

Superior Care (Midlands) Limited

Newbury Manor

Inspection report

Newbury Lane
Oldbury
West Midlands
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Tel: 01215321632

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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

This inspection took place on 12 February 2018 and was unannounced. At the last inspection completed on 28 November 2016 we found the service was rated Good. At this inspection we found the service remained Good.

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

Newbury Manor accommodates 56 people in one adapted building. At the time of our inspection there were 49 people living at the home.

There was a registered manager in post at the time of the inspection. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe by staff that could recognise abuse and understood how to safeguard them. Risks to people were assessed and plans were followed to prevent risks to people's safety. There were sufficient suitably recruited staff in place to support people. People received their prescribed medicines safely. People were protected from the risk of infection. Incidents were reviewed to ensure learning when things went wrong.

People were assessed and care plans were put in place to meet their needs. Staff received training and could demonstrate they had the skills to support people effectively. People had enough to eat and drink and could make choices about their meals. People were supported in a adapted environment with access to equipment to support them effectively. People had access to health professionals and were supported to maintain their health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and the policies and systems in the service supported this practice.

People were supported by caring staff and staff understood people's needs and knew them well. People

could make choices about their care and support and were supported by staff to do this. People were treated with dignity and respect and their privacy was maintained.

People's preferences were considered by staff when they provided support. People had access to activities and were supported to maintain their religious beliefs. People understood how to complain and the registered manager ensured all complaints were responded to. People were supported with dignity at the end of their lives.

The registered manager was accessible and people and their relatives were able to share their views about the service. There were quality audits in place which enabled the registered manager to check people had received the care and support they needed.

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 remains good in safe.

Good ●

Is the service effective?

The service remains good in effective.

Good ●

Is the service caring?

The service remains good in caring.

Good ●

Is the service responsive?

The service remains good in responsive.

Good ●

Is the service well-led?

The service improved to good in well led.

Good ●

Newbury Manor

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 12 February 2018, and was unannounced. The inspection team consisted of one inspector a specialist nurse advisor 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.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. 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.

During the inspection, we spoke with nine people who used the service and two visitors. We also spoke with the registered manager, the deputy manager, one nurse, a senior care, a volunteer, the maintenance man and five care staff.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of seven people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, accident reports, meeting notes, monthly audits, and medicine administration records.



Our findings

At this inspection we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

People and relatives said the home was safe. We asked people if they felt safe and one person said, "Yes, I am as safe as houses and I'm very happy here. The staff are wonderful, I'm well fed, well-watered and have a comfortable bed". Staff told us they understood how to keep people safe from abuse. We saw staff had received training in how to identify abuse and what actions to take. We found where there had been concerns raised the registered manager had reported the concerns to the appropriate agencies. This meant people were protected from the risk of harm.

People were protected from the risks to their safety. One person said, "I was very poorly when I arrived here, I had damage to my skin from pressure sores. The staff have healed them in a matter of three months and they are all gone now. The staff turn me regularly and I am being very well looked after". Staff could describe how to support people with managing risks to their safety. For example they could tell us about how they supported people that were at risk of falls. We saw risk assessments and care plans supported what staff told us. We found risk assessments identified the support people needed and there was specific guidance for staff. We saw staff followed this guidance. For example with preventing damage to people's skin through repositioning and the use of equipment such as pressure cushions. This meant the risk to people was minimised through appropriate risk management.

People and their relatives told us they felt there were enough staff provided. One person said, "Yes, they leave someone in the lounge all the time to make sure there is someone there if anybody needs anything". Staff told us they felt there was enough staff to support people and that people did not have to wait. We saw people were supported promptly to receive their care and support. The registered manager told us they used people's levels of dependency to work out how many staff they needed to have in place. They confirmed this was adjusted when people's needs changed and kept under review. This meant there was sufficient numbers of staff to meet people's needs.

People were supported by safely recruited staff. We found staff provided two references and a check was carried out to ensure they were safe to work with people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions.

People were supported to receive their medicine as prescribed. One person said, "The nurses give the

tablets and are trained to do this". Nursing staff were responsible for administering people's medicines. They could describe how people were assessed regarding their medicines and how they were managed safely. We found the medicines round took some time to complete however the nurse explained this was because of the complex nature of people's medicines and they would not rush people. We spoke to the registered manager about this and they said they would review the medicines rounds to see if any changes were required. We saw medicines were stored safely and checks were made on the medicine room and refrigerator temperatures. We found Medicine Administration Records (MAR) were completed correctly. Controlled drugs were stored safely and recorded correctly. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. We observed the doctor did regular medicines reviews and as required medicines were stored safely. This demonstrated that practices were effective in ensuring people received their medicines as prescribed.

People and their relatives said the service was well maintained and clean. One person told us, "They have two cleaners, one on each floor and they always seem to be on the go". One person told us, "Staff use protective clothing when supporting us". Staff could describe how they prevented the spread of infection and told us they had received training. We saw staff used gloves and aprons when supporting people and there was hand gel available in the home for staff to use. We found the home was clean and there were cleaning schedules in place to maintain hygiene. The registered manager told us they carried out infection control audits which helped to ensure the home was clean. People could therefore be confident that practices in place would reduce the risk of cross infection.

The registered manager had systems in place to learn when things went wrong. We saw team meetings were used to discuss learning with staff. For example, issues with communication had been discussed and the handover process had been improved. We found there was analysis undertaken of accidents and incidents to look for any learning to help prevent reoccurrences. We saw the registered manager had made changes since the last inspection. For example, notifications were now received promptly. This meant the manager had processes in place to make improvements based on learning from when things went wrong.

Our findings

At our last inspection the service was rated as good. At this inspection we found the service continued to be effective and is rated as good.

People's needs were assessed and they had a care plan in place. One person told us, "A nurse came to see me and I told them everything I wanted". Another person told us how staff had involved the dietician in their assessment and care plan. Staff told us that people were assessed and care plans were put in place. They could describe people's needs and how these should be met. We were able to confirm within people's care records that staff were following the care plans. For example, people had care plans in place to meet their dietary needs and staff were monitoring and taking appropriate action when required. We saw where people had behaviour that challenged there was guidance in place for staff on how to support people. This meant care assessments were carried out so people's specific needs were met.

Staff had the skills and knowledge to meet people's needs. One person told us, "The nurses are well trained and the staff have training to look after you". Staff told us about their induction and how they had their training updated on a regular basis. One staff member said, "The induction was good, I had previous experience but I was shown how to do things". The registered manager had a system in place to check when staff training was due to be refreshed. We found that some staff had not updated their training, however the registered manager was aware of this and action had been taken to ensure staff undertook the relevant updates. We observed staff using hoists safely, supporting people with their mobility and helping people with their meals. This demonstrated that staff had the skills to support people effectively.

People told us they enjoyed their meals and they were offered a choice. One person said, "Lunch is always a choice of two things, they tell you what it is and you choose. They have some good meals". Information about people's needs and preferences for meals was understood by staff. They could describe for example where people were at risk of malnutrition and what actions were in place and where people were on specialist diets they could describe how this was provided. The records we saw supported what staff told us. We saw staff followed people's plans throughout the inspection and people were offered drinks and snacks throughout the day. This meant people were appropriately supported to eat and drink sufficient amounts to promote their health.

People received consistent support. Staff told us they were kept up to date about people's needs through the handover meetings held at the start of each shift. We saw records showed the information which was exchanged about people during the handover. We found where required other health professionals were

involved in people's care plans and staff worked to ensure the advice was followed. This meant people had consistent care and support.

People and relatives told us access to health professionals was available when they required it. One person said, "The palliative care team and the doctor came in last week". A relative told us, "The doctor came in recently and prescribed some medicine". Other people told us they had good access to the doctor and other professionals such as dieticians and opticians. Staff could describe how they would raise any issues with the nursing staff to seek additional support if someone was unwell. Staff understood people's health needs and helped them to follow plans to maintain or improve their health. For example, one person had been admitted to the service with a health condition. The nurses and staff had put plans in place to make improvements and relatives told us this had been very effective. We saw from the person's care records their health needs had improved. The registered manager was able to share other examples of people's health improving following admission. This meant people were supported to improve and maintain their health.

People and their relatives told us the home was clean and comfortable and met their needs. We found the home had equipment in place to support people. For example there were a range of adapted toilets and bathrooms to support people with their personal hygiene needs. We found people were able to move around the home and could access outside areas if they wished. We saw people had plans in place for using specific equipment to help them in the event of a fire to exit the building. There was a passenger lift to take people to the first floor and people were able to use this independently. This meant the environment was designed to take into account the differing needs of people.

People and their relatives told us staff asked for their consent before supporting them. One person said, "The staff check if I need help, if I am ok they leave me to do it myself". Staff could describe the importance of seeking consent and could give examples of how they asked people. Staff told us about one person that would sometimes refuse personal care and how they would leave the person and try later. This meant staff sought consent from people and enabled them to make decisions about their care and support.

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.

Where people could not give their consent or make decisions about their care and support a mental capacity assessment had been undertaken. We saw decisions had then been made in people's best interests. Staff understood the principles of the MCA and could demonstrate how they made decisions on people's behalf. For example, one person was unable to consent to the staff taking photographs for their records. A best interest decision had been taken to have the picture taken as this would reduce the risk of staff not knowing who the person was and any potential for them not receiving the care they needed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found where people had restrictions in place to ensure they received the appropriate care and treatment applications had been made to the authorising body for a DoLS. Staff could tell us about this and what it meant for the people concerned. We confirmed this with the records we saw. Where conditions had been put in place as part of the DoLS we found these were being followed. This meant that people were supported in line with the MCA.

Our findings

At our last inspection we found the service was caring. At this inspection the service remained caring.

People and their relatives told us they felt the staff were kind and caring. We asked people if the staff were caring, one person said, "They do care for you, yes they do". Another person told us what staff did for them to make sure they were comfortable. They told us, "It is all done at my request they are very kind to me". When we spoke with staff they were kind and caring in the way they spoke about people. They could demonstrate they had a good understanding of people's needs and that they had built a relationship with people. One staff member said, "We always get to know people, for example one person that was here short term we got to know quickly how best to support them with dressing as they had difficulty moving one arm". We saw staff spoke with people in a kind and caring way. The atmosphere was relaxed and we found people were smiling and chatting to staff throughout the inspection. Their facial expressions showed they recognised staff and some people new staff by their name. This meant people were treated with kindness and had good relationships with staff.

People were involved in making decisions about their care and support. One person told us how they were being supported by staff to make adjustments to their care and support. Another person told us, "I like my own space and do what I want when I want" The person told us they liked to retain their independence, commenting, "I transfer myself from my bed to my wheel chair, the staff help me whenever I need help". Staff described how they supported people to make their own decisions. They described how they enabled people to retain as much of their independence as possible. Staff told us they supported people with communication difficulties to understand information and make choices. For example they used picture menus to enable people that could not communicate verbally to choose their meals. Staff told us how they had learned to communicate with one person through body language and signals and could tell what they wanted. We saw this information was included in people's care plans and this showed people were supported to receive information in a way they understood to enable them to choose.

People were treated with dignity and respect and their privacy was maintained. We asked if people felt respected and if they were treated with dignity. One person said, "They are always respectful. I feel as though they do, [treat me with dignity] I'm sure they do. We have lots of laughs together they are really nice". A relative told us. The staff do seem to maintain dignity, they don't just give people a drink; they stop and have a chat". Staff understood the importance of maintaining people's dignity. We saw staff treated people with respect in how they spoke with people and how they protected people's dignity whilst giving care and support. Records showed people had been treated with respect and the language used to speak both with

and about people was observed as being respectful. This showed staff treated people with dignity and respect.

Our findings

At our last inspection we found the service was responsive. At this inspection we found the service continued to be responsive.

People received personalised care and support. We asked people if the staff knew them well, one person said, "Yes they do know me well". A relative told us, "The staff notice when people ask for the toilet and they take them and when they are slumping in the chair they help them to get comfortable". Another relative told us, "They call my relative by their name and when we came and couldn't find them, a staff member could tell us where they were". Staff understood people's preferences and made sure people had support the way they preferred. We saw staff were able to support people with getting up when they wanted to, people could have their meals in their rooms if they chose to and staff were able to engage people in activities. We saw care plans showed which activities people liked to take part in and detailed what people enjoyed doing. The registered manager told us about how some people had been involved in a community project which had used arts and the senses and their work had been placed on display locally. Staff could describe people's religious needs and told us how people's wishes were recorded in their care plan. We saw care plans were person centred and gave good information about people's likes and dislikes and their life history. We found staff understood the information from the care plan and used this to guide the support people received.

People and their relatives told us they knew how to make a complaint. One person said, "I talked with the registered manager about one complaint and this got sorted out straight away and it's fine now". One relative said, "We have only had one complaint and that got sorted out". We saw where people had made a complaint these were dealt with in line with the complaints policy. An investigation was carried out and a response was given. This showed the manager had a system in place to respond to and learn from complaints.

People had opportunities to discuss their preferences for when they came to the end of their life. We spoke with one person that was receiving end of life care and they told us, "Everything was being done to make me as comfortable as possible". Staff understood people's wishes when they were at the end of their life and plans were put in place to ensure people were cared for effectively. We saw people had plans in place and where required the doctor and other professionals were involved in people's care. This showed there were systems in place to support people at the end of their life.



Our findings

At the last inspection we found the service was not always well led as notifications were not always received when they should have been. At this inspection we found the registered manager had made the required improvements.

The registered manager understood their responsibilities. We received information as required by law from the registered manager about incidents such as safeguarding concerns. We saw the rating from the last inspection was on display for people and visitors to see.

People and their relatives told us they could access the registered manager if they needed to. One relative said, "I have always found them approachable. If I needed to talk to them they are usually available". Staff told us they felt supported by the registered manager and could seek advice and make suggestions. One staff member said, "I love my job, it's really nice here, we get good support from the registered manager". Staff told us they had regular meetings where they discussed things about the home and the records we saw supported this. People and their relatives were aware of the regular meetings held to enable them to share their views about the service. We saw minutes of these meetings were on display for people to see. The meetings were used to get ideas about activities and discuss things such as the menus on offer. This showed people, relatives and staff had access to the registered manager and were able to share their views about the service.

The registered manager had systems in place to check the quality of the service people received. Audits were carried out and used to drive improvements. For example, medicines audits were completed monthly, we saw these had identified where a short term care plan was needed for someone on a short course of medicine. We saw the registered manager monitored the care people received. For example, where people had pressure ulcers these were monitored to ensure the treatment was making improvements. Other monitoring was in place such as monthly checks on blood sugar testing for people living with diabetes and weight monitoring where people were at risk of malnutrition. This showed there were systems in place to ensure people's care was effective.

We found staff had regular updates to their training and could access refresher courses. There was a system in place to check when staff training was due and letters were sent to staff that had not completed their training as a reminder.

There were audits in place to check the environment was safe. For example, infection control audits had

been completed which checked to ensure the risk of infection spreading was minimised. The registered manager told us they had recently had a health and safety audit carried out by an externally commissioned company and were awaiting the report which would inform an action plan to address any concerns with the environment.

Accidents and incidents were monitored and analysis completed to ensure any learning to prevent future incidents could be implemented. This showed the registered manager had a system in place to learn from incidents and accidents and took action when needed.

We found the staff worked collaboratively within the service and with external professionals to ensure people received good quality care and support. The deputy had clinical oversight of people's needs and nursing staff were available to guide people's care during each shift. We found the senior care staff had oversight of people's needs and were able to direct the staff on duty to ensure everyone's needs were met. Staff and nurses told us they had worked in other care provisions and found the registered manager and the provider to be focussed on ensuring people had good quality care. We found there was collaboration with the doctor to review people's needs regularly. We saw where required people were referred to other health professionals to seek support with identifying what people needed and putting together care plans. This showed the systems in place to provide consistent care based on best practice and support from other professionals.