff and this was recorded on medicine administration sheets.

Clear instructions were written for items that were prescribed to be given 'as required' to ensure that this was done consistently. A record was kept of any items that were carried forward from one month to the next. Any unused items were recorded at the end of the month and were collected for disposal by the pharmacy.

All except one member of staff took responsibility for medicines and they had completed a certificated training course. None of the people living at the home were able to look after their own medicines.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The home has been owned and managed by Mr So for more than 20 years and the manager had worked for the organisation for more than 20 years and the deputy for 12 years. There were a total of nine staff, three of whom were seniors, and they had all been employed for a minimum of three years. All of the staff had completed NVQ at level 2, 3 or 4.

In 2012 all of the staff team completed the Northern Council for Further Education certificate in Equality and Diversity and a certificate in Understanding Working in Mental Health. During 2013 all of the staff had also completed refresher training about food hygiene. All of the staff had a current First Aid certificate.

The manager told us that she had recently changed to a new training provider and had booked training for staff to be completed over the next 18 months. This included end of life care, dementia, nutrition and diet, and infection control. The staff we spoke with confirmed that they had lots of training which helped them to do their job to a high standard.

The manager carried out an annual appraisal for each member of staff and staff had an individual supervision meeting every six months.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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