

Angel Care plc

Newlands Care Home

Inspection report

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18 December 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Newlands Care Home is located in Salford, Greater Manchester and is operated by Angel Care plc. The home is registered with the Care Quality Commission (CQC) to provide care for up to 30 people, some of whom are living with dementia. At the time of the inspection there were 24 people living at the home.

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

Medicines were not always stored and administered as prescribed, including controlled drugs (CD's). We found there were several environmental risks within the home which were not always well managed. Improvements were required to the home environment including people's bedrooms. External garden areas also looked cluttered and untidy.

At the time of our inspection the home was free of Covid-19. On the front door of the home, there was a poster stating a risk assessment should be completed for any visitors to the home. This included asking about their current health and if they had symptoms of the coronavirus. This process was not always followed.

People living at the home did not have communication care plans in place and we saw people were not always supported to wear sensory equipment as required such as glasses. Some personal care charts were not accurately completed and certain aspects of people's personal care, such as nail care, was not always carried out as needed.

Governance and quality assurance systems were in place. However, these needed to be improved to ensure the concerns identified at this inspection acted upon in a timely way.

People living at the home and their relatives told us the home was a safe place for people to live. Staff demonstrated a good understanding about how to safeguard people from the risk of abuse. Staff recruitment procedures were robust and there were enough staff to care for people safely. The premises were well maintained, with regular servicing of equipment and the building.

We received positive feedback about management and leadership from everybody we spoke with including staff, people living at the home and their relatives. Staff told us there was a positive culture at the home, with good team work throughout. Appropriate systems were in place to enable staff, relatives and people living at the home to provide feedback about the care they received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published October 2018).

Why we inspected

The inspection was carried out due to information of concern shared with us by the local authority. This included concerns about medication, the environment, infection control, staffing levels, communication and the quality of care plans and records.

We therefore inspected the key questions of safe and well-led to review these concerns. During the inspection we took the decision to also inspect the key question of responsive, due to identifying areas of concern whilst we were at the home.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions (effective and caring). We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Newlands Care Home on our website at www.cqc.org.uk.

Follow up

We will 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 responsive?

The service was not always responsive.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Newlands Care Home

Detailed findings

Background to this 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

This inspection was carried out by an inspector and a pharmacist specialist.

Service and service type

Newlands 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 home had a registered manager in post. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The home manager had applied to register with us at the time of our inspection.

Notice of inspection

We gave a short period of notice regarding the inspection. This was because we needed to discuss the safety of people, staff and inspectors with reference to COVID-19.

Inspection activity was carried out between 11 and 18 December 2020. We visited the home on 11 December 2020 as part of our site visit to the service. Further inspection activity was completed via telephone and by email, including speaking with people living at the home, relatives and reviewing additional evidence and information sent to us by the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Salford local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgments in this report.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and nominated individual. We reviewed a range of records. This included two care plans, two staff recruitment files and multiple administration records (MARs). A variety of other records relating to the management of the service were taken into account as part of the inspection.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, including quality assurance documentation and staff training records.

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 good. At this inspection the rating has deteriorated to requires improvement. 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.

Preventing and controlling infection

- We were not assured the provider was preventing visitors from catching and spreading infections. At the time of our inspection, the home was free of Covid-19. On the front door of the home, there was a poster stating a risk assessment should be completed for any visitors to the home. This included asking about their current health and if they had symptoms of the coronavirus. This process was not always followed. A relative told us of a recent visit when they had visited when their temperature was not taken and they were not asked about coronavirus symptoms.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Using medicines safely

- The electronic Medicines Administration Record (eMAR) was not being used safely. Medicines had been added onto the system twice and records showed that staff had signed to say it had been given twice.
- Some medicines had not been given as they had been added incorrectly on to the eMAR.
- Body maps were not always used by staff to record where a medicine patch had been applied previously. Using a different part of skin reduces the risk of skin irritation and side effects.
- Records showed that people who had their medicines given in a covert manner (hidden in a drink or food) had been discussed at a best interest meeting but some of records lacked detail to show which medicines should be given in a covert manner.
- CD's, creams and drink thickeners were not always stored securely.
- CDs were not recorded correctly and were not handled safely so there was a risk of misuse.

The concerns identified regarding medication and infection control are a breach of Regulation 12 of The Health and Social Care Act 2008, Regulated Activities Regulations 2014 regarding Safe Care and Treatment.

Assessing risk, safety monitoring and management

- The provider ensured risks were managed well overall, although we found some areas for improvement.
- The premises and equipment were well maintained. Regular checks and servicing were carried out regarding electrical installation, gas safety, legionella, hoists and firefighting equipment. However, we observed some environmental hazards. This included hoists and drinks trolleys left on corridors, where there was a risk people may trip over them and fall.
- At the time of the inspection, refurbishment at the home was ongoing and we saw new, modern wallpaper in corridor areas.
- Some people's bedrooms however, were bland in appearance with limited personalisation. Wallpaper was also hanging from the wall in one room and some carpets were stained. We discussed this with the registered manager who told us these rooms were also due to be refurbished.
- External areas of the home such as parts of the garden grounds looked overgrown and cluttered. This included litter and unused furniture on the ground. We discussed this with the registered manager who told us this would be raised with the home's maintenance person to address.
- People had detailed risk assessments in place covering areas such as the risk of pressure sores, people's mobility and nutrition. Malnutrition screening assessments were also completed to monitor people's body weight.
- Where people had been assessed as being at risk of choking the correct consistency of food and drink was provided to help keep people safe. Where people were at risk of developing pressure sores and required assistance to re-position themselves in bed, records were maintained when this was done by staff.

Staffing and recruitment;

- Staff were recruited safely. Pre employment checks were carried out to protect people from the risk of unsuitable staff working at the home.
- There were enough staff working at the home to care for people and the feedback we received was that staffing levels were sufficient. One member of staff said, "Staffing is okay for now. If occupancy increases, then we get more staff." A person living at the home said, "More than enough staff. Always someone around." A relative added, "There always seems to be enough staff to hand."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe living at the home, as did relatives we spoke with. One person said, "I do feel safe and I have a feeling of security living here." A relative added, "Yes, they seem to look after people well at the home."
- Appropriate safeguarding systems were in place. Staff demonstrated their understanding of safeguarding and told us training was provided. Staff were clear about the processes they would follow and who they would report any concerns to.
- Safeguarding allegations were reported to Salford local authority as required. Details about how to report safeguarding concerns was displayed on the main notice in the home. Information was also available about how to whistle blow (report bad practice) if needed.
- Accidents and incidents were monitored closely, with details recorded about any actions taken to prevent re-occurrence.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Meeting people's communication needs; Planning personalised care to ensure people have choice and control and to meet their needs and preferences;
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 living at the home did not have communication care plans in place, where information about sensory needs such as speech, sight and hearing could be recorded.
- We observed one person being supported to eat their lunch by a member of staff. We were informed this person usually wore glasses, although staff did not know where they were. Whilst being supported to eat, the person was told to 'Open their mouth', as opposed to being asked if they were ready to eat.
- During the inspection, we looked at the care plans of two people living at the home. Overall, we found the home were responsive to people's care needs. Some records were not always clearly documented however. This was in relation to people's nutritional intake, oral hygiene, assisting people to have a shave and nail care.
- In one person's care plan, it stated staff needed to assist them to keep their nails trimmed so they didn't catch them on their skin and cause damage. We observed this person's nails were long and sharp. We provided this feedback to the registered manager and nominated individual.

We have made further reference to record keeping within the well-led section of this report.

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

- There were enough activities taking place to keep people occupied whilst living at the home.
- We observed people enjoying a game of bingo which was facilitated by the home's activities coordinator. Records and photographs of previous activities were maintained and displayed around the home.
- Many people living at the home were of Jewish origin and people were supported to follow their faith by staff, as part of their weekly routines.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which explained the process people could follow if they were unhappy with aspects of their care. This set out how complaints were recorded, investigated and responded to. Details of how to make a complaint were displayed around the home.

End of life care and support

- The home had an 'end of life care policy' in place and people's wishes regarding end of life were recorded in their care plans, including any updates. If people did not wish to discuss their end of life care, this was respected by staff.
- Care plans contained a 'do not resuscitate' order in place if one was required. End of life care was supported by doctors and other health professionals as needed. The local end of life care team informed us people received good end of life care and that staff had completed in a recent training course during the Covid-19 pandemic.
- We spoke with a nurse during the inspection who provided a detailed account of the process followed if a person was approaching the end of their life. This included contacting the GP and palliative care teams regarding a possible statement of intent and any anticipatory medicines that were needed.

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 good. At this inspection this key question has now deteriorated 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.

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

- As detailed within the responsive section of this report, accurate and contemporaneous records were not always maintained regarding people's care.
- The home had a range of governance and quality monitoring systems in place which were undertaken by both the registered manager and provider, however these needed to be improved to ensure the concerns from the inspection were identified and acted upon in a timely way. For example, regarding medication, care plans, record keeping and certain aspects of the environment.

This is a breach of Regulation 17 of The Health and Social Care Act 2008, Regulated Activities Regulations 2014 regarding Good Governance.

- The provider notified CQC of incidents such as serious injuries and deaths, as required by the regulations..
- The ratings from the last inspection were displayed on the provider (Angel Care) website, which is a legal requirement.

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

- We received positive feedback about management and leadership at the home A person living at the home said, "I like the manager and I get on well with her." A relative added, "I have a very high regard for the manager." . A member of staff said, "Management is good and it is like a second home to me here."
- Everybody spoken with during the inspection said they were happy with the level of care provided at the home and their care needs were met. This achieved positive outcomes for people. A person living at the home said, "I am receiving good care and they [staff] will do anything for you." A relative also commented, "I would rate the home as being extremely good."
- Staff told us there was a positive culture at the home, with good team work throughout. One member of staff said, "I enjoy my job and the role. The home is a nice place to work." Another member of staff said, "It is a beautiful place to work and I enjoy working here."

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

- Systems were in place to involve people using the service, relatives and staff in how the home was run. This included the use of satisfaction surveys and resident/relative meetings so that feedback could be sought and used to make improvements.
- Staff supervision and appraisal sessions also took place, presenting the opportunity for staff to discuss their work and receive feedback about their performance.

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

- The provider and registered manager understood the requirements and their responsibilities under the duty of candour.

Working in partnership with others

- The home worked closely with a number of other organisations in Salford. This included GP's, district nurses, social workers and other professionals involved with people's care.
- Strong links had also been forged with local Jewish community to ensure people could continue to follow their faith.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>Appropriate systems were not in place to ensure safe care and treatment.</p> <p>This was specifically regarding parts (g) and (h) of the regulation because there was not always the proper, safe management of medicines and the service did not always assess the risk of and prevent, detect and control the spread of, infections.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Appropriate systems were not in place to ensure good governance.</p> <p>This was specifically regarding part 2 (a) and (c) of the regulation because there had been a failure to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. There had also been a failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user.</p>