Leonard Cheshire Disability

Newlands House - Care Home with Nursing Physical Disabilities

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Newlands House on 14 September 2017 and it was unannounced. Newlands House provides accommodation and nursing care for up to 33 people with physical disabilities. There were 29 people living at the service when we visited. They were last inspected on 13 and 21 July 2016 and were found to require improvement. We found regulatory breaches in medicines management and upholding people's dignity. We also asked the provider to make improvements to ensure they deployed sufficient staff to meet people's needs and in their management systems. The provider completed an action plan in September 2016 which demonstrated how these improvements would be made. At this inspection we found that some actions had been completed and others still required improvement

The service had a registered manager. 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.

Medicines were not always manged to ensure that people received them as needed. When people were prescribed medicines which could be taken 'as required' there was not always clear guidance in place for staff to understand when to administer it. The management systems in place to monitor recording and the amount of medicines kept for people were not always effective because no immediate action was taken. People did receive their medicines on an individual basis and when they required additional procedures these were completed in private to protect their dignity.

Improvements had been made in the audits and systems in place to ensure that the quality of the service was monitored. However, they were not all effective in identifying and responding to shortfalls. People were supported to have choice and control of their lives but their capacity to make certain decisions was not always considered or reviewed if their condition deteriorated.

Systems had been put in place for the deployment of staff and they checked that people were safe and well on a regular basis. Staff supported people in a kind and respectful manner. When they were assisting people with meals they ensured that they spoke with people and gave them their full attention.

Staff received training and support to enable them to fulfil their role effectively. They understood their responsibilities to detect and report abuse. People told us that there were enough staff to meet their needs and that they felt safe.

Risk was assessed, actions were put in place to reduce it and their effectiveness was reviewed. People were supported to maintain good health and had regular access to healthcare professionals. Their weight and diets were carefully monitored to ensure that they had enough to eat and drink.

People were encouraged to pursue interests and hobbies and regular activities were planned. Visitors were

welcomed at any time and some families were involved in the home as volunteers. People knew the manager and felt confident that any concerns they raised would be resolved promptly.

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 consistently safe.

Medicines were not always managed to ensure that people received them as prescribed.
People were protected by staff who knew how to keep them safe from harm and how to report any concerns.
There were sufficient staff to ensure that people were supported safely.
Risks to people health and wellbeing were assessed and plans to manage them were followed.
Safe recruitment procedures had been followed when employing new staff.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's capacity to make decisions was not always considered or reviewed.
Staff received training to do their job effectively.
People had regular access to other healthcare professionals to monitor and maintain their wellbeing.
They were supported to have enough to eat and drink and this was closely monitored when required.

Is the service caring?

Good

The service was caring.

Staff developed caring, respectful relationships with the people they supported.
They were supported to make choices about their care.
Their privacy and dignity were respected and upheld.
Relatives and friends were welcomed to visit freely.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in planning and reviewing their care.

Hobbies and interests were encouraged and planned around people's personal histories.
Complaints were investigated and responded to in line with their procedure.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Some of the systems which were in place to monitor and improve the service were not always effective.
People knew the managers and reported that they were approachable.
The staff team felt well supported and understood their responsibilities.

Newlands House - Care Home with Nursing Physical Disabilities

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.

Two inspectors and an expert by experience completed this unannounced inspection on 14 September 2017. 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 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. We used this information to help us to plan our inspection and come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with nine people and relatives of six other people who lived at the home. Some people were less able to give us verbal feedback about the experience and so we observed the care and support that they received from staff in communal areas.

We spoke with the registered manager, two nurses, three team leaders, three care staff and a kitchen assistant. We reviewed care plans for seven people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we found that the provider needed to improve how they managed medicines to ensure that people received them as prescribed. At this inspection we found that some improvements had been made and more were still required. One person was prescribed pain relief to take 'as required'. We saw that the person had received five administrations of this medicine in a twenty four hour period, although they were prescribed a maximum of four. There was no written guidance for staff to know when this medicine should be given instead of a different, less strong medicine. Other people did not have guidance in place for medicines which were prescribed to be taken 'as required' which meant that staff may not always know what circumstances they should take it in or what the maximum dose should be before requesting medical advice.

Some people needed to take medicines in an emergency at times to manage their epilepsy. The guidance that was in place for staff to know when to give this was not up to date because it related to a different medicine. It had not been updated when the person's prescription changed over a month earlier. It was important that this information was accurate and up to date because the procedure was different for each person; for example, how long to wait when someone is having an epileptic seizure before administering the emergency medicine. It is also important to know when the intervention has not been successful because the person has not recovered from the seizure and emergency assistance would be needed. We spoke with one member of staff who was able to tell us when it should be given for each person. However, as the provider had been using agency staff we could not be assured that all staff would know this detail without the guidance. The member of staff told us that one person would need to access the emergency medicine as soon as they felt symptoms. We saw that this medicine was kept in a locked cupboard in a locked room and would not be easily accessible. This meant that they may not be able to access it as quickly as it was required.

When we looked at records we saw that there were gaps in medicines administration records (MAR) when staff had not signed to say that people had received them. When we counted how many medicines were in stock we found that this did not align with the numbers recorded. This meant that we could not be sure that people had received what they were prescribed.

We saw that medicines were administered individually. Time was taken with people to ensure that they had taken it when they needed it. People were asked whether they needed any additional medicines. One person told us, "If I need any pain relief I only have to ask the nurse.

There were not always staff available to meet people's needs at our last inspection and we saw that this had improved at this inspection. When people who could not ask for assistance or use an emergency buzzer were in communal areas, we saw that staff regularly checked that they were okay. For example, we saw that staff came to speak with people in the area and turned the television over to a different channel on their request. People told us that there were enough staff to respond to them when they required support. One person said, "There is usually someone to help". A relative told us, "Staff come quickly and we feel that our relative is safe". We saw that staffing levels were planned around individual need. Staff we spoke with told

us how the day was organised so that they all knew who they were individually supporting and what people's plans were. Some people had additional staff hours assigned to them for extra support. For example, when one person was at a higher risk of falls, additional support was given so that they could do more activities during the higher risk periods of time. The manager told us, "The number of falls that the person had has reduced since we put this in place".

Risk was assessed and managed to ensure that people could retain some independence. One person told us how they were supported to manage some of their own health monitoring and medicines, particularly when they were organising days out. They said, "I have had this condition since I was a child so I'm fine doing my own checks". We saw that staff had assessed the risk with the person and agreed how they wanted to be supported. Other people told us how they were supported to move safely. One person said, "The staff talk to me and help me when we are using the hoist or the adjustable bed". We saw that people were supported safely using the equipment that they had been assessed as needing. Records were in place and these included plans to respond to emergency situations and how people would be supported to leave the building. We also saw that equipment was maintained and safe to ensure that it was safe to use. Measures were in place to ensure that the environment was kept safe and this included regular fire equipment checks and practising fire evacuation procedures.

Other risks to people's health and wellbeing were also considered. People told us about the plans that they had in place to protect their skin from damage and we saw that people rested during the day to reduce pressure. Some people were at risk of choking and staff had taken action to reduce this. Records that we looked at confirmed that the risk was assessed and regularly reviewed.

People were kept safe by staff who understood how to recognise and report suspected abuse. One person said, "I am safe in this place because the staff are fantastic". A relative told us, "It is a relief to me that my relative is here and safe". Staff knew what signs of abuse could be and told us how they would report any concerns. One member of staff said, "If I was worried then I would tell the manager or a nurse". We spoke with the manager about the safeguarding concerns that they had reviewed and found that they had been fully investigated. They had been reported to the local safeguarding agency in line with the provider's procedure. This showed us that the provider took action to protect people from harm and to keep them safe.

Safe recruitment procedures were followed to ensure that staff were safe to work with people who used the service. One member of staff told us, "I didn't start work until my references and police checks were back to make sure I was ok". Records that we reviewed confirmed that these checks had been made.

Requires Improvement

Is the service effective?

Our findings

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 or themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some people told us that they were asked for consent before they received care. One person said, "They do tell me what will happen and ask if it is okay; for example, if I am having a bath". We observed that people were asked before support was provided. For example we heard one member of staff ask if they could move someone's wheelchair to a private area to give them some medicines. However, when people were unable to make decisions we saw that capacity assessments about this were not always accurate and up to date. For example, some of these assessments were over two years old and during that time some people's capacity to decide had changed considerably. Consideration had been given to people's restrictions, such as belts on their wheelchairs. However, there were no capacity assessments around each of these specific decisions; for example, some people spent extended periods in bed to protect their skin. Their capacity to make this decision had not been assessed to agree that it was in their best interest.
We recommend that you ensure that all decisions which need to be made in people's best interest are considered in line with the MCA. When people have had their capacity to make decisions assessed we recommend that this is reviewed when required.

For other people, the staff had identified where there were restrictions in place and DoLs applications had been authorised. There were some DoLS that had conditions attached and we saw that these were adhered to. Staff we spoke with were aware of the DoLS and what the conditions were. Further applications had been made which were awaiting assessment.

Support was provided by staff who were experienced and skilled. One person told us, "The staff are well trained and know what they are doing". A relative said, "A lot of the staff have been here a long time and new staff are not allowed to support people until they have done the training." Staff told us that they received training and support to do their job well. One member of staff said, "We have recently had training which made me more aware of risks and choking. We know people well and recognise the changes in them which may mean that their condition is deteriorating. We would speak with the nurses who would review them." Some staff had received ongoing support from other professionals to develop their skills. One member of staff said, "I have had a lot of support and guidance form a specialist and I feel much more confident in supporting people now". Some staff told us that they thought training in specific conditions would be beneficial; for example, muscular sclerosis or Parkinson's. Others were confident that they had this experience and said, "A lot of staff have been here a long time and so have an in depth knowledge of these conditions".

People had good meals and individual needs were considered to ensure that they had enough to eat and drink. One person said, "The food is most definitely good and the cook is wonderful and looks after us." We saw that people were offered a choice of food. There were systems in place to ensure that kitchen staff knew what people's dietary requirements were. One member of staff said, "We always have a choice and then on top of that there is a vegetarian option and we also prepare separate food for people with diabetes".

Meals were prepared to meet individual assessed need and some people required specialist diets; such as soft food. When people required support to eat this was given in a respectful manner. Some people used cutlery and plates with adaptations which enabled them to eat independently.

One relative we spoke with told us how the staff had supported their relative to eat. They said, "They are often not eating much in the day and I have been worried. Staff have told me that they make sure they eat something when they are able even if that is midnight".

Some people who lived at the home received their meals through a percutaneous endoscopic gastrostomy (PEG). A PEG refers to a flexible feeding tube which is placed through the abdominal wall and into the stomach. There was guidance in place to ensure that people received food and drinks in a safe way and we saw that staff followed this. One member of staff explained what action they had taken to change somebody's liquid intake because they were at risk of dehydration. We saw that people's weight was monitored regularly and that food quantities were adapted to ensure they were receiving the correct amount. This demonstrated to us that the provider ensured that people received enough to eat and drink to keep them well and healthy.

Healthcare needs were regularly monitored and reviewed. One person told us, "Staff arrange all of our appointments and take you there". A relative said, "My relative went to the optician's this week. The chiropodist comes to the home check and they will have a look when asked". We saw that some people were supported to attend a healthcare check-up and that they were supported to attend. We also saw that staff made phone calls to other professionals for guidance if they had any concerns. One member of staff said, "We meet a lot of people's healthcare needs ourselves and we have a regular GP round every Thursday and we send in a list in the morning. The GP will either call or ring late morning". There was a physiotherapy facility within the home so that people could have regular sessions.

Good

Is the service caring?

Our findings

At our last inspection we found that people did not always have their dignity and privacy upheld and we saw that this had improved. We saw that a room had been renovated and adapted to ensure that people could have medical attention and procedures in private. When staff were supporting people we heard that they were encouraging and respectful and gave the people their full attention. People we spoke with told us that they were confident that their dignity and privacy were upheld. One person told us, "The staff always knock before they come in to my room". Another person said, "I leave my door open. The staff know that is my choice and respect it". We saw that people's rooms were personalised and decorated to their individual preference. There were communal areas where people could meet with their families and friends and we also saw that people chose to see their visitors privately in their rooms.

Relatives we spoke with told us that they were welcomed at any time. One said, "I am always welcomed and know the staff well". Another relative said, "I am not able to come as often as I did and the staff know I worry so they stay in touch with me". Some relatives spent time at the home volunteering to help with activities or to run the small shop. One said, "It is good to feel part of the team".

We saw that staff had caring relationships with people and that they knew them well. One person told us, "The staff are kind and respectful". A relative we spoke with said, "They all have nice, friendly personalities". When some people had difficulties in communicating their wishes verbally we saw that staff could understand other communication; for example, eye contact or gesture. They understood when people were distressed and had the experience to know what actions may help to resolve it; for example some quiet space.

Other people told us how they made choices about their care and support. One person said, "I tell staff what I want and they help". Another person said, "If staff come in to me and I am not ready to get up, they just come back later". We saw that some people had some additional staffing do that they could have one to one for certain things. When we spoke with the manager about how this was planned they explained to us how people were involved. For example, one person had chosen to save some of their hours and use them as support for a holiday. Other people told us the arrangements that were in place for them to maintain as much of their independence as possible; for example when they were assisted with personal care.

When some people were less able to make a choice independently they had been able to see an advocate to assist them. An advocate is a person who is independent of the home who supports a person to share their views and wishes. In the PIR the provider told us, 'People who use our services have access to members of the customer support team, personalisation and involvement officers (PIOs), who visit the service on a regular basis. The PIOs will support people to feel confident to self-advocate or to access local advocacy services'. This demonstrated to us that the provider ensured that people had the opportunity to make independent choices.

Good

Is the service responsive?

Our findings

People received care and support which met their preferences. One person told us, "I get up late and staff assist me. Then I have lunch and if I am not going out then I like to go and sit outside because I love the fresh air. If there's bad weather then there are canopies that I can sit under". We saw that staff planned their time around people's choices and daily plans. For example, some people were supported to get up early because they had an appointment that day. They responded to changes in people's wellbeing and ensured that they adapted support; for example, when someone was feeling unwell.

People had plans in place which detailed how they liked to be supported. One person told us, "I know about my care plans and do get involved". A relative said, "We are happy with the care plans and if we have questions we ask the staff." Staff we spoke with knew about people's plans and also had a good understanding of their personal history. They talked to us about people's cultural preferences and we saw that when they were planning a new person's care they were considering how to ensure that their cultural background was embedded. We saw that the plans were reviewed and altered as people's need changed. One person said, "The staff do involve you in reviewing Care Plans". Staff told us that they shared information on a regular basis to ensure that they were up to date with people's needs. One member of staff said, "We have a handover between shifts and all staff are involved".

People were supported to pursue their interests and take part in social activities. One person said, "I like colouring, using the computer and other activities. I have my own TV I can watch and listen to music that I enjoy in my room". We saw people being supported to go to do activities with other people who came in for day care only, such as cooking and crafts. There was a computer room which people could use and we saw other people enjoying that. People told us about holidays they had planned that they were getting ready for. One person said, "I went on holiday with staff this year and a friend and it was lovely. We did lots of sightseeing". Although some people had some individual support to go out on their own the manager recognised that this was more difficult for others. They said, "We often rely on volunteer drivers to go out and we are recruiting more. We are also doing some work with people to plan some more things they can do on an individual basis in the home rather than in groups". This showed us that consideration was given to ensuring that people could participate in meaningful activities.

People and their relatives knew how to complain and were confident that they would be listened to if they did. One person told us, "I would be happy to talk about anything that I wasn't happy with and I know the manager would sort it out". Relatives told us about concerns that they had raised and how they had been resolved. When we reviewed complaints records with the manager we saw that they had taken prompt action to resolve it and had communicated the outcome clearly in line with their procedure. For example, when there was a delay in repairs they contacted the company and it was resolved. This showed us that the provider encouraged any concerns about the quality of care and wanted to improve in response to that feedback.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found that the provider was in breach of regulations because the systems that they had in place to monitor medicines needed to be improved. At this inspection we found that some improvements were made and that further were needed. When we looked at medicines we found that there were errors in stock management and recording which meant that we could not be certain that people had received the correct amount. The provider had implemented a management system, but it had last been completed ten days earlier and these errors had occurred since. Staff had not responded to the errors as soon as they were noticed to ensure that they could check if people had received the medicines. This showed us that the system which had been put in place was not always effective in identifying and resolving errors. When we spoke with the manager they told us that they would ensure that staff took immediate action when they noticed there were errors in recording rather than waiting for audits to take place.

Records for people were not always completed on a daily basis and kept up to date. We found that some care plans needed to be reviewed because the guidance in them for staff had not been reviewed when people's needs had changed. When people required daily monitoring this was not always completed. For example, some people had records to monitor their daily food intake and when we tried to review this they hadn't been completed for a number of days.

At our last inspection we found that the values of the service were not always focused on people's dignity. At this inspection we saw that this had improved. The manager told us that they had spent time with staff considering how dignity could be embedded. They had also worked with people who used the service to find out what a good service would be for them and to encourage more control in designing it. We saw that people had created a tree in reception with their ideas hung from it as leaves. At the last inspection we found that difficulties in recruiting new staff had impacted on the quality of the service. In the PIR the provider told us, 'We have recently had a pay consultation which has resulted in an increased hourly rate for nurses which has enabled us to be more competitive in the staff marketplace. We have now employed new nurses'. The manager told us that they had found it difficult to maintain some of the improvements they wanted to implement without a consistent team and felt that this development would assist them to move forward. They also told us that they had recently recruited a deputy manager who would hold responsibility for clinical oversight and they would work closely together to resolve the ongoing concerns around medicines management.

Other quality audits and systems had been improved to be more supportive for the manager. They told us that they had an action plan devised from an internal audit and their last inspection that they reported on each month. In the PIR the provider said, 'Management meetings involving the heads of departments and team leaders are held on a monthly basis to ensure that key messages are delivered consistently across all teams'. The manager said, "I feel more supported and equipped to do my job with the developments. For example, we have introduced a call bell audit which has helped me to demonstrate the staffing that we need". We saw that the action plan had been followed and that the internal reviews recognised some of the concerns we identified, for example, medicines management.

There had been a recent fire risk assessment which required the provider to complete some work to ensure that the home was safe. We saw that this was being completed and that risk assessments had been carried out during the interim period. There was a further programme of renovation planned including upgrading the bathrooms. This demonstrated to us that the provider had been responsive in meeting standards and improving people's home environment.

People told us that the manager was approachable and listened to them. One person said, "I can always talk to the manager; their door is always open". Another person said, "The manager is a lovely person. They listen and make sure that the service meets people's needs". Relatives agreed and one said, "This is an open and honest place and the manger is always approachable". People told us that they had regular meetings. One person said, "I go to the resident's meeting. We tell them what we would like and they will act".

Staff were supported and felt that they were listened to. One member of staff said, "We have regular supervisions. We look at safeguarding and discuss lessons learnt. We plan training and talk about any problems in confidence". Another member of staff said, "I have learnt so much since I have been here. If I raise anything I am always listened to".

The manager ensured that we received notifications of important events in line with their registration. This meant that we could review that appropriate action was taken. We also ask the provider to display their latest CQC inspection report at the home and on their website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.