

HC-One Limited

# Newlands Nursing & Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This was an unannounced inspection, which took place on 23 and 24 October 2017.

Newlands Nursing and Residential Home is registered to accommodate a maximum of 72 people for nursing and residential care. However we were told the service would only accommodate 69 people as double rooms were not routinely used. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Newlands Nursing and Residential Home is located in the residential area of Heaton Moor, Stockport. At the time of our inspection there were 65 people living at the home. Accommodation is provided across four separate units, with residential care being provided on the basement level (Oak), nursing care on the ground and first floors (Cedar and Willow), and intermediate care on the top floor (Beech). Beech provided primarily nursing care to up to 19 people, often to allow earlier discharge from hospitals. Each of the units had been adapted, with aids and adaptations throughout.

Following an inspection in August 2016 the service was rated as inadequate and placed in special measures. We carried out a further inspection in February 2017 where we identified eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to unlawful restrictions, assessment and management of risk, management of medication, dignity, clean and well maintained environment, seeking feedback from people who use service, supervision of staff, sufficient numbers of staff and quality monitoring systems. Due to the breaches found the service was rated Inadequate in the Safe, Responsive and Well-led domains and Requires Improvements in the Effective and Caring domains. The service was given an overall rating of Inadequate and remained in Special Measures. Following the inspection we asked the provider to complete an action plan to show what they would do and by when to improve all five key question to at least good.

During this inspection we checked to see if the required improvements had been made to meet the required Regulations. We found that improvements had been made.

The service had a manager who was registered with the Care Quality Commission (CQC). They were present throughout 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Completion of the homes action plan and a period of sustained improvement will help to demonstrate continued development and enhancement of the service so that people receive a good standard of care and support.

Care plans were person centred and contained sufficient information about the current needs, wishes and

preferences of people. Risks had been identified, assessed and planned for to help minimise such risk so that staff could quickly respond to people's changing needs.

All information and checks required when appointing new staff were in place ensuring their suitability for the position so that people were kept safe.

The management and administration of people's medicines was safe demonstrating people received their medicines as prescribed.

Up to date checks were carried out to ensure the premises and equipment used by people were kept safe. Action was being completed to ensure shortfalls on the fire risk assessment were addressed so that people were protected from harm or injury.

Staff were aware of their responsibilities in protecting people from abuse and were able to demonstrate their understanding of the procedure to follow so that people were kept safe.

Where people were unable to consent to their care and treatment the principles of the MCA had been followed so that decisions were made in the persons 'best interest'. The provider had sought the necessary authorisation for those people deprived of their liberty.

On-going training and support was provided to help ensure they had the knowledge and skills essential to their role. Staffing levels were kept under review so that sufficient numbers of staff were available at all times meet people's individual needs.

People were provided with enough food and drink throughout the day. Where people's health and well-being was at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

The home was found to be clean and well maintained with good infection prevention and control systems were in place. Recent refurbishment of the communal areas provided a good standard of accommodation for people. Suitable aids and adaptations were provided to promote people's independence.

People were supported by staff in a friendly and respectful manner. Staff responded promptly when people asked for assistance and were seen to support people in a patient and unhurried manner.

Some opportunities were made available for people to participate in activities helping to promote their independence and choice. The provider was taking action to improve opportunities for people.

The provider had a system in place for the reporting and responding to any complaints brought to their attention. People told us they could raise any issues with staff or the provider if they needed to.

The provider reported any accidents, serious incidents and safeguarding allegations which should be notified to CQC. This information helps us check the service is taking action to ensure people are kept safe.

The CQC rating and report from the last inspection were available in the reception area as well as on the provider web site.

## 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.

Systems were in place to monitor and review staffing levels so that sufficient number of staff were provided. Required information and checks were obtained when recruiting new staff. Staff had received training on identifying and responding to allegations of abuse so that people were protected.

Systems were in place to ensure the safe and effective management of people's medicines.

Risks identified within the environment and to people's care had been assessed and planned so that people's health and well-being was maintained.

### Is the service effective?

Good ●

The service was effective.

Where people were unable to consent to their care and treatment the principles of the MCA had been followed so that decisions were made in the persons 'best interest'. The provider had sought the necessary authorisation for those people deprived of their liberty.

Opportunities for staff training and development were provided helping to ensure staff had the knowledge and skills needed to meet the specific needs of people safely and effectively.

Suitable arrangements were in place to meet people's nutritional needs. Relevant health care support was provided to ensure people's health and well-being was maintained.

### Is the service caring?

Good ●

The service was caring.

People spoke positively about the staff and care provided. Staff were seen to be polite and respectful towards people and were patient when offering assistance. Suitable aids and adaptations were provided to promote people's independence.

Staff we spoke with were able to demonstrate their knowledge of people's individual needs and preferences and were able to provide examples of how they encouraged people to be as independent as possible.

People's records were stored securely so that people's privacy and confidentiality was maintained.

### Is the service responsive?

Good ●

The service was responsive.

A range of activities and events were provided helping to promote people's health and wellbeing and maintain links with the local community.

Care plans were person centred and contained sufficient information about the current needs, wishes and preferences of people.

The provider had a system in place for the recording and reporting of people's complaints and concerns. This helped to demonstrate people's views were listened to and acted upon.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems to effectively monitor and review the quality of service had been introduced to help identify improvements required. A period of sustained improvement was needed to will help demonstrate continued development and enhancement of the service.

The service had a manager who was registered with the Care Quality Commission (CQC).

The provider had notified the CQC as required by legislation of all events, which occurred at the home which potentially impacted on the health, safety and well-being of people.

The CQC rating and report from the last inspection was on the provider web site and displayed in the reception area.

# Newlands Nursing & Residential Home

## **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.

Before our last inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider was not asked to complete a further PIR prior to this inspection as these are only requested on an annual basis. Prior to this inspection we looked at the information we held about the service, including notifications the provider had sent us. A notification is information about important events such as, accidents and incidents, which the provider is required to send us by law.

We also contacted the local authority quality monitoring team, clinical commissioning group (CCG) and Healthwatch Stockport. It was noted that improvements had been made across the service however issues still needed to be resolved regarding clinical oversight and activities and opportunities offered to people. This information was considered as part of our inspection.

This inspection took place on the 23 and 24 October 2017 and the first day was unannounced. The inspection team comprised of three adult social care 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.

During this inspection we spent time looking around the home at the standard of accommodation. This included the communal lounge and dining areas, bathroom facilities, the kitchen, laundry and a number of people's bedrooms. We spoke with 13 people who lived at the home and six visitors to seek their views

about the service provided.

As some of the people living at Newlands Nursing and Residential Home were not able to tell us about their experiences, 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 to us.

In addition we spoke with three care staff, one senior carer, a nursing assistant, nurse, the cook, registered manager and area director. We looked in detail at the care records for four people, a range of records relating to how the service was managed including medication administration records, seven staff personnel files, staff training records, duty rotas, policies and procedures and quality assurance audits.

# Is the service safe?

## Our findings

During our last inspection we identified the provider had failed to ensure there were sufficient numbers of suitably qualified, competent and experienced staff employed. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent us a plan detailing what action they intended to take to ensure the regulations were met.

At this inspection we reviewed the staffing arrangements in place. We spoke with people and staff, reviewed staffing rotas and observed staff supporting people throughout the inspection.

Whilst no issues were identified on all of the units, we found from our observations and discussion with people, their visitors and staff that sufficient numbers of staff were not always available to support those people living on Cedar unit. This unit was providing nursing care for 21 people, 10 of the people who lived on this unit had high nursing needs and were cared for in bed, with three other people supported in specially adapted armchairs in their own bedrooms.

People we spoke were happy with the standard of care provided however some people felt at core times such as shift changes and when people were rising and retiring, staff were not always available. People commented, "Sometimes it takes ages for staff to respond to your buzzer especially in the mornings, there is not enough of them", "There is a shortage of staff, especially at night, there are only two staff, even though they are very experienced, I don't think they can manage to do as well as they can without somebody feeling like they have to wait a while for them to be taken to toilet or to bed", "If I want to go anywhere I will have to wait for one of the girls, now and again they are always busy" and "Sometimes I just want to go out and get walking again, but there is not enough of them (staff)."

We saw that staffing levels on this unit comprised of one registered general nurse (RGN) and three care staff during the day and one RGN and one care staff at night. Staff felt the work load on Cedar was high and that an increase in staff to four carers during day and two carers at night would mean more choices and personalised care could be offered to people living at the home. Staff told us if there were more care staff they would be able to support people to sit out daily for short periods as opposed to being cared for in bed all day. This became challenging to the team when they needed two staff to support each person in their own bedrooms. Staff told us they thought extra staffing had been approved following their feedback to regional teams but they were unsure when this was to be implemented.

Concerns were also raised with us by visiting health and social care professionals about the clinical oversight, particularly on the intermediate care unit (Beech). This was due to the reliance on agency staff, which was not always consistent. They did however feel the unit was managed effectively due to the knowledge and skills of the care staff and nursing assistant.

We discussed staffing arrangements with the registered manager and area director. It was acknowledged that employment and retention of nursing staff had been difficult. Therefore a decision had been made to close Beech unit at the end of November 2017. Nursing assistants from the unit would then be deployed to



support qualified nursing staff on the general nursing units. We were told and information showed that nursing assistants were offered additional areas of training required for the role.

The registered manager told us staffing levels were regularly checked against dependency levels and adjusted where necessary. We were told that prior to our inspection the registered manager and area director identified the level of dependency on Cedar unit had increased and therefore staffing levels had been adjusted at peak periods.

Following the inspection we received further information from the area director advising that a full review of dependency levels had been completed. It was confirmed that staffing levels had been increased at peak periods with an extra carer on Cedar unit for part of the day. This would be reviewed again when Beech unit closed at the end of November 2017. We were told that from the 1 December 2017 staffing on Cedar unit would then comprise of a nursing assistant and three carers with additional support from a registered nurse who would work across the two nursing units.

It was acknowledged by the inspectors that the service had been actively recruiting to all vacancies and therefore the use of agency staff was decreasing.

We were satisfied that the reconfiguration of staff as well as the appointment of further permanent staff will help to provide more stable and consistent in sufficient numbers to meet people's needs.

During our last inspection we identified the provider had not ensured a safe system of medication management was in place ensuring people received their prescribed medicines safely and effectively. This was a breach of Regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent us a plan detailing what action they intended to take to ensure the regulations were met. We found improvements had been made in this area and the provider was meeting the requirements of this regulation.

During this inspection we looked at the management and administration of people's medicines on two of the units, Cedar and Beech, to check they received their prescribed medicines safely.

We found a safe system for the receipt, storage, administration and disposal of medicines in place at the home. There was a dedicated treatment room on each of the units that was used to store and lock away medicines, including controlled drugs. Medication was stored in a locked medication trolley, in a locked treatment room to ensure only authorised people could access them. We carried out a sample tablet count of three boxed medication and found no discrepancies.

We saw a system was in place to record the temperature of the medication fridge and treatment room temperature to ensure medication was stored at the correct temperature. This ensures that medicines are stored correctly and remain effective.

Appropriate arrangements were in place for the safe storage and administration of controlled drugs, which included the use of a controlled drugs register. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs.

We found that where medicines were prescribed 'as required' (PRN), protocols were in place. These guided staff on what the medicine was for, how they would know if the person required it along with any potential side effects. This ensured that any 'as required' medicines were being administered safely and appropriately.

We saw the use of cream charts had been implemented to identify the frequency of their application. Most of the records for the application of prescribed creams had been recorded and signed for daily by staff except for one chart that had a two day gap. Senior staff said that care staff were continually reminded about the importance of completing the charts on a daily basis. We were told that the storage of cream charts had been moved to the treatment room to enable senior staff to check with carers when creams had been applied. This was to help improve that accurate records were maintained.

One health care professional discussed a positive example of how the care provided by staff had impacted on the quality of life to the person living at Newlands. They explained that staff on the unit had taken steps to ensure one person received their medication at the set times laid out with their medical instructions. They felt that because staff had ensured the medication had been given as prescribed this had led to the persons quality of life improving and they had seen a vast improvement in this person's well-being.

We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. However staff did not have access to their policies and procedures for medications in the treatment room. However staff told us that information was easily accessible online from the computer in reception or the training room.

During our last inspection we identified the provider had failed to ensure care and support was consistently provided in a safe way, and that adequate and proportionate actions to reduce risk were not always taken. This was a breach of Regulation 12 (2)(a)(b) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection the provider sent us a plan detailing what action they intended to take to ensure the regulations were met.

At this inspection we reviewed how the service assessed, monitored and mitigated potential risks to people to help ensure their health and well-being was maintained. We found improvements had been made in this area and the provider was meeting the requirements of this regulation.

We asked people if they felt they were kept safe living at Newlands. People told us; "Staff are doing a lot to keep us safe", "I feel safe and well looked after" and "They got me a safety mat, I can't fall without someone knowing and coming to my rescue!"

We saw that risk assessments included pressure areas, nutrition and hydration, risk of choking, moving and handling and falls. A review of people records showed that management plans had been put in place providing direction to staff on how to reduce or eliminate those risks. We saw that records had been reviewed regularly and we found that where changes had occurred the records had been updated.

We saw aids and adaptations were made available such as walking aids, call bells and pressure mats which alerted staff if people at risk of falls were trying to mobilise without help. We saw staff responded to call bells promptly when people called for assistance. These helped to minimise the risks to people's health and well-being.

Clear records were also maintained of any accidents or incidents that had occurred. Records included a description of the incident, any injury and action taken by staff or managers. These were monitored as part of the registered manager's audits to help identify any patterns so that these could be quickly addressed.

During our last inspection we identified the provider had failed to ensure the environment was safely maintained and kept clean. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in this

area and the provider was meeting the requirements of this regulation.

During this inspection we spent some time looking at hygiene standards throughout the home. We looked at all communal areas as well as several bedrooms. When we looked around each unit, we saw that a high standard of cleanliness was maintained and clutter free. We saw that cleaning records were completed by staff designated to carry out all domestic tasks.

All the people we spoke with felt the home looked clean and provided a safe environment for them. They told us; "It's clean and tidy and I feel safe, don't think I could cope without a place like this where you know someone is doing everything to keep you safe and healthy", "I am grateful I am here, staff keep the place pretty clean, I feel a lot safer", "The place is clean and I am safe in here." The relatives of two people also told us; "There has been some improvement in the last couple of months, the place feels a lot safer" and "As you can see it yourself, the home is not just renovated, it is spotlessly clean."

We saw suitable hand-washing facilities were provided in all areas where personal care was provided including bedrooms, communal toilets and bathrooms. Personal protective equipment (PPE) such as, disposable gloves and aprons were provided and staff were seen wearing them when carrying out tasks. Yellow 'tiger' bags were also used for the management of clinical waste. The service had policies and procedures to guide staff and records showed that staff had completed training in health and safety and infection control procedures. This helps staff to understand what they need to do to minimise the risk of cross infection to people.

We looked at the system in place for managing people's laundry. The laundry was well organised with a system in place for keeping dirty and clean items separate. Any soiled items were placed in red alginate bags and placed in the washer. Soiled items can be placed in these bags which then dissolve when put in the washing machine. This helps prevent the risk of spread of infection or disease.

During this inspection we reviewed the emergency procedures in place. We saw individual Personal Emergency Evacuation Plans (PEEPs) had been developed for each person living at Newlands. PEEPs describe the support people would need in the event of having to be evacuate the building. We saw that copies of the PEEPs were stored in a file kept in the reception area. This meant that information was easily accessible to the emergency services in the event of a fire. The provider also had a contingency plan, which provided information and relevant contact details and action required should there be a loss of mains, supplies or failures within the building.

A fire risk assessment had been completed in June 2017. Remedial action was required in a number of areas. We asked the registered manager if work had been completed as required. We were told that the report was only received the day prior to the inspection and therefore had not yet been acted upon. However immediately following the inspection the area manager wrote to us advising that the registered manager was addressing areas of action required and that these would be completed within the required timescale.

We were told the service employed a full-time handyman who conducted regular checks to make sure the home was in a good state of repair. These included bed checks, water temperatures, the fire alarm, fire equipment and exits. Other records to show equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions and were seen. These included checks to the gas safety, 5 year electric check, call bells, fire alarm and detection, passenger lift, small electrical appliances and hoisting equipment. This helps to ensure the premises and facilities were safe to use.

We looked to see if arrangements were in place for safeguarding people who used the service from abuse.

All members of staff had access to the safeguarding and whistle-blowing procedures (the reporting of unsafe and/or poor practice). Staff we spoke with were aware of the internal helpline where their concerns would be listened to. Having a culture of openness where staff feel comfortable about raising concerns helps to keep people who use the service safe from harm. Staff we spoke with clearly had an understanding of their role in protecting people and making sure people remained as safe as possible. They had received training in safeguarding and understood the different definitions and types of abuse. They told us they would not hesitate in reporting any concerns and they were confident that the management team would listen and support them with any concerns they raised.

Two staff we spoke with were unsure who they could take their concerns to outside the service and were unaware of the local authority role in dealing with safeguarding concerns. We raised this with the area manager and area director who said this information was included in the training provided. However said they would review the safeguarding procedures with all staff to reiterate the role of external organisations. Following the inspection the area director told us that the registered manager had spoken with a number of staff who in the main were clear about external agencies they could report their concerns too. Notices had also been placed in staff rooms and unit offices with details of relevant external agencies, which could be contacted.

During this inspection we reviewed the personnel files for seven staff employed since the last inspection. Files contained an application form including a full employment history, at least two written references, copies of identification documents and information about terms and conditions of employment. We noted that the home's recruitment policy referred to a thorough interview process to determine the suitability of candidates. Not all files we looked at evidenced this had been followed. We raised this with the registered manager and area director who said this would be followed up. Following the inspection the area director sent us an action plan advising that registered manager will ensure that interview notes are placed on file as soon as a new member of staff is appointed. This information helps to demonstrate that applicants have been thoroughly checked in relation to the skills and suitability for the position applied for.

All of the personnel files we reviewed contained information to show that a Disclosure and Barring Service (DBS) check had been carried out prior to commencing employment. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Regularly checks of nursing staff were also completed to check they remained validated with the Nursing and Midwifery Council (NMC). These systems help to ensure people are kept safe and are cared for by staff suitable to work within care services.

We also asked the registered manager what information or checks were completed prior to agency staff been used at the home. Information showed that confirmation of all recruitment checks had been sought from the agency prior to workers completing a shift at the home.

# Is the service effective?

## Our findings

At our last inspection we found systems to effectively support and direct staff were not in place. This meant there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent us a plan detailing what action they intended to take to ensure the regulations were met. At this inspection we found improvements had been made in this area and the provider was meeting the requirements of this regulation

During this inspection we spoke with staff, the registered manager and looked at records. We saw a 'supervision planner' was in place and staff met with a senior member of staff on a quarterly basis. The clinical manager also offered nursing staff clinical supervision which enabled them to review their work as well as share good practice guidance. Staff told us they felt they received good support and guidance which enabled them to fulfil their role effectively. Supervision meetings help staff discuss their progress and any learning and development needs they may have.

We looked at the arrangements in place to help ensure staff received the induction and training required to enable them to deliver effective care. We spoke with people who used the service, staff and reviewed training records. People we spoke with felt staff had the knowledge and skills need to support them properly. They told us; "Staff are ok, some of them better than others, but that's life", "Staff seem to know their work very well, very professional" and "Whenever I need the staff for anything, I don't struggle, they do their job very well."

A review of training records showed that staff completed a formal induction programme; "Working together as one" which was in line with the 'Care Certificate'. The Care Certificate is a standardised approach to training for new staff working in health and social care. This included an introduction to the home, information about the individual staff member's role and policies and procedures. During the induction period staff were also required to undertake all mandatory training courses, which were updated on an annual basis. We saw that the registered manager monitored the completion of all training to ensure this was kept update to date. Training included; safeguarding, emergency procedures, fire drills, food safety, health and safety, infection control, manual handling, equality and diversity, promoting healthy skin and dementia care. On-going training and development helps to ensure staff have the knowledge and skills needs for their role.

Staff told us they received a lot of training, which helped them learn about their job role. Staff said they really enjoyed the training and felt it helped them to understand people's different needs. One staff member told us, "I've done a lot of training like, safeguarding, infection control, dementia, health and safety, emergency procedures and how to use an evacuation mattress. We do moving and handling every year, I'd like to do a bit more in dementia care." Another staff member said, "We get a lot of online training; I feel I'd learn more though with face to face training." The registered manager told us that training involved a mixture of class based training and an e-learning programme.

We saw that the qualified nurses and nursing assistants completed addition training relevant to their role.

This included catheter care, bloods, pressure care and percutaneous endoscopic gastrostomy (PEG) stomach tube feeding. The clinical manager also carried out assessment of competency in these areas to ensure they understood their responsibilities as well as ensuring practice was safe.

We noted that information received regarding agency nursing staff did not evidence they had up to date training in all areas of clinical responsibility. We raised this with the registered manager and area director who said this matter had been already been identified through their own internal monitoring systems. Evidence of clinical skills were to be requested, a new induction process was to be introduced and assessments of competency were being completed. Robust checks will help to ensure people are supported by staff competent to do so.

Regular staff meetings took place to share information; look at what was working well and where any improvements needed to be made. Staff told us they could raise any topics and suggestions and felt supported and encouraged to speak up.

At our last inspection we found the provider had failed to ensure people were not being deprived of their liberty without proper legal authorisation. This was a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulation 2014. Following that inspection the provider sent us a plan detailing what action they intended to take to ensure the regulations were met. At this inspection we found improvements had been made in this area and the provider was meeting the requirements of this regulation

During this inspection we look at what steps had been taken to ensure their rights were protected. 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find.

We checked whether Newlands was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a tracker system was in place to monitor when applications had been made to the supervisory body (the local authority), when any applications had been authorised and when the authorised DoLS was due to expire. This meant appropriate action could be taken in advance of the expiry date so that people were not being unlawfully restricted whilst living at the home.

We saw that information was available to guide staff on the MCA and DoLS procedures. Staff told us and records confirmed that training was also provided in these areas. This training is important and should help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure their rights are safeguarded.

During this inspection, we looked at how people were involved and consulted with about their care and support. We observed staff obtaining verbal consent from people. For example, at meal times we observed staff asking people what they would like for their meal and if they would like a drink and assistance. People we spoke confirmed they were able to make day to day decisions, such as choosing their own clothes, how they spent their time or what they ate.

We looked at the care records for four people. Information showed the service involved other healthcare



professionals for example; GP's, chiropodists, dentist and opticians to meet the health needs of people who lived at the home. People were also supported to attend any external health appointments. A local GP regularly visited the home and was said to offer good support to staff and people living at the home. Staff assisted a doctor's ward round on the Beech unit which was attended by a multi-disciplinary team including a social worker and nurse advisor. This was confirmed by those people we spoke with, who told us; "When I get pains, staff give me medication, if it doesn't work, they get the GP for me", "When you need the dentist, staff will take you to the dentist", "I am partially blind, staff take me to hospital appointments" and "If I was not well, staff would accompany me to Stepping Hill Hospital."

The relatives of four people said staff supported their family members in meeting their health care needs. Their comments included; "I only have to say to a nurse, 'can you get a GP for my mum' and they do it", "They are really good at getting doctors to see my mum when she is not well", "When my wife had a bad cough, staff called the GP for her, she got some antibiotics to get better" and "My dad had a UTI, staff looked after him, even the chef got my dad cranberry juice."

We looked to see if people were provided with a choice of suitable and nutritious food. We found the kitchen was clean and tidy. The service had received a 5 star (Good) rating from the national food hygiene rating scheme in November 2016. We looked at the supplies of food and saw there was a selection of fresh, frozen, dried and tinned foods available. Records were maintained of all food served as well as temperature checks to the fridge, freezers and food served.

The cook was seen joining people in different dining areas asking them if they liked their meals and if they needed anything else. People told us they liked the choice of meals offered. Their comments include; "The meals are fine, I just didn't fancy eating much today", "The food was nice, they always offer you things we are used to, and I love fish and chips", "They don't force food down your neck, if you don't like it, they find you something else to eat", "We are well fed" and "We get given enough food."

On each of the units we saw a basket of fruit, crisps, biscuits and juice were available in the lounge areas for people to help themselves to. During the mealtime period we observed people enjoying food from the menu as well as alternative options they had requested. The cook confirmed that should people prefer an alternative option this would always be provided. We saw that food was nicely presented and those people on a 'soft diet' were provided with food that look colourful and appetising. Staff provided additional support to people where needed. This was done in a pleasant and relaxed manner.

We saw that people were provided with a good standard of accommodation. To ensure the safety and security of the building the main entrance was kept locked. All visitors were asked to sign in so that the service was aware of those people in the building. We saw accommodation was available on four floors. Communal areas on three of the floors had undergone considerable refurbishment to a high standard. The registered manager told us that further work was planned with regards to individual bedrooms, bathrooms and the fourth floor, Beech unit once the intermediate care unit closed. We looked at four of the bedrooms which had already been refurbished. These too were tastefully decorated, had new furniture and had been re-carpeted providing a pleasant living space.

## Is the service caring?

### Our findings

During our last inspection we observed people who asked staff for support to use the toilet had to wait for periods of up to ten minutes. Staff did not always reassure people that support would soon be provided, and in one case did not acknowledge a person's requests to use the toilet. This meant the delays in providing support to people might have had a negative impact on people's dignity. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Following that inspection the provider sent us a plan detailing what action they intended to take to ensure the regulations were met. At this inspection we found improvements had been made in this area and the provider was meeting the requirements of this regulation

During this inspection we spent time observing how staff interacted with people. We saw interactions were positive, with staff showing great respect and were kind and caring towards the people they supported. People living at Newlands looked comfortable and content in their surroundings and in the company of staff. We saw that people were all well-groomed and appropriately dressed.

People we spoke with said they had no concerns about the attitude of staff. During our observations we saw staff interactions were friendly, patient and respectful. People told us; "Staff are always kind and always very approachable", "Staff are very approachable, they check on me from time to time", "They are very good staff, very respectful", "Staff are very respectful, we have a good laugh and I will miss them when I go" and "Staff are always very caring, often asking if you are alright."

People's relatives spoke positively about the attitude of staff towards them and their family members. Visitors told us; "Staff will bend over backwards to answer all questions, I am really happy my dad is living here", "The attitude is great, they drop everything to be helpful", "Every resident is being really supported to be here", "The regular staff are very hard working, very obliging" and "Staff are just excellent in every way."

We looked at how people were enabled to maintain their independence. Routines were said to be flexible depending on people's individual wishes and preferences. People told us; "Staff let me look after myself the same way I used to before coming here, I apply my own make up and do my hair", "Staff do most things for me, but I am still independent in many respects", "I do most things for myself." People said that routines were relaxed and they could rise and retire when they chose. They told us; "We stay up as late as we want to, and if we need a bit of a lie-in, we do stay in bed", "You can choose to lie-in any time" and "Most time I watch telly or chat with other residents till late."

We saw that people were able to move around the home freely and had access to their bedrooms when they wanted. Staff respected people's decision to spend their time in the privacy of their own room. Suitable aids and adaptations were provided throughout to promote independence as well as maintain people's safety. These included; handrails, assisted bathing, raised toilet seats, bed rails and call bell leads.

We found there was a relaxed atmosphere within the home with, friendly banter between people, their visitors and staff. Three people we spoke with who were staying at the home for a period of respite said; "If I



have to live in a care home permanently, it will definitely be this one, people are nice and easy to get along with", "If I have to come back here next time, I won't mind" and "It is better than being in the hospital, staff are there, being very helpful."

For those people not able to tell us about their experiences, we spent some time observing how they were spoken to and supported by staff. Staff were seen to understand people's individual needs. Interactions were seen to be kind and compassionate and people were treated with respect. We found staff worked well together and there was a relaxed atmosphere throughout the home.

Information was present in people's care files about their individual likes and dislikes, hobbies and interests. For example, preferred meals and diet, religious beliefs, and what their hobbies and interests were. This personalised information helped staff to provide care and support based on people's personal preferences and helped staff better understand the individual. Care plans contained information in relation to supporting effective communication with individuals. This included information on any communication aids such as glasses or hearing aids that the person might require. Information held about people who used the service was locked in a secure place when not in use. This helped to ensure confidentiality was maintained.

Staff told us they offered people as much choice as possible such as what time they wanted to go to bed, when they got up and what they did in the home. Staff said they respected Newlands was their home and tried to support people in accordance with their personal preferences. Staff made various positive comments such as, "I love working here. I love looking after the residents making sure they are comfortable. I know nobody wants to be in a care home, but I'd recommend this home" and "I try to treat people like I would with my own loved ones." Four staff told us they would have no problems in recommending this service to their own relatives if needed. In their opinion they felt that the whole staff team were very caring and they would entrust their own relatives with the staff team.

Two health care professionals from the multi-disciplinary team offered various positive feedback with regards to the caring interactions they had observed and their experience of seeing a caring staff team on Beech unit. They told us, "The staff are very good, very caring. We feel the assistant nurses are very good, they follow up on lots of issues and cross reference and query points about each person's care needs."

## Is the service responsive?

### Our findings

During our last inspection we found care plans did not always clearly document the most recent information in relation to peoples' care needs and preferences. There was also evidence that staff were not always following care plans so that people's needs were met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent us a plan detailing what action they intended to take to ensure the regulations were met. At this inspection we found improvements had been made in this area and the provider was meeting the requirements of this regulation

During this inspection we looked at the care files for four people who lived at the service. We saw that people had a 'support plan' which included activities of daily living. Care files were very detailed and personal to each person living at the home. One person had an 'advanced care plan' in place and their next of kin had been included in planning their care in the event of their deterioration. We noted that these had been reviewed on a monthly basis to ensure they were up to date and accurate. They had also been audited internally by senior staff who were checking on the standard of records to ensure they were completed appropriately and in line with company guidance.

During our discussions with staff we found they were aware of people's individual preferences, likes and dislikes around their daily lives and the importance of this. Staff told us they were aware of person centred care and discussed examples of how they provided this.

One staff member told us, "I look at each person's preferences for things like if they want sugar in their tea, I always look at what choices each person would like including with menus." Staff said, "I always ask a person if they'd like a shower, if they refused I would go back later to see if they had changed their mind." In the care files we reviewed, we saw plans of care were in place for areas such as washing and dressing, nutrition, mobility, falls and medical conditions. We found that staff were able to clearly describe people's individual care needs and how they met those needs. During our inspection we heard staff and people living in the home communicating well with each other and we saw people freely expressing their needs. We saw that staff responded appropriately in supporting people.

We asked people if they were involved with planning of their care and support so that information reflected their individual needs and wishes. People told us: "There was a meeting once and my [relative] was there", "I don't worry about my care plans, I am well looked after", "I don't know what's in my care file, I only know that staff are really looking after me" and "Not sure about my care plans, occasionally I talk to staff or the manager about my care." Whilst one relative said they were not as involved with their relatives as they would like. Another visitor said; "We were invited in a meeting to discuss my [person who used the service] care."

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During our last inspection staff told us they would not always be confident that changes in peoples' care needs were communicated to them following a period of absence. Staff told us they were able to look back over previous handover records to help ensure they were aware of any changes to peoples' needs. At that time we found handover records were not always completed in sufficient detail. At this inspection we

reviewed the handover notes. Additional information had been added briefly outlining the individual needs of people and level of support required, for example, use of a hoist, risk of falls or dietary needs. This information was also said to be beneficial to agency staff, providing a pen picture of people and their individual needs. This information helped to ensure changes in a person's condition were properly communicated and understood.

In addition to the handover the registered manager met with a representative from each department/unit. We observed one of the meetings during the inspection. Discussions were recorded and kept the registered manager informed of events within the home.

At our last inspection we found the provider was not meeting peoples' social support needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent us a plan detailing what action they intended to take to ensure the regulations were met. At this inspection we found improvements had been made in this area and the provider was meeting the requirements of this regulation.

During this inspection we looked at how people spent their day and explored what opportunities were provided offering variety to people's day.

On the first day of the inspection we saw that the morning routine was relaxed. Staff were seen supporting people with their personal hygiene and breakfast. During the morning people were seen listening to music or were watching television. Whilst others were seen chatting with staff or playing games. During the afternoon we saw an activity taking place, Boogie Beats. This was provided by an outside entertainer, who specialised in providing physical and mental stimulation sessions through a combination of music and movement for older people to help improve their physical wellbeing whilst enjoying music. People were seen to actively engage in the activity and told us that they thought it was good fun. People told us; "I like it because they play the old timers music, such as Elvis Presley", "They come here regularly, sometimes it is a lovely lady who came today and another time it is a young man, they alternate", "They are both lovely and make it enjoyable", "It keeps me fit even though I am in a wheelchair", "We use all sort of things to get us moving, such as straws pretending to beat the drums, and shaking the pompoms", "If it was every day, I would come", "It was fun" and "It makes you sweat."

We saw on Beech unit, rooms had been decorated ready for Halloween. Some people told us they have contributed in making the decorations. One person added; "I helped with cutting, drawing and colouring in celebration for Halloween."

Some of the people we spoke with felt improvements could be made to the choice of activities offered. People told us; "We could go out more", "I wish we could go out on trips", "All I do is wake up and sit here by myself", "I wish staff could take me out for a walk." The relatives of two people also told us; "The residents could do with more one on one" and "Something is happening with activities, just wish there were enough staff so my relative could be taken out more, they love being out."

During our discussion with the registered manager we were told care staff were currently facilitating activities for people. The registered manager said that active recruitment had taken place and a well-being co-ordinator had been appointed, who would be responsible for facilitating activities. Further interviews were to be held following the inspection for a second co-ordinator. Following the inspection the area director told us that an induction had been arranged for the new wellbeing co-ordinator. They had been linked with an experienced co-ordinator in another home to help learn about their role as well as access help and advice when necessary. They also stated that a second wellbeing co-ordinator was to be

appointed. Arrangements would be made to consult with people about their hobbies, interests and preferred activities so that a programme of activities could be implemented. This would include one to one interactions for those people who are cared for in bed or prefer not to socialise. Outings would also be planned using the home's minibus. Offering people the opportunity to take part in a range of activities both in and away from the home helps to promote people's physical and emotional well-being as well as a sense of community belonging.

We looked at how the service managed people's complaints and concerns. A copy of the complaints procedure was available in each of the bedrooms as well as the home's Service User Guide. The procedure explained to people how to complain, who to complain to and the times it would take for a response. We saw the registered manager maintained a log which detailed the complaint and action taken. We could see that complaints were responded to in a timely manner.

The registered manager said she had an 'open door' policy and would encourage people and their visitors to come and speak with her about any minor issues as this enabled her to address things quickly so they did not develop into a more serious matter.

People we spoke with felt able to speak to someone if they needed to and were confident any issues would be addressed. They told us; "If I had a complaint, it was usually sorted, they do it quick", "I never needed to complain", "I don't like to mither people but if I am not happy I will tell someone" and "I am really friendly with most residents and staff, therefore I have no squabbles."

People's visitor said they too felt able to raise any issues or concerns with the registered manager and staff if necessary. Visitors commented; "my relative's clothes used to be mixed up with other residents and I was concerned, I spoke to staff, they are very good, everything was sorted very quickly", "Never needed to complain, I find coming here every day helps. I will talk to management and staff about any concerns I may have" and "If I got anything to say as a concern or complaint, then I will say it."

## Is the service well-led?

### Our findings

The service had a manager who completed their registered with the Care Quality Commission (CQC) in May 2017. They were present during the inspection.

The registered manager was supported by the area director, a deputy manager and clinical manager. During the inspection we spoke with seven staff. We were told that since the registered manager had been in post, improvements had been made. Staff we spoke with told us there was a friendly, open culture within the service and they felt very much part of a team. They told us they felt valued, well supported and knew who to go to with any concerns. They felt any concerns raised would be dealt with appropriately. Staff were positive about the developments they had seen within the home over the last 12 months. They told us, "I have seen big changes for the better, morale seems to have picked up", "The manager and deputy listen they are very good" and "I feel the staff are all the same, they all work hard, no one ever sits down."

We also spoke with people who used the service and their relatives to seek their views about their experiences and the management of the service. People spoke positively about the registered manager and deputy manager. They told us; "There are two ladies, they are very nice, very caring", "The manager is a lady, she is very nice" and "The managers are always listening to you, recently I was not happy about the room I was in, managers told me they will offer me a different room when one is available and so they did, I am now happy where I am." One person said, "Very caring young lady she is" (pointing towards the deputy manager)." People's visitors were also complimentary about the management support. Their comments included; "[registered manager] and her deputy sort things out", "If there is anything I need to know about my family, I hear it from the managers right away", "The management is very good, very open" and "I like the manager, very eager to help."

During our last inspection we identified that the provider had not taken reasonable steps to seek and act on feedback from people using the service or their representatives, and could not demonstrate they had considered how to minimise the impact of works being undertaken to the home. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following that inspection the provider sent us a plan detailing what action they intended to take to ensure the regulations were met. At this inspection we found improvements had been made in this area and the provider was meeting the requirements of this regulation.

During this inspection we asked people if their views had been sought about events within the home. We were told that resident and relative meetings were held every two months. Posters were displayed within the home advertising the planned dates. The registered manager told us that fewer people were now attending the meetings. The registered manager felt this was due to the progress made and that relatives were encouraged to 'pop in' and discuss any issues at any time rather than waiting for the meetings.

Some of the people we spoke with recalled taking part in meetings. Whilst others said they had not been involved due to them being cared for in bed. This was confirmed by two of the people we spoke with, who said; "No, I've not been to any meeting" and "I can't go to meetings, I can't move, and don't want to be

bothered being chopped and changed using a hoist, it is awful." We discussed this with the registered manager. We were told the role the well-being co-ordinators will also include one to one activities with people so that everyone has an opportunity to be involved and consulted with about events within the home.

Other people told us they had taken part in the meetings. They told us; "I attended some meetings, we discussed the renovations, food, staffing and many other things", "Yes, I've been to some meetings" and "There was a meeting, I think it was last Wednesday, there were not many residents there." People's visitors told us they were aware that meetings took place however were not always able to attend. Adding; "I've not been to any of their meetings, I was invited but could not attend", "I have seen notices but the way I look at it is that, I don't need a meeting if I can talk to the manager whenever I want to" and "There are regular meetings, I was unable to join the last one." Some of the people we spoke with and their relatives did recall being involved in completing a questionnaire asking for their views about the care home.

Opportunities were also made available for staff to comment on events within the home. Regular staff meetings took place to share information; look at what was working well and where any improvements needed to be made. Staff told us they could raise any issues at staff meetings.

The service had introduced the 'Kindness in Care Awards'. People were asked to provide nominations of staff they felt deserved recognition. The award winner was provided with a certificate and a cash voucher as an acknowledgement of their hard work.

At our last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant the provider was not operating effective systems to adequately assess, monitor or improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection the provider sent up a plan detailing what action they intended to take to ensure the regulations were met. At this inspection we found improvements had been made in this area and the provider was meeting the requirements of this regulation.

During this inspection we looked at how the registered manager monitored and reviewed the service provided. We were told that the registered manager and a member of staff from each unit attended a daily morning 'flash' meeting. We observed the meeting during the inspection. This enabled the registered manager to gather information about any concerns or events taking place such as any accidents or injuries or referral and admission to the home. Head of units were also asked to provide reports so that the registered manager could collate information for head office with regards to clinical needs.

We saw information to show that checks were carried in a range of areas to help make sure people were kept safe. These included; medication, health and safety, care plans, accidents and incidents, staffing and recruitment. In addition the area director and internal quality team carried out monthly assessments of the service to check they were compliant. We saw an action plan was drawn up of any improvements required. This was kept under review and update of progress made.

We discussed with the registered manager their plans for improvement. The registered manager had spent time addressing staffing issues and had carried out active recruitment to reduce the reliance on agency staff. Improvements had been made to enhance the appearance of the home including new furnishings and fittings including new arm chairs, flooring and decoration. It was acknowledged that improvements to bedrooms, bathrooms and the top floor unit were yet to be completed as part of the programme of refurbishment. However we were told this would be addressed so the standard of accommodation

throughout was that of a good standard. Other improvements were planned with regards to activities and opportunities offered to people and the reconfiguration of staff to ensure sufficient numbers of staff were available at key times of the day.

Completion of the homes action plan and a period of sustained improvement was needed to help demonstrate continued development and enhancement of the service so that people receive a good standard of care and support.

We saw the service had policies and procedures in place, which were kept under review. There was a Statement of Purpose and Service User Guide which provided people who used the service and other interested parties with details of the services provided by Newlands. This should help to inform people about what to expect from the service.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events such as safeguarding concerns, accidents and incidents. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating on their website and in the main reception area.