

Barchester Healthcare Homes Limited

Newlands

Inspection report

Newlands Park
Workington
Cumbria
CA14 3NE

Tel: 01900872257

Website: www.barchester.com

Date of inspection visit:
14 August 2017

Date of publication:
06 October 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 14 August 2017 and was unannounced. We last inspected Newlands on 17 and 21 November 2016. At that inspection we asked the provider to take action to make improvements because some risks associated with people's care had not been managed effectively.

Following the comprehensive inspection in November 2016 the provider wrote to us to say what actions they would complete in order to meet the legal requirements in relation to the breach. They sent us an action plan setting out what they would do to improve the service to meet the requirements and a date by when this would be completed. During this inspection we saw that appropriate actions had been taken to comply with the regulation.

At the last inspection in November 2016 we also made two recommendations. We asked the provider to review their best interest decision making process and to ensure records relating to care and treatment were consistent in providing accurate information. During this inspection we saw that work had been completed in response to these recommendations. However we found some areas of practice for the management of medications could be improved along with records relating to elements of care such as fluid monitoring and repositioning. We have made two new recommendations for these areas.

Newlands is a purpose-built nursing home. The home is divided into three units. The Lakeland unit providing care for men with complex mental health needs and dementia, whose behaviour may be challenging. The Lonsdale unit for people who are living with dementia and a third unit that caters for people who are physically frail and have nursing needs.

During the inspection we deemed that there were sufficient numbers of suitable staff to meet people's needs and the provider was in the process of recruiting more staff. However people told us mixed comments about their experiences of staffing levels. Staff had completed a variety of training that enabled them to improve their knowledge in order to deliver care and treatment safely.

Medicines were administered and stored safely however some records did not contain all of the relevant information that could improve the safety of the administration process.

We have made a recommendation about records relating to the safe management of medications.

When employing fit and proper persons the recruitment procedures of the provider were robust in ensuring suitable people had been employed.

People's rights were protected. The staff team were knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were being made.

People told us they were happy with the care and that they had been involved in planning their care and treatment. We observed the interactions between staff and people living in the home and they demonstrated genuine affection, care and concern. Staff treated people with kindness and were respectful.

People were supported and encouraged to engage in regular activities of their choice.

Since the last inspection the provider had been responsive and proactive in improving the systems used in their quality monitoring and recording of information about people's needs and the planning of their care. However we found that some areas still needed to show consistency such as recording information for people's fluid intake and repositioning.

We have made a recommendation that the service develops the quality monitoring systems to ensure records are consistently completed to ensure the safety and quality of care and treatment.

There was a clear management structure in place and staff were happy with the level of support they received.

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.

Medicines were administered and stored safely but records for their management could be improved.

People had mixed views on whether there were sufficient staff.

Recruitment of new staff had included all of the relevant checks of suitability.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received the relevant training to fulfil their roles.

People said they thoroughly enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

Consent to care and treatment had been obtained from the relevant people.

Good ●

Is the service caring?

The service was caring.

People told us they were very happy with the care at Newlands.

People were encouraged to be independent.

People wishes for how they wished to be cared for at their end of life had been planned for.

Good ●

Is the service responsive?

The service was responsive.

Care plans had been improved and information accurately reflected people's needs.

Good ●

Staff supported people in pursuing activities they enjoyed.

People and relatives felt able to speak with staff or the registered manager about any concerns they had.

Is the service well-led?

Good ●

The service was well always not led.

Staff told us they had felt supported and listened to by the registered manager.

People living at the service and their relatives were able to give their views and take part in meetings and discussions about the service.

There were systems in place to monitor the safety and quality of the service. However there were areas of recording that could be improved.

Newlands

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 was 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.

The inspection took place on 14 August 2017 and was an unannounced visit. The inspection team consisted of two adult social care inspectors, a specialist advisor who was a pharmacist and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service this included any notifications sent to us by the provider. The provider had completed a Provider Information Return (PIR) before the last inspection. 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.

During the inspection we spoke with the registered manager, the regional manager, six members of staff, eleven people who used the service and twelve relatives or visitors to the home. We observed how staff supported people who used the service and looked at the care records for nine people living at Newlands.

We looked at the staff files for five people recruited since our last visit. These included details of recruitment, induction, training and personal development. We were also given copies of the training records for the whole care team.

We also looked at records of maintenance and repair, the fire safety records, food safety records and quality monitoring documents. We also looked at how medication was managed and stored.

Is the service safe?

Our findings

We received mixed comments from people who lived at Newlands and their relatives or visitors about whether there was sufficient staff to meet their needs. We also noted that people living or visiting on the Lakelands and Lonsdale units were much more positive about their experiences.

One person on the elderly frail unit said, "If I push the buzzer they [staff] do come, when they can". Another person told us, "Well they [staff] come sometimes". A relative said, "There seems enough staff in the week but not so many at the weekends". Another relative told us, "I think there is not enough of them [staff] they are always busy". Whereas people we spoke with on the Lakeland and Lonsdale units told us, "There always seems to be staff around" and "The staff are excellent and they are always enough about".

We looked at the staffing rotas for two weeks before the inspection, the week of the inspection and for the following week. We saw that each of the three units had a structured team of staff and a designated unit manager. We saw that the number of staff on each shift varied on the odd occasion where absences had occurred. During the inspection we observed that, in the main, people had their needs met in a timely manner. The numbers of staff on duty was determined by the dependency needs of people living in the home. The registered manager collated information about people's needs and used a tool to depict the numbers of staff required on each shift.

We discussed our observations and the comments people had made about the differences of experience about staffing on the different units with the registered manager and regional manager. They reassured us that they would immediately review all of the information collated about people's dependency and levels of support required on the elderly frail unit to ensure that the levels of staff on each shift were sufficient to meet people's needs.

At the last inspection we found a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that was because risks associated with the delivery of safe care and treatment including the safe use of some equipment had not always been recognised. Also when risks had been identified they were not always recorded accurately or managed appropriately. During this inspection we found improvements had been made in the records used for identification and the management of risks. We found that the provider was now compliant with this regulation.

As part of this inspection, we looked at medicines records, storage, stock levels and care plans relating to the use of medicines. We looked at the medicine administration record (MAR) charts in use. We looked at how Controlled Drugs [medicines liable to misuse] and found they were stored and managed appropriately. Clinical rooms and refrigerator temperatures were being monitored and the records showed that medicines were stored within the recommended temperature ranges. This helped to make sure that the medicines were in good condition for use.

Medicines were safely administered. We saw nursing staff preparing and giving medicines to people and found that this was done respectfully and carefully. Covert or hidden medication protocols were in place.

Covert administration relates to the medicines a person needs being put in food or drink for people who are unable to give their consent to or often refuse their treatment. We saw that the appropriate records were in place and the relevant people had been involved in making these decisions in the best interest of people who required their medicines to be given covertly.

Some of the medicine administration records (MARs) we looked at did not record all of the information that would improve the safety of the administration process. For example, for one person, which eye to administer to. We also saw that information to guide staff as to which creams to apply, where and how, were not always clear, so creams may not be applied correctly. We also saw that information to guide staff to administer medicines to be given "when required" was not consistent on all the units in the home.

We recommend that the service improves the quality and consistency of information on all records relating to the safe management of medications.

We looked at the staff files for recruitment since our last visit and saw that the necessary checks of suitability on employment had been completed. References had been sought and Disclosure and Barring Service (DBS) checks had been conducted. This ensured that fit and proper persons had been employed.

Staff we spoke with had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to a senior staff member. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made.

Is the service effective?

Our findings

People living at Newlands that we spoke with told us that they really enjoyed the food. We observed that where appropriate people were provided with adapted cutlery and cups so as they could maintain their independence when eating and drinking. People were offered a varied choice of home cooked meals and snacks throughout the day.

We saw that people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where people had been identified as at risk of malnutrition and weight loss we saw that this had been appropriately managed. We saw people received the right level of assistance they needed to eat and to drink. We saw that this was provided in a patient and discreet way. We also observed the cook came and spoke to residents about the meal and checked whether they had enjoyed it.

We looked at the staff supervision and training records which showed what training had been done and what was required. We saw that staff had completed induction training when they started working at the home and staff had received regular updates on important aspects of their work. Staff we spoke with were able to tell us about training they had received. We were told, "We get loads of training, every week there is something on the rota".

We observed how staff used their training and knowledge in effectively managing people who were anxious and showing behaviours that challenged the service. A relative of one of those people said, "They [staff] are brilliant with my relative and they can be really difficult. I'm very happy with the care here".

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.

At the last inspection we made a recommendation that the provider reviewed their best interest decision making process and the obtaining of consent to ensure it followed guidance outlined in the Mental Capacity Act 2005. During this inspection we saw good examples of these decisions being recorded and consent had been obtained from the relevant people. We saw that people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. Consent to care and treatment in the care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected.

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called 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. We saw that authorisations and applications for authorisation were in place to ensure people were kept safe.

We also saw that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services. This meant people had their health needs met.

Is the service caring?

Our findings

People living and visiting at Newlands that we spoke with told us they felt people were "Well cared for" and the staff were, "Very good". One person we spoke with said, "They look after me very well, the girls are very nice". A relative we spoke to said, "We couldn't ask for better, I can't fault the care". Another relative told us, "I think it is brilliant, I can't fault it, and they [staff] are great". We were also told, "As far as we are concerned our relatives care is very good". Relatives also told us how welcome they were made to feel when they visited.

People told us they had been involved in the planning of their care and treatment. A relative we spoke with said, "We did the care plan and everything before [relative] came in". Another relative told us, "We discussed all our (relatives) care and they [staff] ring us if there is anything we need to know about". This meant that staff had knowledge of the person as an individual and could meet their diverse needs.

We observed the interactions between staff and people living in the home and they demonstrated genuine affection, care and concern. Staff treated people with kindness and were respectful. We observed staff knock on doors before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity. We saw that the staff gave people time and encouragement to carry out tasks themselves.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life and this information had been recorded.

We saw that where possible people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

People had been supported to access agencies such as advocacy services that people could use. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised to help people to feel at home and people were able to spend time in private if they wished to.

Is the service responsive?

Our findings

We saw people were supported and encouraged to engage in regular activities of their choice. One person told us, "There are regular activities here and you can organise your day around them. You can choose to take part or not as you wish". We noted that a number of people also preferred to spend time individually in their own rooms. There was a board that displayed activities in the home for the month. These included exercise classes, visiting animals, singers, and advertised other social events.

We spoke with the activities organiser who told us "We had a party at the weekend and people were up dancing and everything". They also told us, "There are lots of frail people now so I try getting round everyone in their rooms then I visit the Lonsdale unit in the afternoon". We observed on the nursing unit that some people who were physically frail spent periods of time in their bedrooms without social interaction from staff unless it was at a time where their care needs were being met. We included these observations in the discussions about staffing levels we had with the registered and regional manager.

A relative we spoke with said, "They [staff] look after [relative] really well, they organised a party for their 100th birthday. They had garden party at the weekend, everybody pulling together and everyone having a great time".

There was a purpose built hairdressing salon with a hairdresser who visited weekly. There were accessible well maintained gardens, with walkways, patio areas, raised beds and a pergola. One of the people living in the home had their own greenhouse and was growing tomato plants. We saw that areas of the home had been decorated with touchable items of interest on the walls and in boxes. This provided visual and tactile stimulation for people to be occupied by.

We looked at the care records for nine people living in the home. We saw that a full assessment of people's individual needs had been completed prior to admission to the home to determine whether or not they could provide people with the right level of support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.

People told us they had been asked about their care needs and had been involved in regular discussions and reviews. One person said, "They [staff] discuss my care with me". A relative told us, "I get a care plan once a month which I sign and send back. I live away and they let me know what's going on. My relative is very happy here".

At the last inspection we made a recommendation that the records relating to care and treatment were consistent in providing accurate information. During this inspection we saw that information available for staff about how to support individuals was very detailed, current and accurately recorded. We saw that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories.

The home had a complaints procedure and we saw that complaints had been managed in accordance with the home's procedures. People we spoke with were aware of who to speak with if they wanted to raise any concerns. One person told us, "I have no complaints, everything is satisfactory and if it wasn't I would speak to the registered manager". Another person told us, "I have no worries or complaints but if I did I would just speak with the staff".

Is the service well-led?

Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). People we spoke with told us they thought the home was well managed. One person told us, "Staff listen to me and the registered manager is very good". Another person said, "It's well managed we can discuss things. The registered manager listens and then does something about it".

There was a good management structure in place as each of the three units also had a designated lead person. Two staff we spoke with said "The manager is good. We can speak to her about anything". We saw that regular staff meetings were held where they were regularly involved in consultation about the provision of the service and its quality.

Since the last inspection we saw from the auditing and quality monitoring systems in place that areas of improvement had been recognised and there were records of the actions completed to make sure those improvements had been achieved. However we found during this inspection that some improvements were required in the records relating to the safer management of medicines.

We also found that some fluid intake and repositioning records on the nursing unit had not been consistently completed. During the inspection we observed that people had received their fluids and had been repositioned.

We recommend that the service develops the quality monitoring systems to ensure records are consistently completed to ensure the safety and quality of care and treatment.

We saw that regular reviews of people's care needs were held with relevant others. This meant that people and or their representatives could make suggestions or comment about the service they received and environment they lived in. We looked at the results from the last quality survey completed by people living in the home and their relatives. It showed that 94% of people were Satisfied with overall standard of the care home and 100% of the relatives said the home were good at keeping them informed.

There was regular monitoring of any accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed. Where required CQC had been notified of any incidents and accidents and appropriate referrals had been made to the local authority.

The premises were well maintained and decorated. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning schedule in place and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.