

# Regency Healthcare Limited

# Newlands Hall

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

The inspection of Newlands Hall took place on 14 and 19 June 2017. We previously inspected the service on 29 February 2016; we rated the service Requires Improvement, at that time we found the registered provider was not meeting the regulations relating to safe care and treatment and good governance. On this visit we checked to see if improvements had been made.

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 27 people were living at the home on both days of the inspection.

The service had a registered manager in place. 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.

During this inspection, we identified there were breaches to regulations related to people's safe care and treatment, recruitment of staff, staffing, consent to care, records and good governance.

People told us they felt safe however, we found aspects of the service were not safe.

We could not evidence all staff had attended a fire drill. Internal checks on the fire system did not include ensuring the fire alarm would be activated in the event a fire alarm point was pressed. The registered manager did not check fire doors closed effectively and means of escape were accessible.

Where people needed assistance with aspects of their mobility, their records did not contain sufficient information. There was no information within the care plan for a person who had experienced a number of falls, as to how staff were to assist them to get up from the floor. We observed two occasions where staff attempted to use poor moving and handling practices with people.

The system to ensure repairs and maintenance issues were reported and addressed in a timely manner was not effective.

When we checked people's medicines we found stock balances tallied with the number of recorded administrations and there was a system in place to manage controlled drugs and variable dose medicines. Staff had not consulted with a pharmacist to ensure a person whose tablets were crushed, received them safely.

We could not evidence all relevant staff had received medicines training and there was no system in place to ensure relevant staff had been assessed as competent to administer people's medicines.

When we reviewed staff recruitment records we found one staff member did not have a reference from their most recent employment and interview records were not always completed in full.

Induction records were incomplete for one member of staff and there was no record of induction in the second staff file. We reviewed the supervision records for four staff and found they had not received regular management supervision to monitor their performance and development needs. Two of the files we reviewed contained no evidence of supervision.

The home was not compliant with the requirements of the Mental Capacity Act 2005. A care plan contained a generic capacity assessment with no evidence of best interest decision making. A person who received their medicines covertly did not have a capacity assessment in place regarding this decision and there was no evidence other relevant people had been involved in the decisions making process to ensure it was in the persons best interests.

There were eight people who lived at the home who were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation.

People spoke positively about the meals at Newlands Hall and the cook was knowledgeable about people preferences and needs. At lunchtime people were provided with a choice of meal and people were supported by staff in a timely manner.

People told us, and we saw evidence in people's care records, that they received input from external health care professionals.

Everyone we spoke with told us they were happy with the care provided at Newlands Hall. We saw staff encouraging people to make choices about their daily lives, for example, what to eat and drink. We also saw people were encouraged to be independent where possible, for example, using eating aids to enable them to eat without staff assistance. Staff were able to tell us how they maintained people's dignity and privacy. The care plans we looked at contained a care plan review form, although they had been completed. We were unable to establish if they had been completed by the person or their relative.

The home had a dedicated activity co-coordinator who was enthusiastic about their role. People told us there was a range of activities provided.

Care plans were written about the needs of each individual but they were not always an accurate reflection of people's needs. Some records were not an accurate reflection of the time people's care and support was provided to them.

People we spoke with had not raised any complaints, but told us if they were dissatisfied they would speak with the staff or the registered manager.

The systems of auditing and governance were ineffective. Concerns raised as part of this inspection had not always been identified as part of the registered providers governance process and where issues were identified the method for ensuring they were addressed in a timely manner and to the required standard was inadequate.

Policies were not all relevant to Newlands Hall and gave incorrect information and guidance.

Although meetings were held with people who used the service, we were unable to establish with the registered manager or from the quality visit reports, if surveys of people, families or relevant health care

professionals had been done.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

People were not adequately protected from the risk of fire and risks to people's safety were not always robustly assessed.

The management of people's medicines was not always safe.

The recruitment of staff was not sufficiently robust to reduce the risk of employing staff who may not be suitable to work with vulnerable people.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Not all staff had received an induction and staff did not receive management supervision on a regular basis.

The home was not compliant with the Mental Capacity Act 2005.

People spoke positively about the meals provided at the home.

### Is the service caring?

**Good** ●

The service was caring.

People told us staff were caring and kind.

Staff encouraged people to retain their level of independence.

Staff respected people's right to privacy and people's care plans were stored securely.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

There was a range of activities provided which people told us they enjoyed.

People's records were not always accurate and

contemporaneous.

People told us they knew how to raise a concern about the service if the need arose.

**Is the service well-led?**

**Inadequate** ●

The service was not well led.

The system of governance was ineffective.

Policies were generic and not specific to Newlands Hall.

The service had a registered manager in post.

# Newlands Hall

## 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 14 June 2017 and was unannounced. An unannounced inspection is where we visit the service without telling anyone. The inspection team consisted of one adult social care inspector 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. The expert by experience on this occasion had experience in caring for an older person. One inspector also visited the home again on 19 June 2017. This visit was announced and was to ensure the registered manager would be available to meet with us.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire and police service, environmental health, the Clinical Commissioning Group, and Healthwatch to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

Before the 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.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room areas observing the care and support people received. We spoke with 11 people who were living in the home, five visiting relatives and an external health care professional. We also spoke with a director of the organisation who operate Newlands Hall Care home, the registered manager, deputy manager, two senior care staff, two care staff, a cook, a laundry assistant and the activity organiser. We reviewed four staff recruitment files, three people's care records and a variety of documents which related to the management and governance of the home.





# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe living at Newlands Hall. People said, "I certainly do feel safe here", "I feel so secure here" and "Throughout the day, the staff are always popping into my room to ask me if I am alright, that makes me feel so safe." Relatives also told us they felt their family member was safe; "My parents are much safer here than at home" and "I have every confidence this is a safe place."

Our inspection on 29 February 2016 found the registered provider was not meeting the regulations regarding safe care and treatment, we rated this domain as Requires Improvement; we also found evidence during this inspection that people were not always kept safe from the risk of harm.

People were not adequately protected from the risk of fire.

The registered manager told us a fire drill was held monthly. We saw a file recorded the dates of fire drills and the names of the staff who had attended. We asked the registered manager if they had a system in place to enable them to clearly identify all staff, including night staff had received a recent fire drill and they told us they did not and they were unable to confirm if all staff were up to date with their fire drill training. When we reviewed the staff training matrix, we saw of the 25 staff listed, seven staff did not have a date to confirm they had completed this training. We asked the registered manager to ensure all staff had completed a fire drill as a matter of urgency. When we returned for the second day of our inspection the registered manager told us that after this had been brought to their attention, they had completed a fire drill with all night staff.

We saw equipment was available to assist staff in the event of needing to evacuate people from the building and each of the care plans we looked at contained a Personal Emergency Evacuation Plan (PEEP). This is a document which details the safety plan, e.g. route, equipment, staff support, for a named individual in the event the premises have to be evacuated. A copy was also kept in a file in the office. We reviewed the PEEP for one person who we had seen sat in their bedroom with a zimmer frame next to them, their mobility care plan also referred to them using a zimmer frame to mobilise but their PEEP made no reference to this equipment. We also reviewed the fire risk assessment for the home, which the registered manager provided for us. We saw it was not accurate. For example; one bedroom was listed as vacant but on the day of our inspection the room was occupied. We compared information in the fire risk assessment with the information in the PEEP for another person who lived at the home and found it contained conflicting information. The risk assessment recorded they needed two staff and the ski pad to enable them to be evacuated in an emergency, but their PEEP recorded one staff member and a wheelchair.

We asked the registered manager about the internal checks completed on the fire system at the home. They showed us a file which contained a record of a weekly check of the fire call points situated around the home. We asked the registered manager if this check included a test to ensure the call point activated the fire alarm when pressed but they told us they only checked the fire point was intact and did not activate the alarm. We also found there were no regular checks to ensure fire doors closed when the fire alarm was activated, that emergency exits were unrestricted and accessible and we could not locate evidence of any internal checks to ensure the emergency lights were fully operational. The registered manager told us there were no routine

checks made on either the emergency lights or internal doors, including fire doors, however, when we were looking through a file entitled 'audits' we located a single emergency lights check which had been completed on 17 March 2017.

On the second day of the inspection we discussed our findings with the registered manager and a director of the company who operate Newlands Hall. As a result of our concerns regarding fire safety, we contacted the fire authority after our inspection and requested they visit the home.

These examples demonstrate a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk was not robustly assessed to reduce the risk of harm or injury to people and staff.

Risk assessments did not contain sufficient information for staff. Staff told us one person's mobility was changeable and on some days they were able to stand with verbal prompts, but they may need to use a stand aid on other days. We reviewed the moving and handling information in their care plan, but did not see any reference to the use of a stand aid. We reviewed the care plan for a second person and saw the mobility risk assessment recorded they needed 'assistance' with all aspects of their mobility except for changing their position in bed. The assessment also recorded they used a zimmer frame and a wheelchair, but there was no information as to the circumstances under which either the zimmer frame or the wheelchair should be used.

The mobility assessment form and care plans lacked information to reduce the risk of harm when people were supported to bathe or shower. The assessment for one person recorded 'full assistance, 2 staff, shower chair and bath hoist'. A second person's recorded 'assistance, zimmer, and bath/shower chair'. There was no information as to which bath or shower was to be used, the specific equipment needed and how that was to be used. For example, ensuring the safety arms for the bath seat were placed in the correct position prior to raising the bath seat.

There was a stair lift fitted to one of the staircases at the home. The registered manager told us one person used the stair lift with staff support. We looked at their care plan, but no risk assessment was in place regarding this. We brought this to the attention of the registered manager and asked them if they could locate the relevant risk assessment in their care plan, but they could not.

During our inspection we observed poor moving and handling techniques from staff. As people were finishing their lunchtime meal and were being supported to leave the dining room, we observed two staff go to place their arm under the armpits of two separate people to assist them to transfer. On both occasions, a third staff member prevented them from proceeding with the manoeuvre. Using this method is no longer considered good practice and can cause serious harm to the person and staff. We informed both the company director and the registered manager of these observations. We asked them to monitor and review moving and handling of people at the home to ensure staff practices were safe and they were complying with relevant legislation and good practice guidelines.

Staff were able to tell us about the action they would take in the event a person fell or was found on the floor. For example, one of the staff told us they would press the nurse call for assistance and encourage the person not to move until a more senior staff member had assessed them as being safe to move. We reviewed the care plan for one person who had regular falls and also lowered themselves onto the floor on numerous occasions. Their records did not provide any information for staff as to how they were to support the person to get up from the floor, once they had been assessed as being safe to do so. We also reviewed

the care plan for another person who had recently suffered a fall. We saw they had a falls risk assessment in place, but this made no mention of their recent fall and a subsequent re-assessment of the risk had not been completed.

We reviewed the care plan for one person who required staff to support them with regular pressure care over a twenty four period; this was to reduce the risk of them developing pressure sores. Their care plan contained a 'Waterlow' assessment. This is a risk assessment designed to assess an individual's risk of developing a pressure sore. We saw this had been completed twice, but neither entry was dated and a total score, which would indicate the overall level of risk, had not been recorded. We also saw this person was nursed on an alternating pressure mattress which required staff to adjust the setting to ensure it was appropriate to the needs of the individual. We were unable to check the mattress setting was suitable for their needs as this information had not been recorded. We brought these concerns to the attention of the registered manager and we saw this information was recorded in their care plan when we returned for the second day of the inspection.

One of the senior care staff told us about a person who had been losing weight. In their care plan we saw a document which recorded their MUST score. MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. It also includes management guidelines which can be used to develop a care plan. In order to accurately assess a persons MUST score; specific information is required, including their height. We saw their height was recorded as '5 feet and 1 inch. This was dated 25 April 2017 but there was no evidence this had been reviewed since that date and when we observed this person we saw they were significantly taller than '5 feet and 1 inch. This meant the assessment of their risk was inaccurate.

The registered manager had implemented a number of generic risk assessments, for example, slips and trips, soiled linen and scalds. However, none of the assessments were dated and therefore, we were unable to evidence when they had been implemented or reviewed.

These examples further demonstrate a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no effective system in place to ensure repairs and maintenance needs were reported and actioned in a timely manner. During the course of our inspection we noted there was no toilet roll holder or towel holder in a person's en-suite bathroom and there was damage to the plaster on the en-suite wall. On the ground floor there was a wet room with a toilet and hand wash sink. An audit completed in March 2017 recorded 'no soap or towel dispenser in the downstairs shower'; we noted these items were still not in place. We asked the registered manager where maintenance issues were recorded and they showed us a file named 'problem register' but nothing had been recorded in it. However, we also saw another file 'maintenance register' which contained two entries in January 2017, but no further entries. There were two toilets at the entrance to the dining area, but both soap dispensers were empty. We raised these issues with the registered manager and they told us they would ensure they were rectified promptly. However, a relative we spoke with told us, "The response to safety matters is first class; they repair things straight away when you report it."

The room where peoples medicines were stored was kept locked, the room felt cool and a record was kept of the temperature.

We checked a random sample of medicines and found the stock balance tallied with the recorded number of administrations. We saw one person had been prescribed a short course of medicine, the instructions

noted staff had to omit another prescribed medicine for the duration of this medicine. We checked the medicine administration record (MAR) and found staff had adhered to this instruction. Where people were prescribed a variable dose medicine, for example, 'one or two tablets to be taken' we saw a record was kept of the number of tablets administered on each occasion. One person was prescribed a blood thinning medicine; the dose for this medicine can change on a regular basis. We checked their MAR and related documentation and found the instructions regarding the dose were clear and easy to follow.

Some people were prescribed controlled drugs, these are specific medicines which are classified under the Misuse of Drugs Act 1971 and there are regulations regarding their management and administration. We checked the record for one person's medicines and saw they were administered in line with the prescriber's instructions. The records for the use of a pain relief patch were kept and showed the position on the person's body where the patch was applied. This helped staff to locate and remove the previous patch before applying the next patch to a different area of the body.

Two of the staff we spoke with, who were responsible for administering people's medicines, were able to tell us about the steps they took to reduce the risk of a medication error. This included checking they had the correct medicine, the correct dose and they were administering at the correct time.

We asked two members of care staff how they knew when and where to apply people's creams. They told us a topical medicines administration record (TMAR) was kept in people's bedrooms which provided these instructions for staff. We checked the TMARs for one person and found both charts included a body map which was shaded to clearly identify where the cream was to be applied. We also saw the TMAR's had been completed by staff at regular intervals.

However, not all aspects of medicines management were safe.

There was a medicines fridge in the medicines room which was kept locked. When we looked inside the fridge we saw a urine sample had been placed in there for storage. We showed this to the deputy manager and they removed the sample. The registered manager told us they would purchase a small alternative fridge to enable them to store samples separately to people's medicines. Storing samples of bodily fluids alongside people's medicines is unhygienic and risks the spread of bacteria.

The deputy manager told us one person at the home had some of their medicines administered covertly. Covert medication is the administration of any medicine in a disguised form. We saw a letter in the person's records dated February 2013 from their GP giving permission for the staff to administer the medicines covertly. There was no record as to which medicines were to be administered covertly. There was no evidence to suggest this had been formally reviewed with the GP since that date and the MAR did not record which individual medicines were to be administered covertly. We brought this to the attention of the registered manager and deputy manager on the day of the inspection.

We also noted staff crushed some of the medicines which were prescribed for another person. The deputy manager told us this was because the person struggled to swallow some of the tablets. We saw a letter from their GP dated 23 December 2016 giving the staff permission to crush the medicines but neither the letter nor their MAR specified any instructions as to which tablets staff were to crush. There was no evidence the pharmacist had been consulted to ensure it was safe for the individual tablets to be crushed or to see if any of the tablets could be prescribed in a more suitable format, for example, a liquid. The registered provider's own medication policy dated December 2016 noted 'staff must never crush or empty medication and mix it into food or fluids unless told to do so by a pharmacist'. When we raised this concern with the deputy manager they contacted the pharmacist and a review of the person's medication was arranged.

We spoke with one of the deputy managers who told us they had completed a medicines management course during 2016 and they recently completed an e-learning course. We asked them if an assessment of staff's competency to administer medicines was done. They said new staff would be observed, but they did not think a record of this was kept. The registered manager also told us a formal assessment of staff's competency was not completed although they said they had recently received a template document for this purpose which they intended to implement. We checked the personnel file for one staff member whose role involved administering medicines to people. They only had one competency assessment which was dated 2014. We saw audits of medicines included an observation of performance, but the name of the staff member who was observed and a detailed breakdown of the tasks covered was not included. The registered manager provided us with a copy of the training matrix, but medicines training and/or competency assessment were not listed and therefore, we were unable to clearly evidence that all relevant staff had received training and were assessed as competent in the management and administration of people's medicines.

These examples demonstrate a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not been recruited in a safe way. We reviewed four staff recruitment files, of which three had been employed for less than eighteen months. Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 states a full employment history, together with a satisfactory written explanation of any gaps in employment must be obtained and employers should seek evidence of candidates conduct in previous employment. In one of the staff files we saw a record of their interview had been taken but there were a number of gaps on the form where the interviewer had not made an entry. We also noted that although a reference had been requested from this candidate's previous employer, it had not been received. Another staff member had commenced employment during 2016, although they had previously been employed at the service, there was no record of their interview, no evidence the registered manager had explored what they had done during the gap in their employment and no references had been obtained. When we checked the registered provider's policy regarding the recruitment and retention of staff we saw this detailed 'a minimum of two written references, one of which will be from the applicants most recent employer, are obtained after a job offer, but before an appointment is confirmed and the person is allowed to commence work'.

Disclosure and Barring Service (DBS) checks were completed. The DBS provides information from the Police National Database about any convictions, cautions; warnings or reprimands and help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable groups. We saw a DBS check had been completed for all four of the staff whose files we reviewed; however, one DBS had not been reviewed since May 2012. Although it is not mandatory that these checks are renewed, ongoing monitoring of staff DBS checks helps to ensure staff remain suitable to work with vulnerable people. We noted a conviction was recorded on one of the disclosures, although this had occurred six years ago, there was no evidence the registered manager had explored this with the candidate or had risk assessed their suitability to work with vulnerable adults.

These examples demonstrate a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us there were enough staff to meet people's needs. A relative we spoke with said; "It always looks to me as though there are enough staff, my [relative] doesn't have to wait long for help with anything."

The registered manager told us they were supported by two deputy managers, one of who worked four days a week and the other worked one day a week. There were also senior care workers and care workers employed at the home as well as ancillary staff which included catering, laundry and domestic staff. None of the staff we spoke with raised any concerns regarding staff levels at the home.

Staff we spoke with told us if they had any concerns a person was at risk of harm or abuse they would tell the registered manager. One staff member said, "If I was still not happy, I would go see him (registered manager) again." When we spoke with the deputy manager they were aware they needed to report safeguarding concerns, they also told us they recently rung the local authority safeguarding team regarding an incident. This showed staff were aware of the need to report safeguarding concerns to the manager and the local authority.

## Is the service effective?

### Our findings

Staff we spoke with told us the training was a mixture of face to face and e-learning. The registered manager told us training was refreshed annually and most staff were up to date. The registered manager recorded staff training on a matrix which enabled them to identify when staff needed to update the specified courses.

The registered manager told us new staff completed a period of induction, which included shadowing a more experienced colleague and completing a series of training courses. This was confirmed when we spoke with two staff who had been employed for less than two years. When we checked the personnel files for these two staff members we saw a record of their induction had been completed, but not all the sections had been completed for one of them, this included; fire procedure, moving and handling and job description and responsibilities. There was no record of induction for a third member of staff, although they had previously been employed at the home.

Staff had not received regular management supervision to monitor their performance and development needs and to ensure they had the skills and competencies to meet people's needs.

We spoke with a member of staff who told us they had worked at the service for a year, but had not received supervision from a more senior staff member. We spoke with three other staff members who told us they had recently had supervision. We reviewed four staff files and found one supervision record for a staff member employed since March 2016, no evidence of supervision for two other staff, employed since September 2016 and March 2017 respectively. In the personnel file for a member of staff who had been employed for a number of years we saw evidence of regular supervision until June 2016, although there was no evidence further supervision had been completed.

The registered manager told us they knew not all staff supervisions and appraisals were up to date. They showed us a record of a group supervision dated 9 May 2017. We saw staff had signed the form, but as the names of staff were not recorded and neither us nor the registered manager could identify staff from their signatures, we could not ascertain which staff had been present. The registered manager's supervision matrix did not record the same number of staff in post as the training matrix and of the 23 staff listed; only eight staff had received one supervision and one appraisal during 2017.

On the second day of our inspection the registered manager told us they completed further staff supervisions. We looked at two documents and saw they were entitled 'appraisal', the staff members had completed the forms, but there was no evidence the content had been discussed with them and there were no comments recorded by the appraiser. When we checked the registered manager's supervision and appraisal matrix, we saw they had been recorded as having been completed. We checked a third document and found the staff member had completed the appraisal. We asked the same staff member if they had met with the registered manager or anyone else to discuss their appraisal and they told us they had not.

These examples demonstrate a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



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 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).

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 were being met. The manager told us eight people who lived at the home were subject to a DoLS authorisation, but no conditions were attached.

Throughout the inspection we saw people were able to move freely inside the home and in the secure patio to the rear of the home.

In order to support people living with dementia to make decisions, such as staying in the care home, staff need to establish whether the person has capacity to make decisions and identify when decisions need to be made on behalf of the person and in their best interests. Staff told us, and we saw from the training matrix they received training in MCA and DoLS. We asked one of the staff how they supported a particular person to make day to day choices and decisions, for example what they would prefer to eat. They told us, "We ask her, but [person] never replies." We asked them how a choice was made for this person and what their understanding of best interest's decision making was, they said, "I have never heard of it." When we asked a second staff member about the MCA they responded, "We always assume people have capacity. We ask them, we don't make the choice for them. We don't take their independence away, if they can't choose, we ask a preference." We also asked the second staff member about their understanding of best interests, they said, "It is someone to speak on their behalf about what is best for them." This showed not all staff were aware of their responsibilities under this legislation.

In one of the care plans we reviewed we saw a mental capacity assessment which recorded '[Person] would not be able to make any decisions', 'this decision was made in [persons] best interests'. The assessment was generic, did not specify the decision it related to and there was no evidence of the decision making process or how the person's care and support was in their best interests.

We reviewed the care plan for a person who received their medicines covertly. We saw an entry in their care plan which noted 'family and GP have consented to this' and a letter dated February 2013 from their GP giving permission for the staff to administer the medicines covertly. Covert administration is only likely to be necessary or appropriate where a person actively refuses their medicine, but is judged not to have the capacity (as determined by the Mental Capacity Act 2005) to understand the consequences of their refusal and the medicine is deemed essential to the person's health and wellbeing. However, we saw no evidence within their care plan that a decision specific assessment of their mental capacity had been undertaken. Where a person lacks capacity and a decision has to be made in their best interests, this process needs to be recorded. There was no evidence of best interests discussions taking place. We brought this to the attention of the registered manager and deputy manager on the day of the inspection.

This evidences a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



People and relatives spoke positively about the meals at Newlands Hall. Comments from people who lived at the home included; "The food is just how I like it", "I don't eat a lot, the cook always makes sure I get a small portion", "The cooks will make you anything, it does not have to be on the menu" and "I help myself to a banana from the fruit bowl most days". Relatives told us; "I have eaten here the food is really good", "They always make sure [person] parents eat well" and "There is always plenty of fruit around, they refresh it throughout the day."

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. The cook told us they received feedback from the 'residents' meetings and this enabled them to adapt the menus if required.

We observed lunchtime on the first day of the inspection. Menus were on display in the dining room, the dining tables were neatly set out and looked welcoming; tables were laid with table cloths, cutlery, condiments and glasses. Staff spoke with people individually regarding their choice of main meal, but we also noted if people did not prefer the main choice they were offered an alternative option. Where people chose to eat in their rooms, meals were taken to them on a tray. Although we heard staff referring to some people wanting a small portion and asking people if they wanted vegetables and gravy, the meals were plated up by the staff and served to them. This meant people had limited ability to choose the components of their meal or the quantity placed on their plate.

Staff were calm and patient, checking the meal was the correct choice and if people wanted condiments. Staff asked people if they had finished their meal before they removed their plates and where food remained on their plates, they encouraged people to eat a little more. We saw one person ate all their pudding, a member of staff offered them a second helping which they also ate.

We saw fresh fruit was placed throughout the communal lounges for people to help themselves. Staff also provided drinks and biscuits during the morning and mid-afternoon.

People's food and fluid records were not consistently completed to provide an accurate record of their intake.

We reviewed the fluid intake records for two people. The section entitled 'recommended daily intake as calculated' was blank on each of the 22 days we reviewed. The section for staff to record the daily total was recorded each day for one person, but only on 12 of possible 22 for the other person's records. Each form also had a section for both the senior care staff on day and night duty to sign the fluid charts, but we found these had not been signed on a regular basis.

We reviewed a random sample of food records and saw the template staff used to record people's dietary intake did not have a section for staff to record where people were offered or provided with mid-morning snacks, therefore nothing was recorded. We reviewed the food intake records for two people and saw that although staff recorded the quantity eaten, for example, half or all, staff had not routinely recorded the amount people were offered, for example, the number of sandwiches or portion sizes.

We saw from the weight records, both these people had been losing weight over the previous few months. The records for one person detailed they had been seen by the dietician on 5 June 2017 and they had recommended the person be offered coffee with full fat milk. When we checked their food and fluid records between 6 and 22 June 2017 we saw no evidence they had been offered or provided with high calorie snacks and drinks, or coffee between meals or for supper. We checked the food and fluid records between 1 and 22 June 2017 for the second person and again saw no evidence they had been offered or provided with high

calorie snacks and drinks between meals and for supper. We brought this to the attention of the registered manager and following the inspection we alerted the local authority safeguarding team as we were concerned about one of the people whose records we reviewed.

This evidences a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us about recent hospital appointments and said staff supported them to follow advice given to them by external health care professionals. Relatives also commented their family members had regular appointments with GP's, chiropodists, opticians and dentists. We also saw evidence in people's care records of the involvement of external health care professionals. We spoke; briefly, to an external healthcare professional who was visiting the home on the day of the inspection, they did not raise any concerns with us.

Newlands Hall is a converted property with bedrooms on the ground and first floor. On the ground floor there were two communal lounges as well as seating in the reception. There was a separate, large dining room on the ground floor with access to an outside patio with seating. People told us they enjoyed the garden and flowers. However, the patio at the back of the home contained discarded equipment which could be seen from the dining room windows.

## Is the service caring?

### Our findings

Without exception people told us they were happy with the care they or their relatives received at Newlands Hall. People said, "I feel so well looked after", "I miss my own home, but it is so nice here" and "The staff have done everything within their power to make sure I am happy here." A relative commented, "We are so impressed with the kind and cheerful way they care for people." Another relative said, "[Person] is surrounded by lovely people"

Relatives also told us staff passed on relevant information about their family member. One relative said, "Communication is excellent. They either call me or my brothers if anything changes in [persons] care needs." Another relative said, "The always call me if needed, they communicate well."

The registered manager told us they wanted staff to treat people with dignity, "As if they were their own mum and dad and how they want them to be treated."

Staff told us people made their own choices whenever possible. One staff member said, "People choose when they want to get up, they make their own choices. Some don't get up 'til late if they don't want to. It is their choice and their home." Another staff member also told us people got up and went to bed at a time of their own choosing. When we asked a member of staff what they would do if a person declined their care and support, they told us, "We would come away, then try again later; if they still refused we may try another member of staff. We would never force people."

We observed staff to be caring and compassionate during their interactions with people. Staff spoke with people as they went about their duties and we saw staff spent time sitting and chatting with people. Staff consistently offered people choices, for example, where to sit, what they wanted to eat or drink. We heard a person ask a staff member about a particular television programme they wanted to watch. The staff member told the person which day of the week the programme was being aired and reminded them it was also on their calendar so they and the staff would not forget.

People were encouraged to retain their independence. One of the staff we spoke with said, "We prompt people to do things themselves. Prompt them to wash their own hands and face." We saw a number of examples of staff encouraging people to retain their skills and abilities. People were supported to eat their meals independently by use of aids such as plate guards and modified cutlery, plate guards help to stop food sliding off the plate and onto the table. We also heard one of the staff suggest to a person they turn their plate around to enable them to be able to eat their food a little easier. As people were leaving the dining room, we heard staff encourage people to walk with their support to maintain their level of mobility. Retaining independence and life skills can help retain self-esteem and is an important part of living well.

People told us their privacy was respected and staff always knocked on their doors before entering. One person said, "They always knock on my door before calling out their names and coming in." Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. One staff member told us, "We ask people's permission, close doors and curtains and

wrap a towel around them."

Peoples care records were stored in a locked cupboard and were not left in communal areas unattended. This reduces the risk of unauthorised access to people's records.

Peoples care plans contained a care plan review document. In one of the care plans we saw this had been signed on 7 June 2017 by a member of staff and another individual, as the name of the person was not recorded we could not establish whether this person or their representative had agreed to their own review.. In another person's care plan we saw someone had written 'very happy with the care plan'. The entry had not been signed or dated and the name of the author was not recorded. Therefore we could not clearly evidence people were enabled to be involved in the development and review of their care plans.

Staff's caring and committed approach was a key strength of the service, in spite of the shortfalls in all of the other domains and the weaknesses in the leadership and management of the home.

## Is the service responsive?

### Our findings

People spoke positively about the activities provided at the home. Their comments included; "I just love to go out walking, they help me to go out for lovely walks", "[Name of activity co-ordinator] is great, they do lots of interesting things. I love the music and movement sessions, it's a good laugh" and "The activities are so important to me, they keep my brain cells active".

We spoke with the activities co-ordinator. They were very enthusiastic and told us they were working hard to ensure the activities provided were enjoyable and beneficial to people. They told us about a wide range of activities and outings including; trips to local pubs for meals, canal trips, visiting entertainers and dancing. A member of staff told us, "When we discovered a person loved classical music, we built it into the activities programme." On the day of our inspection we saw people were enjoying time outside in the sunshine.

Each of the care plans we reviewed was devised to be person centred and not generic. For example, one of the care plans detailed the signs displayed by the person if their mood was low. However, not all care plans were an accurate reflection of people's current needs. For example the diet and nutrition care plan for one person made no reference to their diabetes and their nutritional risk assessment which contained a section for staff to record the input of the dietician. This was blank, despite the dietician having been involved with their care on 5 June 2017.

The nutrition care plan for a person who had lost 5kg between January and June 2017 referred to them having a small appetite, a sweet tooth and needing to be weighed weekly. We found no evidence the GP or dietician had been made aware of the weight loss and the care plan failed to direct staff as to actions they could take to reduce the risk of further weight loss. For example, fortifying meals, providing high calorie drinks and snacks.

In another person's care plan we noted their GP had requested they were referred back to another health care professional, but we were unable to evidence this had been done. We raised this with the registered manager and they assured us they would look into this matter. The records detailed they had lost 4kg in weight between January and May 2017, but the only change to the diet and nutrition care plan was dated 28 May 2017, requesting staff 'weigh weekly'.

We saw some of the records completed by staff were not contemporaneous. For example, the form used by night staff to record their checks on people had the times pre-printed, for example, 9pm 11pm, 1am. This meant the form was not fit for purpose where people needed more regular checks. We also noted where staff recorded the times they assisted a person to change position to reduce the risk of them developing a pressure sore, staff consistently recorded the time every 2 hours, for example, 8am, 10am. The records regarding when staff administered a person's medication, which was to be administered every 72 hours, also consistently recorded the time of administration as 9am. This meant the records were not an accurate reflection of the time care and support had been provided for people.

These examples demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

We spoke to people about how they would raise concerns if they were dissatisfied with the service they received. One person said, "I always speak my mind and would say if anything was wrong." Relatives comments included; "The staff are so approachable, we could discuss anything with them" and "I would see the manager if I had any worries."

The registered manager told us in the event of any complaints being received they would be recorded, investigated and a response sent to the complainant. The registered provider stated in the PIR, 'Any complaint which we get are responded to by the manager team and a copy will be sent to head office'.

## Is the service well-led?

### Our findings

Our inspection on 29 February 2016 found the registered person was not meeting the regulations as systems to assess and monitor the quality of the provision were not sufficiently robust, we rated this domain, Requires Improvement. At this inspection, although people who lived at Newlands Hall and their relatives spoke positively about the management of the home, we found a number of concerns relating to the governance of the service.

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met. We asked people and relatives about the registered manager and found everyone spoke positively about them. One person said, "The manager has worked so hard to make me feel at home." Another person said, "The manager has supported me and my [family member] so well." Staff also spoke positively, one staff member said, "I feel I am listened to and really appreciated." Another staff member said, "The managers support us."

The system for auditing and quality monitoring was ineffective.

The registered manager told us a director of the organisation who operated Newlands Hall visited the home frequently and spent time chatting to people and staff. We asked the registered manager if these visits or their findings were documented, they told us they were not, but they received verbal feedback. Following the inspection, the registered provider emailed us copies of monthly visit reports completed by a senior manager external to Newlands Hall. We had not seen or been shown copies of these audits in any of the quality management files we reviewed on the second day of the inspection.

We saw senior manager monitoring visits had been completed in January, February and May 2017. We saw that some of the issues we raised during our inspection had also been identified through these senior manager reports, but where issues were identified, they were not followed up at the next visit. For example, the report dated 31 January 2017 recorded 'the manager needs to progress on MUST assessments and MCA/DoLS', but these issues were not reviewed on the report dated 24 February 2017. The registered provider also submitted two feedback form and action plans, after the inspection, dated March and April 2017. The name or designation of the manager who had drafted them was not recorded and neither document made any reference to these matters. We also saw evidence the audits were not robust, for example, the report dated 24 May 2017 recorded 'recruitment is done in line with CQC regulations' yet we raised concerns with the recruitment process for two of the three personnel files we reviewed.

We reviewed the contents of the audit file from January to May 2017 which included audits of medicines, bed rails, accidents, pressure sores and mattresses. We saw a medicines audit had been completed in January and March 2017, but neither audit had identified the issues we raised during our inspection.

A quarterly kitchen audit dated 8 March 2017 raised a number of concerns. The audit was repeated on 15 March 2017 and we saw a number of concerns were again raised. When the audit was repeated in April 2017

very few concerns were documented. However, the local authority had completed a food hygiene inspection on 16 May 2017 and found a number of issues relating to poor standards in the kitchen. Food hygiene scores range from 0 to 5. A score of 5 means that the home was found to have 'very good' hygiene standards, the rating awarded to Newlands Hall was 3. We saw the inspector had left a report which clearly identified the action needed, which included staff training, cleanliness and repair to a fabric net at a window. We asked the registered manager if they had an action plan, for example to address the issues highlighted from both the internal kitchen audit and the local authority visit, they told us they did not. Following the inspection the registered provider emailed us a copy of an action plan dated 15 and 16 March 2017. This listed a number of concerns which needed to be addressed in the kitchen, but there was no record to evidence who was responsible for ensuring the actions were addressed or when they had to be completed by. The registered provider also emailed us an action plan dated 26 and 27 April 2017 but this made no reference to the issues recorded on the March 2017 action plan.

We asked the registered manager if audits of care plans were completed, they told us they were not. However, in two of the care plans we reviewed we saw post it notes attached to some of the individual care plans. The post it notes gave instruction to staff as to information which needed to be added. None of the post it notes were dated and we saw no evidence to suggest the recommendations had been acted upon or that anyone had checked to see if action had been taken by staff to address the issues.

We reviewed a selection of policies and found they were not all relevant to Newlands Hall. For example, the medicine administration policy dated December 2016 had a section 'near misses and errors' which detailed that in the event of an error staff should 'report it immediately and seek help from the general practitioner, practice pharmacist or the A & E department at the Royal Blackburn Hospital'.

We also reviewed the staffing policy and saw the policy dated May 2016 made numerous references to the nurses employed; 'staff comprises of Registered nurses, care assistants, ancillary staff' and 'night care provided by nurse on duty'. Newlands Hall no longer provides nursing care or employs nurses; this was confirmed by the registered manager.

When we asked the registered manager to show us the complaints policy and procedure, they showed us a one page document dated May 2016 which recorded four steps that should be followed. There was no information in regard to the timeframes for responding to or investigating a complaint and no information as to how the complainant may contact the local authority or the Care Quality Commission (CQC). We asked the registered manager about this and they showed us a second, undated document which provided a more detailed breakdown of the actions to be taken in the event of a complaint being raised, including timescales, but this also contained no information as to how to contact the local authority or CQC. Having this information is important as it ensures people are aware of how to raise a complaint external to the organisation who operate Newlands Hall.

We asked the registered manager if any questionnaires or formal feedback was gained from people who lived at the home or their families. They told us it was not, but when we reviewed a senior manager's visit report dated 31 January 2017, we saw the auditor had recorded 'residents/relatives feedback forms were done for half the home. It was an ongoing process'. The senior managers visit report dated 24 February 2017 recorded 'an up to date survey needs to be done' and the report dated 24 May 2017 recorded 'surveys are regularly carried out'. This conflicting information meant we could not establish if a survey had taken place and if so, what the results had shown.

Staff told us staff meetings were held at the home and we saw minutes of a senior staff meeting in January 2017 and a general staff meeting dated March 2017. The minutes from March included discussions relating



to staff training and the use of personal protective equipment, i.e. gloves and aprons. There were no other meeting minutes for 2017 in any of the other files we reviewed.

These examples demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Resident's meetings had been held on a regular basis. We saw a notice board displayed the dates of meetings held between January and June 2017. One person who lived at the home said, "I go to all the meetings. The manager is easy to discuss things with." Another person said, "We can discuss anything at the meetings." Some of the relatives we spoke with told us they had seen the minutes from the meetings.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. During our conversations with the registered manager they told us about an incident where one person had 'slapped' another person. We asked the registered manager if this incident had been reported to the Care Quality Commission (CQC). They checked their records and told us it had not. We were satisfied that this was an oversight as other notifications regarding the home had been routinely submitted in a timely manner.

There is a requirement for the registered provider to display ratings of their most recent inspection. We saw a poster displaying the ratings from the previous inspection was on display within the home along with a link to the CQC report which was also available on the registered provider's website. Relatives told us they were aware of the outcome of CQC's last inspection in February 2016.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The requirements of the Mental Capacity Act 2005 were not being met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Staff had not been recruited in a safe way
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not received regular management supervision to monitor their performance and development needs and to ensure they had the skills and competencies to meet people's needs.