

## Huddersfield Nursing Homes Limited

# Newsome Nursing Home

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on 29 May and 1 June 2018. We saw the registered provider had responded to the breach of the regulations we identified at our last inspection in November 2016. We found risks to people from poor equipment had not been identified as checks were not regular or robust enough. At this inspection we saw improvements had been made in these areas.

Newsome Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Newsome Nursing Home is a registered nursing home in a quiet residential area of Huddersfield. The home provides accommodation for up to 46 people with residential, nursing and dementia care needs. The home consists of two linked houses; Newsome Court and Newsome Lodge. The ground floor of Newsome Court is dedicated to the care of people living with dementia. At the time of our inspection the home had six intermediate care beds. Accommodation in both houses is provided over three floors, which can be accessed using passenger lifts.

At the time of our inspection the manager was registered with CQC. 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.

All but one person told us they felt safe living at this service. We discussed one person's concerns with the registered manager who took appropriate action. An unplanned fire drill on day two of the inspection was well managed.

The management of medicines was not always robust as body maps for the use of topical creams and patches used for pain relief were not in place. Some members of staff responsible for the administration of medicines had not received up-to-date training in this area and they did not have a recent assessment of their competency.

Recruitment procedures were not entirely robust as a last employer reference had not been taken for one staff member, although all other staff files checked demonstrated satisfactory background checks were completed.

There were sufficient numbers of staff in the home, although the registered provider did not use a dependency tool to assess people's needs and calculate the number of staff required. People's nutritional and hydration needs were not being fully met as staff had not routinely recorded where people had snacks part way through the day. We also found snacks were not routinely available for people who needed a soft diet.

Feedback from people and relatives about staff was complimentary. People confirmed their privacy and dignity was respected by staff. Staff were familiar with people's care needs, although recording in care plans was not found to be person specific in some aspects of people's care. Electronic care records were missing people's interests and their personal history. People and staff told us the activities programme required improvement. Newspapers and magazines were provided for people to stay in touch with local and national news.

The principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) were being met, although staff knowledge of DoLS required improvement. Evidence we saw showed people were supported by staff to access healthcare services.

People knew how to complain. Complaints were appropriately managed and responses were sent to people within identified timescales.

The registered provider invited feedback from people and relatives through meetings and surveys regarding the running of the home. Feedback regarding the registered manager was very positive with people, relatives and staff noting how supportive they were.

Supervision and appraisals were seen to be detailed and covered staff development. The training matrix showed staff were up-to-date with their training programme.

Audits were seen to be accompanied by action plans which had been completed. However, we found some concerns seen at this inspection had not been identified through the programme of audits.

The registered manager and regional manager were found to be responsive to the issues we identified during our inspection and took immediate action to remedy these concerns. You can see more details regarding this in the main body of the report.

We have made a recommendation about the registered provider introducing a dependency tool and regularly reviewing this, regularly holding relatives and staff meetings as well as the provider adding end of life care to its mandatory training.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this 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?

**Requires Improvement** ●

The service was not always safe.

The management of medicines was not always safe. Recruitment procedures were not entirely robust.

Most people told us they felt safe. Staff knew how to recognise and report abuse. Safeguarding investigations had been completed.

There were sufficient numbers of staff to meet people's needs. Examples of lessons learned were evident.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Differing snack options for people needing soft diets were not routinely provided.

The principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards were being met.

Staff received support through supervision and appraisal. People were able to access healthcare services.

### Is the service caring?

**Good** ●

The service was caring.

Staff were seen to be kind and compassionate and people and relatives spoke positively about staff.

Staff knew how to protect people's privacy and dignity and people confirmed this happened.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Care records were missing specific details about people's care and life history and interests were not documented.

The activities provision required improvement.

Complaints were managed appropriately.

### Is the service well-led?

The service was not always well-led.

People were invited to contribute to the running of the home through surveys.

Audits contained action plans which were completed, although concerns found at the inspection had not been identified through these checks.

People, relatives and staff spoke positively about the registered manager.

**Requires Improvement** 

# Newsome Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

On day one of our inspection the team consisted of two adult social care inspectors. The inspection continued on day two which with one adult social care inspector. Both days of inspection were unannounced. On day one of our inspection there were 33 people living in the home and on day two this number was 34.

We spoke with a total of eight people who lived in the home as well as four relatives who were visiting the home at the time of our inspection. We also spoke with the registered manager, regional manager and a further nine members of staff. We observed care interactions in communal areas of the home. We spent some time looking at the documents and records that related to people's care and the management of the service. We looked at two people's care plans in full as well as reviewing all care plans in the home regarding specific areas of care. We also looked at 10 people's medication records.

Before the inspection, the registered provider had 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.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

# Is the service safe?

## Our findings

We looked at the systems in place to protect people from abuse. One person told us, "Oh I definitely feel safe." Another person said, "I'm safe here, I like it here." Relatives we spoke with also confirmed their family members were safe. Everyone, with the exception of one person told us they felt safe. We discussed feedback with the registered manager from one person who felt staff had not taken sufficient care whilst managing their repositioning needs which they described as "rough". Following our inspection, the registered manager held a group supervision with staff to reiterate the importance of providing safe moving and handling assistance.

Staff we spoke with felt people were safe. Staff knew how to identify abuse and said they would report safeguarding concerns to the registered manager or regional manager. They also knew how to report abuse outside of the registered provider. We reviewed the safeguarding log which showed allegations of abuse had been appropriately managed through investigation and action.

We saw the registered provider had responded to the breach of the regulations we identified at our last inspection in November 2016. We found risks to people from poor equipment had not been identified as checks were not regular or robust enough. At this inspection we saw evidence of regular audits which had been carried out on items such as pressure cushions, wheelchairs, bath hoists, fire doors and slings.

We looked at certificates relating to maintenance of the premises and found these were all current with one exception. The certificate for the thorough of examination of slings had expired shortly before our inspection. The registered manager had made arrangements for this work to take place, although in their absence the contractor had failed to fulfil this duty. On the second day of our inspection the registered manager demonstrated this work had been completed.

We saw the May 2018 environmental audit had identified the need to restrict the window opening in two of the rooms in the building. Health and Safety Executive (HSE) guidance states that windows in care homes should be restricted to a maximum opening of 10 centimetres where there is a risk of falling from height. On day two of our inspection we saw this work had been completed.

Each of the care plans we reviewed contained a range of risk assessments, for example, moving and handling, skin integrity and falls. Where people were at risk of falls, we found steps had been taken to reduce future risk, for example, bed safety rails, low height beds and sensor mats had been put in place.

Staff we spoke with were able to describe the action they would take in the event of a fire. However, some staff we spoke with were unaware of the personal emergency evacuation plans which were stored in the registered manager's office. On the second day of our inspection, the fire alarm sounded unexpectedly. Staff reacted calmly and the registered manager took control of the situation, operating the fire panel to determine the area of the home which had prompted the system to sound and relaying details to the fire service who arrived and ensured the building was safe. Checks were made to ensure people were not at risk of harm.

At the time of our inspection, the registered manager was in the process of completing several actions required by West Yorkshire Fire and Rescue to ensure the care home was compliant with fire safety regulations. We saw an action plan had been completed which showed the majority of actions had been carried out, although the date to complete all actions by was in the future.

We looked at the management of medicines and found this was not always robust.

One person said, "I get tablets every morning before I come downstairs." Other people we spoke with confirmed they received their medicines as prescribed.

Medicines were stored safely and securely. Keys used to access the medicines room were retained by authorised staff. The temperature of the room used to store people's medicines and the medicines fridge were checked at regular intervals and were found to be within safe limits.

We observed both the nurse and team leader administering medicines to people. This was done safely in a kind and caring manner. They signed the medication administration record (MAR) after the person had taken their medicines. Where people were prescribed 'as required' medicine, we saw a protocol was in place.

We also checked how the home was administering controlled drugs which have specific regulations regarding their management and administration. We saw this medicine was stored safely, records of administration were completed by two staff and the medicines were administered within the prescribed time frame. However, we noted where people were prescribed medicines to be administered via a transdermal patch applied to their skin, staff did not record the location of where they applied the patch, this is important as some patches can irritate people's skin therefore their location needs to be rotated. By day two of our inspection, the registered manager showed us a form they had implemented for staff to formally record the application of such patches for pain relief.

Creams prescribed for short term use were administered by either nurses or team leaders. We reviewed the topical application record (TMAR) for one person and saw a body map indicated where staff were to apply the cream and staff had signed the MAR accordingly. Where people were prescribed moisturising and barrier creams for long term use, the nurse told us care staff were responsible for this. We checked five people's TMAR's and found the records did not provide sufficient information. For example, there were no body maps to direct staff as to where the creams were to be applied. We also noted staff were not recording the creams had been applied in line with the prescriber's instruction. For example, a topical cream for one person was to be applied three times daily, over a five day period. There was no record of administration for three of the days and staff had only signed twice on the remaining two days. We also noted staff consistently signed people's TMAR to indicate creams had been applied at 9.30am and 5.30pm. These examples demonstrated records relating to the administration of people's creams were not robust.

We found the medication audit did not cover the use of topical creams. Following our inspection, the registered manager informed us they had added this to the audit and they had also met with the GP to discuss the labelling of prescriptions. They also said from the beginning of June topical creams body maps would be in place.

We were unable to evidence people's medicines were only administered by staff with the knowledge and skills to do so. We checked the medicines training records for three team leaders and four nurses. The registered manager told us medicines training should be refreshed every two years, although there was no evidence one nurse had completed this training and despite the date on a further two staff certificates being



within two years of the completion date, the certificate specified an expiry date of twelve months.

We also checked the competency records for the same seven staff. The registered manager told us this should also be refreshed every two years. However, the most recent assessments for two staff were dated September 2014 and March 2015, and the registered manager was not able to locate a competency assessment for a third staff member. NICE guidance recommends staff responsible for the administration of medicines should have their competency checked annually. Following our inspection the registered manager told us all competency checks would be up-to-date by the end of June 2018.

We concluded the management of medicines was not carried in a safe way. This is a breach of Regulation 12(2)(g) (Safe care and treatment); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked one person if staff responded to their call bell promptly. They said, "Definitely. They are marvellous that way." Another person said, "They come as soon as they can." A third person said, "I think they work hard, but there's not enough of them." Staff we spoke with told us they felt they had enough staff providing the shift was fully covered. However, one staff member told us if the number of people in the home increased, staffing levels would not increase accordingly.

The registered manager told us they did not use a dependency tool to determine staffing levels, which instead were based on numbers of people living in the home. We have made a recommendation to the registered provider regarding introducing a tool to determine dependency levels for people living in the home and using this to calculate the number of staff required to meet their needs as well as regularly reviewing this.

The registered manager told us the call bell system was unable to generate reports to show staff response times. However, they told us they monitored this personally and would prompt staff if they felt a person had waited too long for assistance. The August 2017 satisfaction survey showed 77% of people agreed their call bell was answered promptly. During our inspection we observed staffs' response to call bells and found these were timely.

On the afternoon of the second day of our inspection, we found an agency worker had been left to work unsupervised on the unit for people living with dementia. We discussed the safe and appropriate deployment of staff with the registered manager to ensure these people were supported by staff familiar with their needs.

We looked at the recruitment process followed for three members of staff and found this was not entirely robust. In one case, we saw the registered provider had not identified an employment history showed the last employer reference was not accurately listed on their application form. Following our inspection, the registered provider followed this up and also amended their interview form to ensure this was addressed at future interviews. We found all other aspects of this and other staff files showed background checks were satisfactory and had been completed before the staff member commenced working shifts. Background checks included contacting the Disclosure and Barring Service (DBS). The DBS assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

Staff had access to personal protective equipment and bathrooms all had a supply of soaps and gels to help maintain good infection control. We noted one area of the home on the second floor where an unpleasant odour was noted at different times of the day. However, other areas of the home were free from such odours.

The registered manager looked to learn lessons to improve the service provided. They told us the mealtime experience had been changed to ensure people who needed assistance received their meal as soon as other people had received their food. Prior to this, people who were able to independently eat were served second. Feedback had showed the meal service was under pressure to finish in time and the decision to change this meant people who needed assistance with their meals had sufficient time to enjoy their food. We also saw other examples where lessons were learned to improve the service for people.

## Is the service effective?

### Our findings

The majority of people we spoke with were complimentary about the food provided. People's comments included, "You can have whatever you want. It's just like home really", and "You get good food." We asked another person about the availability of drinks and they told us, "Whatever you want, you can ask and you get it." We saw a drinks station in the dining room which people could access. We also saw a refreshments trolley went around the home both in the morning and afternoon. We asked a staff member how people living with diabetes were supported. They gave an example and said, "They make a different pudding."

We found food diaries did not include mid-morning and mid-afternoon and late evening snacks. Whilst fortified milkshakes were available to people, we found snacks were not routinely available for people who had a choking risk. Following our feedback, the registered manager took action to ensure other options such as yoghurts and bananas were added to the trolley. Following our inspection, the registered manager told us they had held a group supervision with staff regarding recording snacks and the kitchen would be required to provide suitable snacks for people on a soft diet.

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.

We reviewed the care and support plan for one person which evidenced their capacity to make more complex decisions was limited. We saw decision specific capacity assessments were in place along with evidence of best interest's decision making. Following this process demonstrates openness and transparency in providing services for people who lack capacity as prescribed in the MCA.

Although some people had been deprived of their liberty, the home had requested DoLS authorisations from the local authority in order for this to be lawful and to ensure a person's rights were protected, some applications had been approved, and they were awaiting the outcome of some others. Authorisations were all in-date and applications to renew DoLS had been made in advance of the expiry date.

We found staff were familiar with the MCA and how this applied to their role. Staff told us people had a choice in, for example, what they want to eat, wear, going to bed and waking times. We overheard staff members offering people choice throughout our inspection. Staff also said they would notify a nurse if people repeatedly refused care.

However, we found staff were less knowledgeable in their understanding of DoLS. Following our inspection, the registered manager told us staff would complete refresher training by August 2018.

The registered manager explained the staff induction which involved a day in the care home familiarising themselves with systems and the surroundings, training in subjects such as safeguarding, dementia care and health and safety. New starters also carried out three shadow shifts with experienced staff. At the time of our inspection, three new starters who did not have a background in care were completing the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One staff member we spoke with confirmed, "I had three shadowing shifts. Everyone was very supportive."

We saw there were some gaps in the provision of regular supervision which the registered manager told us they expected to address through delegating more of this responsibility to senior team members. We looked at supervision records and saw they were of a high quality and considered individual and team performance as well as personal development needs. Group supervisions were topic specific and picked up on key issues such as consent to care, mealtime experience and recording weights. We also saw examples of appraisals which were equally effective. One staff member said, "I've had three since I started. I like the appraisals as it lets us know where we need to improve."

We looked at training records and saw high levels of completion. Staff had up-to-date certificates in subjects such as safeguarding, moving and handling, infection control and dignity and respect.

We looked at how people were supported by staff to access healthcare. One person told us, "They'd get you a doctor right away." The same person said they received support from an optician, dentist and chiropodist. Another person said, "The doctor comes here on a Tuesday or Wednesday." The registered manager told us a range of health professionals visited the home on a regular basis. Care plans we looked at demonstrated people received support from GPs, district nurses, opticians, dieticians and speech and language therapists. People staying at the home for intermediate care also received support from 'Locala' which provides NHS community services.

We looked at the design and decoration of the service and how this met people's needs. We saw bedroom doors on the dementia unit had been painted using different colours and they had a knocker and room number. Bathrooms had a picture and signage to help people identify these areas. These kind of adaptations can make it easier for people living with dementia to locate their room. On the first day of our inspection we noted two areas of the home where the date was written on a board. This had not been updated for two weeks and may have caused some confusion.

The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving healthcare services. We saw one person's care plan detailed their method of communication. For example, they wore glasses, which we saw them wearing on the day of the inspection. Their care plan also staff needed to give them time to express themselves verbally.

The registered manager told us they used assistive technology in the home, such as floor and door sensors. They also had Wi-Fi access which people living in the home could access. We saw one person who was eating their meal independently had a plate guard in place which helped to avoid any food spillage. This meant technology was being used to assist people in their daily living.

# Is the service caring?

## Our findings

People we spoke with were complimentary about the staff who provided their care. Their comments included, "I couldn't wish for a better place", "They talk to you by your first name. You're not a number. They're very caring a lot of them", "It's very good as a rule", "They're looking after me and I'm in the right place" and "They look after you." In June 2017 one person responded to the satisfaction survey stating 'I can't fault anyone from the management to the care staff, such lovely people, caring, sympathetic, loving and genuine'.

Relatives were also satisfied with the majority of care staff who assisted their family members. Comments included, "The staff have been brilliant. [Person's] had brilliant care", "The staff are lovely. Some more than others" and "They wet shave him. I've never thought (name of person) was unclean." We observed people looked well cared for. They were tidy, well dressed and clean in their appearance which was achieved through good standards of care.

Staff we spoke with were able to demonstrate how they helped to maintain people's privacy and dignity. One staff member said, "We close doors, when washing (people) we cover them with a towel. (Make sure they have) nice clothes that fit them and are appropriate to the weather." People we spoke with confirmed staff respected their own living space. One person said, "They knock on my door every time." We saw people's rooms were personalised based on how they wanted their room to appear.

Staff consistently told us they felt people received good care. They were able to demonstrate to us they knew people by name and were familiar with their care preferences. One staff member said, "I take the time. Sometimes people want to chat with you." Another staff member was aware of a technique used to support someone when they became distressed. They said, "It settles (person) down if you talked about where they worked." We saw one person who became emotional was supported by the registered manager who comforted the person and offered them a drink. They also checked if the person was in any pain. However, on day one of our inspection we saw two staff members in the dementia unit were sat on opposite sides of the room and openly engaged in discussions in front of people about jobs which needed doing and the needs of one person. We noted this was an exception to the rest of the practice we observed.

During our inspection we saw people's care records were held securely.

People told us they were able to have visitors when they wanted without restriction. One person said, "They (staff) know my family by name."

One relative told us, "At one point they were having to (assist with meals). Now (name of person) can do it on their own." This meant staff recognised the importance of promoting people's independence and not taking away daily living skills by routinely carrying out all tasks for people.

We saw limited examples of involvement from people and relatives in their care planning. We discussed this with the registered manager who took steps to strengthen this process. They told us a care review had been

set up for one person to take place the week following our inspection.

## Is the service responsive?

### Our findings

During our inspection we looked at two people's care records in detail as well as looking at all 33 care plans for specific information.

The two people's care plans we reviewed in detail were not consistently person centred. For example, one care plan recorded 'ensure bath/shower/daily wash offered' and 'encourage personal choice of clothes' but no details were recorded as to the personal preferences regarding either personal hygiene or the clothes they preferred to wear. We had been told by both the registered manager and a member of staff this person was dependent upon staff to change their position every two hours. We looked at their sleep care plan and found no instructions or guidance regarding this aspect of their care. However, we saw evidence their eating and drinking care plan had been updated to reflect changes implemented following a review by the speech and language team.

We reviewed the care plans for two people who required staff support to enable them to transfer. One person required a hoist, their care plan noted the sling staff were to use however, the care plan failed to instruct staff as to which sling loops should be used. This level of information is important as it reduces the risk of harm to both the person and staff. We inspected the hoist sling and found it had three different coloured loops which staff could use; we brought this to the attention of the registered manager at the time of the inspection.

We discussed another care plan for a person who had a specific health condition and discussed some aspects which required additional detail, such as when it would be appropriate for staff to call for an ambulance. The registered manager reviewed this care plan on the first day of our inspection and added further details to the record.

We looked at the electronic care records for all the people in the home and found 17 people did not have a 'This is me' record completed and their record also didn't contain any information around their likes and dislikes. This information is used by staff to help familiarise themselves with people and their interests. Following our inspection, the registered manager told us they would review the paper copies of people's life story to ensure this matched the electronic care plans. People new to the home would be invited to share this information with the home to help staff understand more about the person.

Some people who lived at Newsome Nursing Home were not able to change their position in bed without staff support; this put them at increased risk of developing pressure ulcers. We reviewed the skin risk assessment for one person which recorded 'high risk of tissue damage, staff to make positional changes regularly if unable to do so independently'. We reviewed their positional change charts dated 27 and 28 May 2018, between the hours of midnight and 9am the record was blank. We looked at the position change record for another person dated 29 May 2018. Staff had recorded 'back' at midnight, 2am, 4am, no entry had been made at 6.10am and staff had recorded 'back' at 8.25am. However, their care plan recorded 'two to four hour comfort turns' were needed. This meant the registered provider could not demonstrate these repositioning needs had been met. However, we noted people's skin integrity was not a concern at this

inspection and people who required staff support with repositioning were provided with an alternating pressure relieving air mattress.

We concluded the lack of up-to-date and complete information in people's care records meant this was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were able to have newspapers delivered which enabled them to know what was happening in local and national events. One person told us, "I like my daily paper. I get my magazines offered." Other people's comments regarding activities included, "With the activities, [activities coordinator's] very good", "We could do with more activities. All we're doing today is looking out of the window" and "They integrate you with other people as much as they can." However, the same person felt improvements could be made with the activities provision. One person said, "Sometimes, we can go and walk in the garden." On the first day of our inspection we saw a set of garden furniture had arrived which meant people would be able to sit out in the garden area.

Staff we spoke with told us they felt the activities provision could be strengthened. Activity records we looked at showed little variation with bingo often played in the home and some other records contained limited evidence of activities taking place. During our inspection there were no activities taking place as the activities coordinator was on annual leave.

We asked one person if they knew how to complain. They told us, "You'd ask to see the boss." This person knew the registered manager and felt comfortable approaching them with any concerns. Other people we spoke with also knew how to make a complaint. We saw the complaints procedure was on display in the home, although this was positioned in a place where people with sight problems may find it difficult to access. We looked at records of complaints and saw these were responded to in full by the registered manager who responded within identified timescales.

We found staff were aware of one person who wanted to maintain their religious needs. The registered manager said the home had recently supported one person to access a local place of worship on a regular basis. They also said they were looking to arrange monthly visits to the home with a local faith leader.

As part of our inspection, we contacted professionals who have experience of services we inspect. One professional who responded to us said 'We are particularly impressed by their provision of end of life care and the compassion shown to patients and their families'. We found staff were not expected to complete end of life care training which was optional. We discussed this with the registered manager and following our inspection, they told us all staff would complete this training by August 2018.



## Is the service well-led?

### Our findings

People we spoke with were familiar with the registered manager who they liked and had a visible presence in the home. One person told us, "She's nice is [registered manager]."

One relative told us the registered manager had been supportive in getting a specific medicine added back on to their family member's list of prescribed medicines. They said, "[Registered manager] was proactive in doing that." The same relative said, "You can always knock on their door (registered manager's). They don't hide." They further added about their overall satisfaction with the service, "On the whole, out of 10, I'd say nine."

Staff we spoke with felt supported by the registered manager who they said was open and approachable. One staff member said, "She is friendly. We've got to remember, she's the boss. She's very good with confidentiality." Another staff member commented, "I like her. I think she does a great job." The same staff member told us about the staff team, "There's always someone that will support you. We're a happy, bubbly team." Another staff member said Newsome Nursing Home was an enjoyable place to work. Staff told us communication was good in the home. One staff member said, "There's a good handover between day and night staff."

The registered manager had a visible presence in the home and was clearly known to people living in the home. The registered manager told us the regional manager visited the home at least once a week and staff we spoke with confirmed this. The registered manager said, "The people that run the business are very supportive." Directors for the registered provider visited the home on a monthly basis.

The registered manager had carried out spot checks on night shifts in the early hours of the morning in June and November 2017. This helped the registered manager ensure care practices on all shifts were of a high quality.

The registered manager told us they completed weekly medication and care plan audits. Other audits were carried out by the regional manager. The regional manager carried out audits for personal allowances, personnel, maintenance and infection control. We saw audits contained action plans with timescales which demonstrated appropriate action was taken. However, the programme of audits had not identified the concerns we found at this inspection regarding the management of medicines, meeting people's nutrition and hydration needs and the recording in care plans.

Accidents and incidents were reviewed on a bi-monthly basis. We saw these were analysed to look for themes and trends, such as where the event had taken place and time of day, although action taken was not always recorded.

The registered manager knew which types of incidents and other events were reportable to the Care Quality Commission. We found notifications had been submitted on time.

We looked at the minutes from a 'resident' and relative meeting which had taken place in September 2017. Both the registered manager and regional manager had attended and they covered, for example, the introduction of electronic care plans, activities and the complaints procedure. The registered manager told families present they had an open-door policy and they would welcome comments, questions or concerns.

We found a satisfaction survey had been discussed in September 2017 which meant people and relatives were given feedback. The registered provider used a robust action plan to demonstrate they had responded to these comments.

In October 2017 a staff meeting covered the importance of meeting nutritional needs, feedback from a visit from the local authority, training and general information about meeting care needs. We saw separate meetings had taken place for night staff and domestic staff in May 2017. We noted both 'resident' and relative meetings and staff meetings had not taken place since these dates. We have made a recommendation about the registered provider holding these regularly.

Newsome Nursing Home worked in partnership with the local Clinical Commissioning Group, as well as a visiting library service, local schools and the Stroke Association. This meant they had links with other services in the local community.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	Care plans did not always reflect people's needs as they lacked sufficient relevant details to provide person-centred care.
Treatment of disease, disorder or injury	

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The proper and safe management of medicines was not robust as not all staff had been assessed as competent and charts were not used for topical creams and pain relief patches.
Treatment of disease, disorder or injury	