

Regency Healthcare Limited

Newlands Hall

Inspection report

High Street
Heckmondwike
West Yorkshire
WF16 0AL

Tel: 01924407247
Website: www.rhcl.co.uk

Date of inspection visit:
16 September 2019
23 September 2019
27 September 2019

Date of publication:
22 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Newlands Hall is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Newlands Hall provides accommodation for up to 30 older people, some of whom are living with dementia. The home has communal living areas on the ground floor and bedrooms are located on the ground and first floor. There were 29 people living at the service.

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

Some improvements were required in how the service assessed and managed risk, as some risks assessments were detailed but others required more information ensure the necessary risk reduction measures were in place.

Medicine management procedures were in place. Staff were appropriately trained and had their competency levels checked.

The home was a converted home, with many original features which posed some difficulties in terms of accessibility and infection control. The service was working to an action plan to improve the control of infection and there was a refurbishment plan in place to upgrade some areas of the home.

Staff had been recruited safely and received an induction into the service. Ongoing training was provided to help staff to develop but there were areas of care staff required training to ensure their skills were updated.

People told us they liked the food and were offered choice of food options. They were supported to eat and drink to maintain their wellbeing.

The home had referred people who had restrictions on their liberty to the relevant authorities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives spoke highly of staff at the service who they described as caring and compassionate. They reported the homely environment and feel of the service.

Improvements had been made to care records and people's care files. Activities were on offer to people at the home and an activities coordinator was employed to lead this area of care.

Improvements were found in the management and leadership of the home. These were ongoing at the time of the inspection, with the registering manager prioritising the areas we were most concerned with at our

last inspection. Plans were in place to continue improving the quality of the service provided.

Rating at last inspection and update: The last rating for this service was inadequate (published 16 March 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. This service has been in Special Measures since the last inspection. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below

Requires Improvement ●

Newlands Hall

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The first day of inspection was carried out by an inspector and an assistant inspector. The subsequent days were carried out by one inspector.

Service and service type

Newland Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority contracts department, safeguarding, infection control, the fire service, environmental health, the Clinical Commissioning Group, and Healthwatch to assist us in planning the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, both deputy managers, care worker, domestic staff and the cook. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- At our last inspection there were issues with the settings of airflow mattress to protect people from the risk of pressure ulcers. The registered manager had implemented a system to ensure checks were done several times each day. We found an issue with one mattress and the registered manager reported this to the manufacturer as they assured us on their check it had been correctly set so it had developed a fault. There was no impact on the person using the mattress.
- There had been improvements in how the service assessed and managed risk. Some further improvements were required in the recorded guidance provided to staff to ensure people were moved safely. This included the use of equipment involved and the portable ramps used by wheelchair users to access the lift between floors.
- Personal Emergency Evacuation Plans didn't clearly identify how staff would support people to the evacuation points. The registered manager had improved these by our second inspection date.
- Necessary maintenance checks were carried out on equipment and the environment to ensure they met legal requirements. However, we found some instances where checks which prevent bacteria forming in the service's water system were not always completed. This was addressed during the inspection.

Staffing and recruitment

- At our last inspection we found recruitment practices needed to improve. At this inspection we found recruitment practices were safe.
- There were adequate staffing levels to meet the needs of the people living at the home. These were checked regularly as people's needs changed. People told us staff responded when needed. One person said, "They answer my call bell quickly. If they are slow it's because they have been stopped on the way. They let me know first."

Using medicines safely

- Medicines were on the whole managed safely. This included, the ordering, storing, and administration.

Some improvements had been made in terms of body maps for people who required the application of creams.

Preventing and controlling infection

- The home was generally clean and odour free. Some areas of the home were due to be refurbished which would make it easier to clean. For example, some areas contained chipped paintwork and some flooring was due to be replaced.
- The service was working to an action plan to improve the control of infection. Staff were provided with personal protective equipment which was available throughout the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded. The registered manager showed us evidence where they had identified an issue and put in measures to ensure this issue was not repeated showing they had improved their service.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe and confident with the staff who supported them. One relative said, "Safe, yes. It is very family orientated. It's very old fashioned, not out of a glossy magazine."
- Staff had received training in safeguarding and were confident in recognising the signs of abuse.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to evidence consent had been sought in line with legal requirements and was in breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People who lacked capacity had a completed mental capacity assessment in place and a best interest decision was recorded. However, further improvements were needed to ensure these were decision specific. The registered manager had made changes to these between our inspection dates.
- The registered manager had appropriately applied for DoLS for people whose liberty was restricted.
- At the last inspection consent forms signed for by relatives without the necessary legal authority were in place. These were still in people's care plans and gave the appearance that relatives were consenting to care when they had no legal right to do so. The manager agreed to remove these. Other records showed for people who lacked capacity, the MCA process had been followed.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had received required training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- Most staff had received training in essential subjects, which was an improvement from the last inspection. There were still areas of care, staff required to be trained in, which the registered manager had not identified as essential and they agreed to action this.
- People and relatives told us the staff had the knowledge and skills to care for them.
- New staff received a thorough induction into the service. They had shadowed an experienced member of staff for a couple of shifts before being placed on the rota and had met with the registered manager to go through their training requirements.
- Whilst some staff had been supervised regularly, other staff had not. The provider's policy did not specify the frequency of supervision. When we discussed this with the registered manager, they said they were changing this to three a year and an annual appraisal going forwards and senior staff would be trained to supervise more junior staff.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to ensure people had enough to eat and drink. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14

- Staff had a good knowledge of people's preferences and requirements. Care records detailed people's preferred food choices and records of people's food and fluid intake were completed.
- Where people were at risk due to poor nutrition we could see the registered manager had oversight and was ensuring actions were in place to mitigate the risks to the person.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us they used NICE guidance and information from the CQC website and local authority to ensure they were delivering care in line with guidance and the law. They said, "I have just downloaded the smile matters (CQC report on oral health). I have put in an oral care plan in the care plan." We saw this information in the care plans we reviewed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with different health professionals and services to meet their needs. For example, community nurses, dieticians and speech and language therapists had been involved in people's care. One visiting community nurse spoke positively about the service apart from one issue they had reported about single use catheter bags.
- Relatives told us they were confident staff worked with other agencies when needed. One said, "They are good at getting the doctor if they feel she needs it."

Adapting service, design, decoration to meet people's needs

- The building was an old converted house. There were some issues with accessibility, particularly for those

people with restricted mobility and had their bedroom on the first floor. For example, there were three steps down from some bedrooms to the lift and people were dependent on staff to place temporary ramps and to support them to manoeuvre in their wheelchairs.

- Some adaptations had been done to the environment which helped make it dementia friendly. Work was ongoing to improve the environment to make it more dementia friendly including signage to the doors to people's rooms to help them recognise where their room was. Some people were provided with adapted cutlery and different coloured crockery to make eating easier.

- The carpet in the communal dining area was due to be changed as it was too busy for people living with dementia.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the staff we spoke with knew people well. We saw people and staff were comfortable and relaxed with each other and we heard friendly banter between people and staff.
- People told us they were happy living at the service and were respected by kind and caring staff. One relative said, "When it's someone's birthday they get a card, a birthday cake. They make a fuss. Some people don't have anybody." People often referred to the family atmosphere. One said, "It's like one big family."
- The service complied with the Equality Act 2010 and ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race.
- The registered manager gave us a very good example of where they had supported a person in line with their preferred identity.

Supporting people to express their views and be involved in making decisions about their care

- People, their relatives and representative were involved in devising care plans to ensure these fully involved people in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they ensure people's privacy was protected. They did this by, "Knocking on doors before you enter. Don't talk about people in front of other people." The registered manager said, "They are very good at protecting people's information. If they have social workers to visit we offer them a private place to sit."
- Staff gave us a good example of where they had supported a person who was cared for in bed when they arrived but is now able to walk and has regained some independence in eating and person care tasks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure a contemporaneous record of people's care and support needs. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- Improvements had been made to care records, which were easier to read and included people's preferences and how they wanted care to be provided. Files were also better presented. Some information was out of date and we raised this with the registered manager, but on the whole they had demonstrated sufficient improvements had been made.

- Staff told us they provided people with personalised care. One said, "It's what makes them happy and not just our routine. Putting their wishes first."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included information about their communication needs and how they made day to day choices. Staff knew people's unique communication needs.

- The registered manager said, "We have a lady who is deaf and we write it down for her." We observed this during our inspection which helped to keep the person involved in the conversation.

- The registered manager also said, "Information in large print is available. No one needs braille. We make sure they have their eyes checked and wear their glasses."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us they were always made to feel welcome at the home. One said, "The families are welcome. It's like one big family. It's not too big. Its family orientated."

- The home had recently acquired two guinea pigs for the benefit of people living there. The registered manager said, "They love cuddling and spending time with them."
- One person told us they like to do the activities on offer. They said, "I do bingo and snakes and ladders. They have a ukulele band."
- Staff told us people were supported with group and one to one activity. They said for example, "One person stays in their room and doesn't like joining in activities. The activities coordinator will do one to one and reminiscence work if they don't want to get involved."

Improving care quality in response to complaints or concerns

- At the time of inspection there had been very few complaints recorded. There was a policy in place in relation to complaints.
- Relatives told us they would be happy to go to the manager with any complaints.

End of life care and support

- End of life support plans were in place, which contained brief information about people's end of life wishes and funeral arrangements.
- Anticipatory medicines were prescribed to ensure people had a pain free, comfortable death. Community nursing staff were to administer this type of medication when required.
- End of life training had not been provided for all staff.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the previous inspection we found systems of governance had not addressed the shortfalls identified. An accurate and contemporaneous record of people's care and support was not always kept. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since our last inspection, the registered manager had focussed on the areas of care that required immediate action and we saw the service had improved. As this inspection took place within a short amount of time from our last inspection, they were unable to demonstrate improvements had been sustained over a long enough period to achieve a rating of good. In addition, there were still areas which required further improvement.
- The registered manager told us they felt supported by the registered provider. They said, "The providers have been really supportive. The area manager visits every week and looks through the care plans and audits them."
- The registered manager and senior care staff undertook a range of audits at the home. Some of these needed to be more robust to ensure they picked up on the issues we found at inspection.
- There were issues with the call bell system, as staff had to enter the kitchen to find out who was calling, the degree of urgency and the system did not generate a report to assess the promptness of staff to respond. We were told the provider was looking into replacing this as part of the refurbishments at the service.
- One relative said, "I think it's been nice to see in the last six months a lot of improvement with the environment. New chairs, new areas carpeted, new beds. They seem to be spending money. It's a big old home."

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

- Staff spoke positively about the registered manager. Comments included, "She puts things in place. She is not full of empty promises. If we report or request anything she does her best to get it."
- A member of staff described the home as, "I think it's just generally a nice little home with a good team"

who try."

- The registered manager shared their vision for the home with us. They said, "To be the best. I want a good CQC report. I want all the services to recognise we are a good home, we will continue to work hard."
- The registered manager attended workshops run by the local council. They received peer support from other managers within the provider's portfolio.

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

- Providers have to by law notify CQC of all incidents that affect the health, safety and welfare of people who use services and display their performance ratings. The provider was meeting this requirement.
- The manager was open and honest with us during the inspection and was aware they needed to make further improvements and sustain improvements at the service. People and relatives consistently told us they could go to the manager to raise concerns and they were confident they would act upon them.

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

- The activities coordinator completed a monthly newsletter to keep people informed of events.
- A residents meeting had been held the month before and referenced the home's summer party.
- The registered manager completed a satisfaction survey but had not compiled the individual results to show how this had been used to drive improvements.
- Team meetings were not held regularly at the service. The registered manager said these were every six months or sooner if required. Staff confirmed they were not often but told us they felt able to discuss issues with the registered manager. The registered manager said, "In-between my door is open if staff have an idea for improvement."

Working in partnership with others

- The registered manager engaged with key stakeholders to support in the development of this service.