

Newford Ltd

# Newford Nursing Home

## Inspection report

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13 October 2017

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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 9 and 13 October 2017 and was unannounced.

Newford Nursing Home provides accommodation with nursing and personal care to a maximum of 41 people with physical disabilities, dementia-related illness and/or mental health needs. There were 38 people living at the home at the time of our inspection visit.

A registered manager was in post and present during our 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.

At our last comprehensive inspection of the service on 26 April 2016, we found breaches of Regulations 12 and 17 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014 and a breach Regulation 18 of the Care Quality Commission (Registration) Regulation 2009. These breaches related to the provider's failure to consistently and effectively assess, monitor and manage the risks to people, and a lack of clear leadership at the service. The provider had also failed to notify us of important events involving people who lived at the home, in line with their registration with us. We gave the service an overall rating of requires improvement. We undertook a focused inspection at Newford Nursing Home on 10 October 2016 to check whether the provider was now meeting their legal requirements and found continued regulatory breaches. The provider sent us an action plan setting out the improvements they intended to make.

At this inspection, we found the provider had made improvements to the service, and that they were now meeting the Regulations. The risks associated with people's individual care and support needs had been assessed, recorded and reviewed, and plans implemented to manage these. The registered manager had the time and support needed to provide staff with effective leadership and management.

People were supported by staff who had received training in, and understood, how to protect them from avoidable harm and abuse. The staffing levels maintained at the service ensured people's individual needs could be met safely. Systems and procedures were in place designed to ensure people received their medicines safely and as prescribed. However, people's medicines were not always securely stored at all times.

Staff received ongoing training and support to enable them to successfully fulfil their duties and responsibilities. People's consent to care was sought and their right to make their own decisions respected. People had enough to eat and drink, and any associated risks were assessed and managed. Staff supported people to access professional medical advice and treatment if they were unwell.

Staff treated people with kindness and compassion, and took the time to get to know them well. People's involvement in care planning was encouraged, and their views about the service welcomed. People's rights

to dignity and respect were understood and promoted.

People received care and support that took into account their individual needs and requirements. They had support to spend time doing things they found stimulating and enjoyable. People and their relatives were clear how to raise a complaint with the provider, and had confidence they would be listened to.

People, their relatives and community professionals described an open and inclusive culture within the service. Staff felt well supported and were clear what was expected of them at work. The provider carried out a range of quality assurance activities to assess, monitor and address the quality of the service people received at Newford Nursing Home.

## 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.

People were supported by staff who understood how to recognise, respond to and report abuse. The risks to individuals had been assessed, kept under review and measures put in place to control these. Appropriate staffing levels were maintained to ensure people's needs were met safely. People received their medicines safely and as prescribed from trained staff.

### Is the service effective?

Good ●

The service was Effective.

People were supported by staff who had the skills and knowledge needed to meet their individual needs. People's right to make decisions for themselves was understood and promoted. People had the support needed to eat and drink safely and comfortably. Staff helped people to access external healthcare services as required.

### Is the service caring?

Good ●

The service was Caring.

Staff adopted a kind and compassionate approach towards their work, treating people with dignity and respect. People's involvement in care planning and decisions that affected them was encouraged by the management team.

### Is the service responsive?

Good ●

The service was Responsive.

People had support to spend time doing things they found stimulating and enjoyable. People's care plans were individual to them, and staff adhered to these. People and their relatives knew how to raise concerns and complaints about the service provided.

### Is the service well-led?

Good ●

The service was Well-led.

The management team promoted open communication with people, their relatives and the community professionals involved in people's care. Staff were well-supported and directed, and were clear what was expected of them at work. The provider's quality assurance had led to significant improvements in the service.

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# Newford Nursing 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 was planned to check 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 9 and 13 October 2017 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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. We reviewed this information in planning our inspection.

As part of our inspection, we looked at the information we held about the service, including the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also contacted the local authority and Healthwatch for their views about the service.

During our inspection visit, we spoke with eight people who used the service, four visiting friends and relatives, a GP and a tissue viability nurse. We also spoke with seven members of staff, including the registered manager, deputy manager, floor manager, activities coordinator, two senior care staff and one care staff.

We looked at five people's care records, medicine records, accident and incident records, complaints records, three staff recruitment records and records associated with the provider's quality assurance systems.

We also 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.

## Is the service safe?

### Our findings

At our last inspection, we found people were at risk of harm because the provider had not consistently assessed and managed the risks associated with people's care and support needs. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the action plan they sent us, the provider set out the steps they intended to take to meet this regulation. These included introducing a new handover sheet to remind staff of the key risks to individuals.

At this inspection, we found the provider was meeting the requirements of Regulation 12. The management team had assessed, recorded and reviewed the risks to people. This assessment took into account important aspects of people's safety and wellbeing, including their mobility, pressure care, nutrition and the potential for behaviour which challenges.

Plans were in place to manage these risks, and keep people, and the staff supporting them, as safe as possible. For example, bed rails, movement alarms, hip protectors and staff assistance when mobilising were in place for one person assessed to be at high risk of falls. Another person, who was receiving treatment for a pressure sore, had been reassessed by the tissue viability nurse, provided with pressure-relieving equipment and had support from staff with repositioning. Staff understood the need to follow people's risk assessments, and told us the management kept them up to date with any changes in risk through, for example, daily handovers at shift changeovers. Handover is a face-to-face meeting in which staff pass on important information about people's health and wellbeing that day.

Staff worked in accordance with people's risk assessments as, for example, they assisted people to eat and drink safely. Since our last inspection, the management team had introduced new 'handover sheets', which were distributed to all care staff. These documents provided staff with key reminders of how to safely support each of the people they were allocated to work with that shift.

At our last inspection, we were not assured people had received their food supplements as prescribed. The stock levels of nutritional supplements that people had been prescribed did not balance with the amount recorded on the medication administration records (MAR). At this inspection, we did not identify any discrepancies between the actual and recorded stock levels of nutritional supplements held on site. The provider had introduced a new count sheet to help them monitor whether people were consistently receiving supplements as prescribed.

People and their relatives were satisfied with the support staff gave people with their medicines. One person told us, "Yes, I get my medicines on time and, no, I haven't run out." We saw the provider had put in place a range of systems and procedures designed to ensure people received their medicines safely and as prescribed. People's medicines were handled and administered by trained nurses, whose competency in this area was checked by the registered manager on a quarterly basis. In addition, staff kept up-to-date and accurate medication administration records (MAR) to record all medicines given to people. People's medicines were managed and administered in line with the requirements of the Mental Capacity Act 2005. We saw a best-interests meeting had been held with one person's relative and the GP in relation to the

decision taken to covertly administer their medicine.

However, whilst the administration of people's medicines was underway, we saw the door to the medicines room, and the medicines cabinets within this, were left unlocked. Although the medicines room was in a corridor not typically accessed by people or visitors to the home. This does not reflect good practice. It increases the risk of unauthorised or accidental access to medicines, and the potential for resulting harm to people living at the home. We discussed this issue with the registered manager. They acknowledged this was an oversight on their part. They assured us the medicines cabinets and medicines room would be kept securely locked at all times moving forward.

We saw the service was kept clean and hygienic to protect people from the risk of infection. Staff told us they were supplied with the equipment they needed, including mobility aids and equipment, to safely meet people's needs. However, we found hoist slings were shared amongst people living at the home, as opposed to being used by a named person. This does not reflect current best practice in the prevention and control of infection. We discussed this issue with the registered manager who assured slings were washed on a regular basis, and told us they would raise this matter with the provider.

People felt safe living and receiving care and support at Newford Nursing Home. One person told us, "Yes, I feel safe here. I couldn't go home and be on my own because of [medical condition]. I feel safe because there's always someone around or near you." Other people described how staff helped them stay safe as they moved around the home. Of these, one person said, "I don't like the hoist, but I feel safe when they (staff) use it." People were clear how to raise any concerns about their safety or wellbeing with the management team and staff. One person explained, "If I was worried or concerned I'd speak to someone. Oh, I'd tell them all right!" People's relatives were also confident about the safety of the service provided. One relative told us, "I can go home happy knowing that [person] is in good hands."

Staff had received training in, and understood, how to recognise and report abuse. They gave us examples of the kinds of things that would give them cause for concern, such as marked changes in people's moods or behaviour, and any unexplained marks or bruising. They told us they would immediately report any concerns of this nature to the management team. The provider had procedures in place, to ensure any actual or suspected abuse was reported to the appropriate external agencies, such as the local authority, police and CQC. We saw they had reported and investigated previous abuse concerns in line with these procedures.

In the event people were involved in an accident or incident, staff recorded and reported these events to the management team. We saw the registered manager reviewed these reports to identify patterns and underlying causes, and to take action to prevent things from happening again.

People, their relatives and staff themselves were satisfied with the staffing levels at the service, and the efforts made to ensure the right skills mix on shift. One person told us, "They (staff) come quick if you press the buzzer (nurse call)." A relative said, "Sometimes they have agency staff and they (management team) will put them with a more experienced one, or a junior with a more experienced one. It seems to work well." The registered manager explained that they assessed and organised their staffing requirements based upon people's current care and support needs. During our inspection visit, we saw there were enough staff on duty to respond to people's needs and requests in a timely manner. The provider carried out pre-employment checks to ensure prospective staff were suitable to work with the people living at the home. This included obtaining employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS carries out criminal records checks to help employers make safer recruitment decisions.

## Is the service effective?

### Our findings

At our last inspection, we found people did not always have the support they needed to maintain appropriate fluid intake. At this inspection, we did not identify any concerns of this nature. We saw people were offered plenty of drinks throughout the day and that people's fluid intake was monitored as appropriate. One person told us, "[There are] plenty of drinks. You always get a jug of water or a bottle of orange squash on my table."

People and their relatives spoke positively about the food and drink on offer, and confirmed people were supported to choose what they ate and drank. One person told us, "The food is good. Last week, I didn't feel like eating what was on the menu, potatoes again, so I asked for toasted cheese and I got it. They (staff) are very accommodating." People's nutritional and dietary needs were assessed, with specialist advice from the local speech and language team or dieticians where required. Plans were in place to manage this aspect of people's care and support, and we saw staff working in accordance with these. We saw the lunchtime meal was a pleasant, relaxed and social experience during which people received the support required to eat and drink safely and comfortably.

People, their relatives and community professionals spoke positively about the knowledge and skills of the staff employed at Newford Nursing Home. One person told us, "I think the staff do have the skills and experience, because they always seem to know exactly when you need them." They went on to say, "They (staff) do everything properly and are not rushed. They even cream my legs and feet and always put gloves on." A GP spoke positively of their dealings with staff, describing them as "very competent and efficient".

Upon starting work at the home, new staff underwent the provider's induction training to help them settle into their new job roles. Staff spoke positively about the induction period, which included the opportunity to work alongside more experienced colleagues and read people's care plans. Following their induction, staff were offered a rolling programme of training, reflecting their duties and responsibilities. Staff felt they received the training they needed to work safely and effectively. One staff member told us, "The training is really good and it's always updated every year."

In addition to training, staff attended bi-monthly one-to-one meetings with a member of the management team. These meetings enabled staff to discuss any additional support needs they may have, and to receive constructive feedback on their work. Staff told us they felt able to request guidance and advice at any time in between these supervision meetings. One member of staff explained, "If you are ever stuck or a bit unsure, you just go to the senior in charge." In addition, the registered manager and deputy manager provided 24-hour on-call management support to respond to any urgent guidance or advice staff may need.

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.

We checked whether the provider was working within the principles of the MCA. People and their relatives confirmed staff sought people's consent to care, and supported their day-to-day decision-making about their routine care. One person told us, "They (staff) help me choose my clothes in the morning and help me coordinate them. You've got choices about what you eat and if you want to go on outings." A relative said, "They (staff) will always ask [person's] permission, even for changing them." We saw staff seeking people's permission when, for example, helping them check their blood sugar levels or move around the home. We found the management team and staff had an appropriate understanding of people's rights under the MCA. One staff member told us, "It doesn't mean that just because a person doesn't have capacity in one area, they don't have it in another. You should always assume they have mental capacity." We saw examples of mental capacity assessments and best-interests decision records in the care files we looked at.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted DoLS applications for people living at the home, following an individual assessment of their capacity and current care arrangements. Where DoLS authorisations had been granted, the registered manager reviewed any associated conditions to ensure these were being complied with.

People and their relatives told us staff played a positive role in helping people maintain their health and access healthcare services. One person told us, "If you felt unwell, the staff would notice you didn't feel well and would call the doctor. There's always a carer comes with me for hospital appointments." A relative said, "[Person] is well looked after. The doctor comes once a week and, if we have any concerns, they (staff) will fetch the doctor in. They seem to be on top of things." Healthcare professionals spoke positively about their experiences of working with the staff and management team. One healthcare professional told us, "If they (staff) have any concerns, they will flag them up and contact me." Another said, "They (staff) have always referred in a timely way. They also ensure someone comes with us to the person's room, to help us communicate with them." They went on to say, "I've never had to go back (to the home) and say that I'm unhappy things haven't been followed through."

## Is the service caring?

### Our findings

At our last inspection, we found people's rights to privacy and dignity were not always promoted by staff when carrying out routine care tasks. At this inspection, we did not identify any concerns of this nature. We found people's personal care needs were addressed in a sensitive, discreet manner that maintained their dignity. The actions of staff, such as offering people clothing protectors during the lunchtime meal, showed an awareness of the need to promote people's dignity.

People and their relatives felt staff treated people in a respectful and dignified manner. One person told us, "They (staff) treat me with dignity and respect and always knock on my door." Another person described how staff promoted their independence and day-to-day decision-making. They told us, "They (staff) try and help you to be independent. Some try to get me up (on my feet) or choosing clothes." They went on to say, "I like it here; I wouldn't want to go anywhere else. It isn't restrictive. Staff are good. I can do what I want. I can stay in my room if I want, or join in."

We saw there were no unreasonable restrictions upon people receiving visits from family members and friends. One person told us, "There are no restrictions on visiting. Sometimes [relative] comes at 10 o'clock at night." The staff we spoke with understood people's rights to privacy and dignity and described how they put this understanding into practice. One staff member said, "It's to do with not making decisions for them (people) as we think we know best. We need to respect their wishes and actively listen to them."

People, their relatives and community professionals told us staff adopted a caring approach towards their work with the people living at Newford Nursing Home. One person said, "The staff are kind and caring and treat me well." A relative told us, "The staff are nice to [person]. We're pleased. They are happier in themselves here." A healthcare professional said, "They (staff) are very caring from what I've seen, and they are good at seeking further direction from others." During our inspection visit, we found staff knew the people they supported well. They greeted people warmly, took interest in what they said and encouraged conversation through finding shared topics of interest. Staff demonstrated concern for people's comfort and wellbeing. For example, staff offered patient reassurance and advice to one person who was unable to locate personal items in their bedroom. We saw this helped calm and reassure the individual in question.

The provider took steps to encourage people's involvement in care planning and decision-making that affected them. Before people moved in, the management team met with people and, if they wished, their relatives to assess their care and support needs. From that point forward, they consulted with people, as necessary, in developing and reviewing their care plans. People's care plans included guidance for staff on how to promote effective communication with each individual. We saw one person had access to pictorial communication aids and iPad applications to help them communicate with others. 'Residents' meetings' were held on a three-monthly basis to provide people with the opportunity to put forward their views and suggestions as a group. In addition, a suggestions box was available in the entrance hallway for those who preferred to give feedback in this way. At the time our inspection visit, two people were using a local advocacy service to ensure their views were heard. The registered manager confirmed that people were signposted to such services as appropriate.

## Is the service responsive?

### Our findings

At our last inspection, we found people did not always have the support needed to pursue hobbies and spend time doing things they enjoyed. At this inspection, we found a clear improvement in the support people received to participate in one-to-one and social activities. The provider's three activities coordinators were responsible for organising and delivering purposeful activities throughout the week that people would find stimulating and enjoyable. They had used a recognised framework, the Pool Activity Level (PAL), to develop a profile of each individual's interests, likes and dislikes to plan activities that best suited the individual.

This had led, amongst other things, to the introduction of sensory equipment in a number of people's bedrooms, including bubble tubes, fibre optic lamps and aromatherapy diffusers. One person's relative described how their family member, who was cared for in bed, had benefited from this equipment. They told us, "As well as the lights and bird feeder (outside bedroom window), they (staff) provided this vibrating cushion for stimulus, since [person] can't join in."

On the home's activities board, we saw the activities coordinators had planned a range of daily activities for people for the remainder of the month. These included baking, face-painting and fancy-dress activities linked with Halloween, arts and crafts, pet therapy sessions, bingo, quizzes and in-house cinema shows. One person told us, "There's something on every day." A pictorial version of the activities board was provided to ensure people were aware of the activities on offer during the current week. A well-stocked 'activities station' was provided in the home's reception area. This contained a range of musical instruments, sensory and reminiscence items, and games, along with suggestions for how to use these. The purpose of activities station was to give relatives, friends and volunteers some useful ideas and resources to engage people in activities they may find stimulating and enjoyable. During our inspection visit, people were, amongst other things, baking with staff, listening to music and joining in a reminiscence session. We saw that, with the help of the activities coordinators, the registered manager reviewed each person's activities on a monthly basis to look at their participation in activities could be further encouraged.

The registered manager encouraged people and their relatives' involvement in care planning. As part of this, they consulted with people and their relatives as needed, when care plans needed to change and invited them to an annual care review. One relative told us, "We have meetings about [person's] care." They went on to say, "They (management team) try to accommodate you whichever way they can." We saw people's care plans were individual to them and covered a range of needs. Staff understood the need to follow, and said they had the time to read and refer back to these. During our inspection visit, we saw staff adjusted the level and nature of the care and support provided to suit individual needs, in line with their care plans. Consideration had been given to people's religious and cultural needs. As a result of this, weekly Holy Communion and monthly church services were organised at the home. In addition to guidance on how to meet people's individual care needs, staff were also provided with information about people's personal backgrounds. This helped staff understand the person's interests and what was important to them.

People and their relatives knew how to complain to the provider, and felt comfortable doing so. One relative

told us they were happy with the manner in which the management team had addressed their previous concerns. These related to their family member's lack of engagement in social activities. The provider had a complaints procedure in place to encourage fair and consistent complaints handling. We looked at the records of a recent complaint and saw this had been investigated and addressed in line with this procedure.

People and their relatives' more general feedback on the service was sought through, amongst other things, the distribution and analysis of quarterly feedback questionnaires. In addition, regular residents' and relatives' meetings were held at the home. One relative explained, "Once a month there's a meeting for residents and the week after a meeting for relatives. We can put (forward) our concerns and suggest things. They (management team) respond well; they write it all down."

## Is the service well-led?

### Our findings

At our last inspection, we found the provider did not have effective systems in place to monitor and manage the risks to people, and the registered manager lacked the time needed to manage the service effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the action plan they sent us, the provider set out the steps they intended to take to meet this regulation. These included increasing the number of supernumerary hours the registered manager was allocated each week.

At this inspection, we found the provider was meeting the requirements of Regulation 17. The registered manager confirmed the provider now gave them the supernumerary hours required to provide effective leadership and management of the service. They felt able to approach the provider to discuss their current workload, or to request additional support and resources at any time. The registered manager told us, and we saw, that they were able to maintain an overview of the risks to the people who used the service, and the effectiveness of the current measures in place to manage these. This included detailed monthly analysis of any weight loss, infections and accidents or incidents involving people who lived at Newford Nursing Home.

People, their relatives and community professionals spoke positively about the overall management of the service. They told us they had open communication with the management team, and spoke positively about their dealings with the registered manager. One relative told us, "I think it's well-led. The managers and nurses are easy (to talk to), approachable and friendly. They've always got time to listen." They went on say, "They (management team) always keep me informed. They always ring me if [person] has to go to hospital, keep in touch with me when they are there, and they ask me if I have any concerns." Another relative said, "I think it's well managed; we've had no problems. If we have anything to discuss, they (management team) help us." A healthcare professional told us, "It's very well managed from my perspective." They went on to say, "They (management team) are absolutely excellent. I'm very impressed in terms of how the home is run. [Registered manager] and [deputy manager] have good knowledge of what 's going on and manage the home very effectively."

Staff were clear what was expected of them at work, and felt well supported by an approachable management team. One staff member told us, "[Registered manager] is lovely; they're always there for help and advice." They went on to say "I think the home runs pretty smoothly. We all work as a team, and that's what I like." Another staff member said, "They (management team) always try to do their best with the staff. If we have any problems, we know we can always talk to them. We can also have a laugh with them." Staff had confidence in the management team's ability to deal with issues brought to their attention by staff and others, and referred to a strong sense of teamwork across the staff team. The registered manager held regular meetings with staff to promote effective teamwork and coordination of efforts. These included general staff meetings, senior staff meetings, clinical meetings and head of department meetings. Staff understood the role of whistleblowing, and told us they felt able to challenge decisions and practices at the service, if needed.

Staff spoke about their work at Newford Nursing Home with clear enthusiasm, and a sense of shared

purpose with the management team. One member of staff told us, "I want the best for these residents, and [registered manager] and [deputy manager] do to." They went on to say, "All I can say is that I love working and being part of Newford Nursing Home. They (management team) let me know they appreciate me." Another staff member said, "I love my job. I think they (management team) want the same as the staff: the best quality care we can deliver."

We found the registered manager had a good understanding of the duties and responsibilities associated with their post at Newford Nursing Home. This included the need to submit statutory notifications in line with their registration with CQC. Our records showed these notifications had been submitted as required. The registered manager explained that they kept themselves up to date with current best practice through, amongst other things, attending events run by the local clinical commissioning group (CCG) and the local authority. They also sought to network with, and learn from, other provider's in the local area.

We looked at how the provider assessed, monitored and sought to improve the safety and quality of the service people received at Newford Nursing Home. We found the management team carried out a rolling programme of audits and checks to monitor key aspects of the service. This included the home's health and safety arrangements, the management of people's medicines, care planning and staff training. The provider also worked with a consulting firm to help them assess the quality of the service provided. These quality assurance activities had been effective in enabling the provider to make a number of significant improvements to the service people received, as identified during our inspection.