

Barchester Healthcare Homes Limited

Newington Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection was carried out on 21 and 23 February 2017. The inspection was unannounced.

Newington Court provides accommodation, residential and nursing care for up to 58 older people. The main building has three floors and accommodates people who have nursing care on the ground floor and top floor. The middle floor has a separate 'Memory Lane Unit' for people who live with dementia and nursing care needs. There is a separate annex called Falcon Place which provides residential care. The home has a garden and courtyard areas available for all of the people. On the day of our inspection, there were 54 people living at the home. People had a variety of complex needs including people with mental health and physical health needs and people living with dementia. Some people had limited mobility and some people received care in bed.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our previous inspection on 23 May 2016, we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to person centred care, good governance, failure to ensure enough staff were deployed on shift to meet people's needs, failing to handle and respond to complaints and recruitment procedures. We asked the provider to take action.

We received an action plan on 24 August 2016 from the provider following the inspection, which detailed what action they had taken to address the breaches. They told us that they would meet the breaches by November 2016.

At this inspection we found that the provider had made improvements to the service.

People gave us positive feedback about the home and told us they received safe, effective, caring, responsive care.

People's care was not always person centred. Care plans did not always detail people's important information such as their life history, personal history and did not always list the care people required to meet their assessed needs.

The provider did not always follow safe recruitment practice. Essential documentation was in place for employed staff. Gaps in employment history had been explored for five out of six staff to check staff suitability for their role for. We made a recommendation about this.

Decoration of the home did not follow good practice guidelines for supporting people who live with

dementia. The bathroom and toilet doors on the first floor were the only ones with dementia friendly decoration. There were no signs to direct people to different areas of the home such as to the dining area, lounge and garden. We made a recommendation about this.

We observed one conversation that was held in a lounge area between two staff members. Whilst confidential information was not discussed in this open environment, personal information about the person's health was. We made a recommendation about this.

Staff had attended training they needed, training was on going. Staff received supervision and said they were supported in their role.

People's safety had been appropriately assessed and monitored. Each person's care plan contained individual risk assessments in which risks to their safety were identified.

Medicines had been generally well managed, stored securely and records showed that medicines had been administered as they had been prescribed.

The registered manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and deaths. The registered manager had informed CQC about Deprivation of Liberty Safeguards (DoLS) authorisations that had been approved.

Staff had a good understanding of what their roles and responsibilities were in preventing abuse. The safeguarding policy gave staff all of the information they needed to report safeguarding concerns to external agencies.

There were suitable numbers of staff deployed on shift to meet people's assessed needs.

The premises were well maintained, clean and tidy. The home smelled fresh.

Meals and mealtimes promoted people's wellbeing, meal times were relaxed and people were given choices.

Staff had a good understanding of the Mental Capacity Act and supported people to make choices. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority by the registered manager.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the home was calm and relaxed. Staff treated people with dignity and respect.

People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

People's views and experiences were sought through surveys and through meetings. People were listened to. People and their relatives knew how to raise concerns and complaints.

There were quality assurance systems in place. The registered manager and provider carried out regular checks on the home. Action plans were put in place and completed quickly. Staff told us they felt supported by the registered manager.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version 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 consistently safe.

The provider had not always followed safe recruitment practices.

The decoration of the home did not follow good practice guidelines for supporting people who live with dementia.

Staff had a good knowledge and understanding on how to keep people safe. Safeguarding policies and procedures were in place.

The home and grounds had been appropriately maintained. Repairs were made in a timely manner.

Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as falls, mobility and skin integrity.

Enough staff had been deployed to meet people's needs.

Medicines were appropriately stored, administered and recorded.

Is the service effective?

Good 

The service was effective.

Staff had attended training they needed, training was on going. Staff received supervision and said they were supported in their role.

Staff were aware of the Mental Capacity Act 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place. People were able to make choices and these were respected.

People received medical assistance from healthcare professionals when they needed it.

Meals and mealtimes promoted people's wellbeing. People had choices of food at each meal time which met their likes, needs and expectations. People with specialist diets had been catered

for.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and had a good rapport with people. Staff interaction was friendly, polite, kind and caring.

People were treated with dignity and respect. Staff knocked on doors before entering people's rooms.

Relatives were able to visit their family members at any reasonable time.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People were not always provided with personalised care, care plans were not always up to date in relation to people's assessed needs

Activities took place which met most people's needs.

The home had a complaints policy, which was on display in the home. The provider had responded to complaints in an appropriate manner.

Is the service well-led?

Good ●

The service was well led.

People's information was treated confidentially. Personal records were stored securely. Systems to monitor the quality of the service were in place. The management team were working to address issues identified in audits and continuing to make improvements to the service.

Staff, relatives and health and social care professionals had confidence in how the home was now being run. Staff told us they were well supported by the management team.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Newington Court

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 21 and 23 February 2017. Our inspection was unannounced.

The inspection team consisted of one inspector, a specialist advisor who was a trained nurse with a background of working with people with dementia 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 notifications we had received, the provider's action plans and previous inspection reports. A notification is information about important events which the service is required to send us by law. We also reviewed information of concern that we had received.

During our inspection we observed care in communal areas. Some people were not able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

We examined records including staff rotas; management records, care records for nine people, medicines records and six staff files. We gained feedback from the local authorities commissioning team, care managers and occupational therapists.

We looked around the premises and spoke with five people, five relatives and a visitor. We spoke with 13 staff including nurses, care staff, cleaning staff, the cook, the deputy manager and the registered manager.

We asked the registered manager to send us training records, quality audits and an up to date statement of purpose. These documents were sent through in a timely manner.

Is the service safe?

Our findings

At the last inspection, we found two breaches in regulations relating to safe recruitment procedures and failing to deploy sufficient staff to meet people's needs. We asked the provider to take action to meet the regulations.

At this inspection, we found that improvements had been made to recruitment processes and we observed that staffing numbers had increased to meet people's needs.

People told us they felt safe in the home. Comments included, "Yes very safe"; "Two staff help me to stand" and "The physio has given me a three legged walker". One person told us they would, "Speak to the manager" if they had any problems. They explained that "The residents have a meeting with the managers now and again. If I've got any problems I voice them".

Relatives told us their family members received good, safe care. One relative said, "I notice as I'm leaving they will sit with her". Another relative told us, "I feel mum is safe here". Another relative told us that they felt their relative was not safe as they had moved to a different area of the home. They had shared their concerns with the registered manager.

People were protected from abuse and mistreatment. Staff had completed safeguarding adults training. The staff training records showed that 59 out of 65 staff had completed training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns and had done so when required.

The service had been well maintained. Appropriate checks of the environment had been carried out. Hoists and slings underwent a regular service. People had been assessed for equipment such as slings to meet their individual needs which meant that staff were using equipment to help people move which had been assessed for the person's shape, size and weight. Systems were in place to protect people from the risks of fire, each person had a personal emergency evacuation plan (PEEP) in place which was individual to their needs. The fire alarm had been tested weekly. Weekly water temperatures had been checked for all bedrooms, bathrooms and sinks. Gas and electricity installations had been checked. Fire drills had been held regularly. The premises were generally well maintained and suitable for people's needs. The home was clean and tidy and free from offensive odours. The home had been selected by the provider for extensive redecoration for the coming year. Some people living with dementia were disorientated in their environment. During the inspection, we observed people entering other people's rooms. We alerted the staff who escorted the people to their correct room. Staff explained they monitored people closely to ensure they were safe. Although people in each unit of the home were living with dementia, the bathroom and toilet

doors on the first floor were the only ones with dementia friendly decoration. There were no signs to direct people to different areas of the home such as to the dining area, lounge and garden. People's bedroom doors were mainly painted white with a small name plate high on the door. A small amount of doors on the first floor had memory boxes fitted to them which contained pictures and items to help people recognise which was their room.

We recommend that the provider follows good practice guidance assesses and reviews the whole environment to ensure that it is suitable for all people living with dementia.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks and care needs, they detailed each person's abilities and current care needs. Risk assessments corresponded with each section of the care plan. For example, risk assessments were in place for moving and handling people. Moving and handling risk assessments detailed what size sling a person needed. We observed staff following risk assessments during the inspection. Staff used appropriate equipment and kept them informed about what was happening. A local authority occupational therapist gave us positive feedback about recent observations in relation to moving and handling of people. They said, "I have made two visits with one of my colleagues and another with one of the Barchester manual handling trainers' recently [staff name], and observed staff carrying out manual handling in a good and safe manner". Risk assessments showed that nursing staff had assessed people's skin integrity, nutrition and hydration and referred people to specialists when required.

Incidents and accidents had been appropriately recorded and monitored by the management team. Where people had frequently fallen, appropriate action had been taken. For example, people had been referred to the falls clinic for assessment, people were reviewed by specialist nurses. This meant appropriate action had been taken to mitigate the risk of further falls.

People told us they had help with their medicines. One person said, "The nurse comes around and gives the medicines every day. I know what a couple of them are for some are pain relief" and "I can ask [the nurse] for pain relief or she comes round to me and asks if I've got any pain and gives me paracetamol". One relative told us staff managed their family member's pain well. People were protected from the risks associated with the management of medicines. People were given their medicines by trained nurses who ensured they were administered on time and as prescribed. Nursing staff had a good understanding of the medicines systems in place and there was a policy in place to guide staff from the point of ordering, administering, storing and disposal and we observed this was followed by the staff. We observed good practice and procedures for medicines being dispensed to people during the medicines round. Nursing staff told people what medicines they were due to take and checked with people whether they were in pain, offering pain relief to relieve this.

Medicines were kept safe and secure at all times when not in use. Unused medicines were disposed of in a timely and safe manner. Regular checks were made of the medicines rooms to ensure the temperature did not exceed normal room temperatures. The medicines fridge was also checked daily and records maintained to ensure the temperature remained within normal range.

The nursing staff who administered medicines received appropriate training and staff we spoke with had a good understanding of the policy and procedures for administering medicines to people. The registered manager assessed each staff members competence to administer medicines once they had completed the training successfully, to ensure they were confident and competent to do so.

At the last inspection, we reported that recruitment practices were not always safe, we found gaps in staff employment history that had not been explored. At this inspection, we found this had improved but further

improvements were needed. We checked six recruitment records of staff who had been employed since our last inspection. Five out of six application forms showed a full employment history with reasons for gaps. One staff member had a gap of 11 years. Interview records did not evidence that these had been investigated by the registered manager. Staff recruitment records contained photographs of staff. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff that had been recruited from overseas had undergone additional checks to check their entitlement to live and work in the country. Some staff that were qualified nurses in other countries had been employed. They were working as care staff until they had completed the Nursing staff registration with the Nursing and Midwifery Council (NMC). Nurses had been checked and monitored against the records held at the NMC to ensure that only registered nurses were employed. Staff employment files showed that references had been checked. People had been involved in recruiting staff. Two people confirmed that they had interviewed potential staff for different jobs in the home such as care staff and cooks. They enjoyed being involved and included in the decision making.

We recommend that the provider and registered manager make further improvements to ensure that all staff had sufficient checks to ensure they were suitable to work with people who needed safeguarding from harm.

At the last inspection, we reported that there was not enough staff deployed to meet people's need in one area of the home. At this inspection, we found that staffing levels had increased. Rotas' and our observations showed that a nurse was on shift on each of the floors in the main home. Two care staff were on shift during the day at Falcon Place. Rotas showed that staffing levels had increased on the top floor. There were some days where there were less staff because of staff sickness. Bank staff or agency staff were used to fill vacancies or planned sickness where possible. Staff told us that the staffing levels were manageable. People and relatives gave us positive feedback about the staffing levels. One relative visiting their family member at Falcon Place said, "There is usually two [staff working] one today. There's been odd times one [staff member] but not very often". Relatives visiting family members on the top floor told us; "There is always enough staff, they come in every hour" and "There's always staff up here. They are understaffed and they share staff between floors. When there's four [care staff] it works really well. There's three today which is working well".

The provider had a dependency tool (DICE) in place which assessed people's level of support needs and evidenced staffing numbers to meet need. The registered manager told us the tool was updated every six months unless people's needs had changed and it was updated when people moved in to the home. The tool relied on nursing staff reporting changes to the registered manager. We checked one person's assessed need and found that all but one area matched their care plan and risk assessments. The DICE tool had the person assessed at low dependency in relation to their skin integrity; however their risk assessment had assessed them as very high risk. We reported this to the registered manager. The DICE tool had been reviewed and amended since our last inspection to include the people living at Falcon Place. However, we picked up that the tool was not accurately calculating the amount of people in residence or the amount of staff required to meet people's needs. The registered manager agreed that there appeared to be an error with the tool and reported this to the provider's team to arrange for this to be fixed.

Is the service effective?

Our findings

At the last inspection we found one breach in regulation. The provider had failed to follow healthcare professional's advice and failed to provide care which met people's preferences. We also made a recommendation to the provider that people are given visual options of all food choices to enable them to make informed choices.

At this inspection, we found that improvements had been made.

People told us that they received effective support from staff. Comments included, "The staff are good they do find time to talk to me. I sit here with [person] and this lady with dementia, the staff know that so they make a few minutes to talk to me"; "I like the staff especially the young ones"; and "They [staff] are doing alright".

Relatives told us that staff met their family member's health needs. They told us that the food was good. Comments included, "She [family member] enjoys the food and gets a choice" and "They try at different times with different types of food to encourage her to eat".

Training records evidenced that staff had received training relevant to their roles. Nursing staff had completed training in relation to nursing tasks. All staff had completed choking and dysphagia, fire and moving and handling training. Most staff had undertaken health and safety and infection control training. Staff confirmed they had attended training including first aid, dementia, fire safety, end of life, infection control, skin care, mental capacity and DoLS. Staff said, "We have a good system in place showing what statutory training we have done and when it is due for renewal. I am up to date and I know that I have one due for renewal soon". We know how important it is to be up to date. We like our training and take it seriously. I know I am up to date at the moment".

Nurses confirmed supervision was good and one Nurse was preparing to have their first meeting since their Induction. They confirmed their induction was good and commented on the comparisons to their previous job. Induction records showed that staff inductions included workbooks and observations of practice to ensure staff were applying training and knowledge to their role. Nursing staff received clinical supervision from the registered manager and the deputy manager who were both registered nurses. Supervision records evidenced staff received regular supervisions and annual appraisals.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff were knowledgeable concerning the need to seek consent when providing care for people. We observed staff talking with people to gain consent before carrying out care. One staff member was muddled about the concept of the dementia unit (Memory Lane) and people's changing capacity because they were living with dementia and had mental health needs. However the staff member's interaction with people was caring and appropriately responsive to people's needs. People were offered choices and control over all aspects of their lives. People

told us they were able to make decisions about their care. People said, "I can have three baths a week if I want"; "I have a strip wash every day. The manager says I can have a bath whenever I like"; "I choose to stay in my room and read the paper". People's records detailed when people had declined care. For example, when people had declined to join in with activities, declined to get out of bed and declined food. Where people did not have capacity to make decisions about their lives, relatives had been involved with decision making. One relative explained they had lasting power of attorney for their family member's finances. Documentation within people's care files followed the Mental Capacity Act 2005.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one. Applications had been submitted to the local authorities in a timely manner. The registered manager had a tracking system in place so they knew when people's DoLS were due to expire and when to reapply.

Kitchen staff were aware of people's specialist diets and additional nutritional needs such as pureed food, soft diets, allergies and where people were at risk of choking. The kitchen staff were also aware of people's dietary requirements such as high calorie and vegetarian diets. The head chef told us that they met with the nurses once a month and they discussed dietary needs with the management team once a month. The head chef told us they usually met with people within the first week of them living at the home to discuss their likes, dislikes and preferences.

We carried out observations during lunchtime. There was a calm and relaxed environment with music appropriate to people's preferences playing in the background. People were offered a choice of meals. At lunchtime several people choose not to sit or wandered away from the table. However, good practice was evident on numerous occasions. One person who would not sit down was kept supplied with hand held food to eat as they walked around. Another person who repeatedly insisted "Don't want nothing" and refused to sit at a dining table was served on a personal table at a chair of their choice in the lounge area. When the person was not tempted with the plate of food, staff tried different options from the menu until they eventually nodded and started to eat unassisted. Some people had a glass of wine with their meals.

Staff on the first floor which was the dementia unit did this by showing people what the plated up meal looked like, this helped people to make an informed choice. We observed that this practice did not happen in each of the units within the home. A relative told us, "I thought they would show her the food, not just ask her what she wants. It would be better if she saw what she's having" and "[staff are] constantly coming around giving them [people] tea, coffee, drinks and reminding them to drink". People gave us mixed feedback about the food. Comments included; "Not bad at all, It's mostly things they know we like"; "Not much variety"; "We get enough they don't starve us. We get enough to drink"; "My carer thinks it's good but I don't"; "They have a lot of quiches and pasta cauliflower cheese"; "I find that when they do a quiche you find bits of runner bean or corned beef. I won't have that they just shoved all kinds of things in it" and "Fish is my favourite food".

Staff communicated with people effectively in their preferred manner. This varied from using pictures, communication books, speech and from using pens and paper.

People were supported to maintain good health and have access to healthcare services. Photographic records were in place of pressure wounds so that nursing staff could document the progress of treatment. There was very clear guidance in each person's care plan for staff detailing how to care for people with pressure wounds and this also evidenced advice and support given by the tissue viability nurse. We observed that nursing staff liaised with tissue viability nurses when required to seek advice in treating

pressure areas. Some people had developed pressure areas in hospital before they moved to the home and others. Wound charts and records showed that the pressure areas were improving through the treatment being provided.

Care plans evidenced that referrals had been made to the relevant health care professionals as appropriate. People had seen their GP and emergency services when required. Care records evidenced that advice and guidance had been sought from a range of health professionals including speech and language therapists, GP's, mental health nurses, dieticians, opticians and occupational therapists. People had attended hospital when required. People had received the flu vaccination when they had been assessed as requiring one. One relative told us, "The Doctor comes every Thursday". This was confirmed by a person who said, "Doctor comes on a Thursday every week". We observed that the GP visited the home on the second day of our inspection. This meant that people's health care needs were being well met.

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. We observed that staff were friendly, kind and responsive to people's needs. One person told us, "Most of them [staff] the older ones and there are some young ones 18 to 19 are very caring. They sit and listen. Too many agency at night. Sometimes there is one [agency staff] who knows nothing about any of us. They are trying to get night staff. I liked it when the assistant manager came and sat with me and asked why I am in here she sat and listened to my life story".

Relatives told us staff were kind and caring. Comments included, "Staff are kind and professional"; "They treat her ok, they knock on the door if it is closed"; "I think the care is very good. I think the girls [staff] are very good". One relative told us that staff were "Encouraging not condescending". An Occupational therapist told us, "The staff seems very kind and caring when attending to the residents".

People told us that staff generally respected their privacy and staff knocked on their doors before entering the room. We observed staff knocking on people's room doors and obtaining consent before entering. Staff visiting people who had their bedroom doors open, called out to explain that they were visiting them for a purpose. For example, one staff member said, "Good morning [person]. How are you? I have your medicines for you. Would you like some milk or water with these"? We also saw and heard staff saying "Knock knock" before asking to go in.

People's individual care records were stored in locked nurses stations on each of the floors to make sure they were accessible to staff. Staff files and other records not required on a day to day basis were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them. We observed one conversation that was held in a lounge area between two staff members. They were discussing why a person didn't want to attend an activity. This took place in front of other people and a visitor. Whilst confidential information was not discussed in this open environment, personal information about the person's health was. We reported this to the registered manager.

We recommend that the registered manager and provider reassess and reviews practice in relation to maintaining confidentiality.

We heard staff using terms of endearment. These were used appropriately, and were combined with use of the preferred names of the person. People's preferred names were recorded in 'My Life History' documents in their care records.

Staff knew people well. We observed that when people were agitated or upset staff recognised this. We saw that they checked with the person and asked them "What's the matter?" and "Can I help?" combined with a comforting arm round a shoulder. Staff worked as a team in each area of the home, they helped each other to meet people's needs well.

People's bedroom were decorated and furnished to their own tastes which included personal possessions and photographs of their families. Memory Lane on the first floor was bright and colourful with an

interesting range of photographs, posters and artefacts from days gone by. There was a good range of tactile objects to hand such as knitted woollen shapes, soft toys, twiddle blankets and muffs and dolls which people were making use of. A twiddle muff is a knitted band that has items attached to stimulate and occupy people living with dementia. There was a range of books with large colourful photos available around the home.

People told us their relatives and other visitors were able to visit at any reasonable time. We observed visitors and relatives visiting people at different times during the inspection. One relative told us they were "Encouraged to visit and phone [their family member]". Another relative told us they were, "Always made to feel welcome" and were offered drinks. Several relatives told us that they or other relatives visited their family member's on a daily basis.

People's religious needs were met. Each person had a cultural, spiritual and social values care plan in place. There were regular church services held at the home and people were able to utilise quiet rooms in the home for quiet time and reflection if they wished. One person told us there was a "Church service once a week".

Is the service responsive?

Our findings

At the last inspection, we found two breaches in regulations relating to failing to provide care and treatment that met people's needs and preferences and failing to operate effective systems to identify, receive, record, handle and respond to complaints. We asked the provider to take action to meet the regulations.

At this inspection, we found that improvements had been made to responding to and managing complaints. However, further improvements were required to ensure care met people's assessed needs.

People told us that activities took place in the home. We received mixed feedback about the activities. We observed that some people really enjoyed the activity sessions as they were smiling, dancing and getting involved. We observed that staff encouraged people to join in with activities but respected their choices if they declined. People spent time reading newspapers, magazines and books. Comments included, "We had a lady singer last week she wasn't bad. We had bingo, I hate bingo I do go down it's a change of scenery. The activity coordinator has taken me shopping a couple of times"; "This is activity sitting here. Occasionally someone comes around and plays games that children play"; "If I want to go downstairs they have entertainment. If it's someone I'm not keen on, I won't go. I have a few things in the garden which the manager let me bring and I've planted them up" and "[Staff] took me up to the shops and around the corner to a place that belongs to this place". One person told us, "I've got a comfortable bed, own chair, nice and warm and I don't have to worry about a thing".

Relatives told us that activities took place. Comments included, "They go over to the singer in the other building. Went out shopping yesterday. Yesterday she made butterflies. If you ask my mum if she wants to do something she says no but as it's a small group she gets involved" and "Mum goes out with family, she's not been out with the home". One relative explained that their family member was cared for in bed. They explained that staff spent time with their family member chatting.

Activities on offer across the week were displayed on notice boards around the home. The activities included, a trip to a local shopping centre, music, religious services, quizzes, reading a weekly reminiscence newspaper, ball games, nail care and pampering sessions, cake decorating, movies, bingo and 'Pets as Therapy (PAT) dog' visited the home once a month. PAT dogs can be cuddled and stroked to provide comfort and therapy, singers, afternoon teas. The activities staff also arranged events and celebrations throughout the year. The hairdressing salon in the home was well used throughout the day.

The PAT dog visited the home on our second day of inspection. A balloon game took place in one area which people enjoyed. The activity was well planned so when people took the balloon and left the room, the activities staff produced another balloon out of their pocket so the activity could continue without disruption. A movies activity took place on the ground floor of the home, people were supported to go to the lounge area to watch the film, the curtains were drawn and it was made to feel like a darkened theatre. A singer attended on one day, they sang songs and played a guitar. The singer asked for requests from people but often did not know the song which was requested so sang songs from a different music genre instead. Activities were scheduled to take place twice a day in different areas of the home. People from different units

within the home were encouraged to take part and were supported by the care staff and activities coordinator to move to different areas of the home. Activities staff had organised an event which brought together people and their relatives on Valentine's day to release balloons in memory of loved ones.

The provider had a care plan policy in place which detailed that 'An initial care plan should be prepared determining the immediate physical, psychological and social needs of the individual within the first 24 hours, then completed following a robust and comprehensive assessment of need within seven days'. We checked care plans for people that had recently moved in and found that care plans were not always in place following the provider's policy. One person had lived at the home for six days. They did not have care plans in place in relation to their poor health and medical diagnosis. There was no care plan in place in relation to their communication, personal hygiene care, continence, tissue viability and no care plan in place in relation to nutrition and hydration needs, despite the pre assessment information indicating assessed needs in all of these areas, which put them at risk of receiving care that did not meet their needs. Another person had moved to the home three weeks before our inspection. Their care plans were more suitable and did cover the areas for assessed needs. However, the person's life history had not been completed with the person, their relatives and friends which meant that staff did not have all the information about the person's likes, dislikes, preferences and their social history such as information about past jobs, family, hobbies and places and people that were important to them.

The provider also had an advanced care planning policy in place which detailed that people are given the opportunity to discuss, decide and record their wishes and preferences around their care whilst living with a life limiting illness and as they approach the end phase of their life. We looked at one person's records who had been assessed as approaching the end stage of their life, they had consented to a Do Not attempt Resuscitation (DNAR) order but an advanced care plan had not been completed in relation to their wishes and preferences. This meant that should the person's condition deteriorate, staff would not know the person's wishes in relation to care and treatment they wish to receive, where they wish to receive it and their wishes and plans for their funeral.

People and their relatives had been involved with developing their care plans and reviewing these. Review records showed that people and their relatives had been involved in reviewing and the updating the care plans. However, this was not everyone's experience. We found care plans and risk assessments in people's care files which had not been discussed or signed by the person or their relatives. One person's care plans had not been reviewed despite the person continuing to lose weight. The person had been assessed by a dietician in November 2016 and had been prescribed high energy drinks to help them maintain or increase their weight. The person had continued to lose weight despite having these drinks. This had not been identified by nursing staff. We reported this to the nurse who took immediate action to refer the person back to the dietician for review and reassessment.

The provider failed to provide care and treatment that met people's needs and preferences. This was a breach of Regulation 9 (1)(a)(b)(c) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

Other care files we looked at were in good order, they gave staff clear guidance about how to meet people's assessed care needs, such as how they communicated and what assistance they required with meeting their personal care. Some care files had completed advanced care plans which showed they and their family had discussed and made decisions in relation to their end of life care.

Care records for people nursed in bed stated that they should be repositioned regularly to prevent pressure areas developing. Repositioning charts were present in people's rooms as well as monitoring charts for pressure relieving mattresses. Repositioning charts showed that people had been repositioned regularly.

Nursing staff were aware of the process for calculating the correct pressure of the mattress according to the individual person's weight, we checked that these had been set correctly and found these to be in order. This meant people's pressure area needs were being met.

People and relatives told us they knew how to complain. One person told us, "If I think I am not looked after properly I will complain". The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. The complaints and compliments procedure was on display in the reception area. People and their relatives knew who to talk to if they were unhappy about the service. Staff were clear about their responsibilities to report concerns and complaints. We reviewed the complaints records and saw that written complaints were documented and the records evidenced that they were responded to within agreed timescales. The response included an investigation and when warranted an apology was provided. The person who made the complaint was provided with a clear explanation of the steps that were taken to prevent the issue from being a problem in the future.

The provider carried out an annual survey of people through a market research company. The registered manager explained that the surveys were sent out to people and the responses were collated by the external company, who then produced a report. There were no survey results available to view for the most recent survey which had been carried out in October 2016.

The registered manager held a 'General Manager Surgery' on a monthly basis. This is where they made themselves available to relatives and people. Records showed that no one attended the surgery held on 28 January 2017. Regular 'Residents meetings' were held in the home. These alternated between different floors. Records showed that five people attended the meeting held in November 2016 and five people attended the meeting held in December 2016. People's views were noted and listened to.

The registered manager had received three completed feedback forms from relatives and professionals. These were positive. One comment made was 'Visited [person] today. Nice to see helpful friendly caring professional staff ion duty today'.

The service had received compliments from relatives. One read, 'I just wanted to express our thanks for such a welcoming visit today'. Another read, 'Staff have been amazing. She has improved so much with all the loving care she has received from Newington court'. The home had also received 7 recommendations on www.carehome.co.uk within the last 12 months, which gave the home a score of 9.5 out of 10. One positive comment stated, 'My mum came to this home in October 2016. Since my mum has been here all the staff who have treated my mum are lovely, they have helped get her settled. All the carers and nurses on floor one are very caring with my mum's needs. All the nurses are outstanding'. Another read, 'Ever since my dad has been in this home, he has improved greatly. Nothing is too much trouble for the staff, they are very helpful, even towards visitors. 100% perfect'.

Is the service well-led?

Our findings

At the last inspection, we found a breach in regulation relating to keeping confidential records secure. We asked the provider to take action to meet the regulations.

At this inspection we found this had improved. Records were stored securely in offices and people's personal daily notes and charts were kept in their bedrooms which meant they were only accessible to people that had been given permission to view them.

We observed that people knew the management team and felt comfortable talking with them. Several people visited the registered manager in their office and people approached the management team throughout the home when they were walking around. People told us the home was well run. Comments included, "It's changed since [registered manager] took over for the better. If you got a complaint she gets it done. They have carers meetings, resident meetings and carer and resident meetings so you have an opportunity to hear your voice heard"; "The food is better, we are not talked down to as much that's better"; "They let me have my keyboard in my room try and play every day to keep my fingers supple".

Relatives told us the home was well run. Comments included, "Usually there is a senior or [registered manager] usually around" and "I think it's well managed". A local authority occupational therapist told us, "When I have had to raise concerns these have been addressed promptly by the managers" and "Newington Court have been working hard with me and at present I do not have any further concerns about this service. [Registered manager] and [deputy manager] have been very proactive with recommendations made by myself and have been very accommodating while I have been investigating the safeguarding concerns".

Audit systems were in place. The management team had carried out audits of the service in relation to each area such as health and safety, infection control, and records keeping audits had taken place; these highlighted some issues and showed these had been addressed with staff team. The management team had also completed an audit of people's medicines including topical medicines. An external audit of medicines had been carried out by the dispensing pharmacy. The regional manager carried out frequent quality first checks of the service and visited the service to provide support to the management team on a regular basis. Audits undertaken by the regional manager showed that a number of issues had been identified in October 2016. A detailed action plan was put in place. The service received another audit in November and December 2016. This showed that there had been improvements since the previous audit. Actions had been completed. A small action plan was put in place in relation to people's care records and activities. The actions had been addressed and were still being monitored. It was clear that the management team and the provider had worked hard to address issues.

The management team had carried out unannounced night visits to the service to check that staff were working according to the provider's policies and people's needs. Where issues had been highlighted these were dealt with swiftly and in an appropriate manner.

Staff told us they felt confident to report any concerns to the management team. Staff told us that they were

aware of the home's whistleblowing policy. Staff felt confident to use this policy. One staff member said, "I have no doubts in reporting issues, management deal with it". Staff reported that communication was good within the home and meetings were regularly held so they could discuss concerns. Nursing staff told us they had seen positive changes recently that had increased team working and morale. Staff told us they felt supported, valued and listened to by the management team. One staff member said, "The managers are very supportive and you can approach them at any time. I've already made some changes since I've worked here and have more good suggestions to improve other things". Another member of staff said, "Management changes have been the biggest change for the positive. Managers know staff and residents and spend time on the floor (meaning they spend time in the different areas of the home)".

The management team held daily 'Stand up' meetings with all departments within the home to discuss the running of the home. The meetings included nursing staff, members of maintenance team, catering and housekeeping team. This ensured that the management team were aware of any issues and concerns. The registered manager told us they had an open door policy which meant that staff, people and relatives could approach them at any time to discuss any concerns. We observed people, relatives and staff all putting this into practice.

The management team had rolled out a 'Resident of the day' system; this meant that there was at least one person named each day as the 'Resident of the day'. Staff reviewed and updated this person's care and assessment records on this day, housekeeping staff carried out a 'Deep clean' of the room, the handy person visited the person to check if any repairs or alterations were needed, care staff checked clothes for name labels and the kitchen staff visited to review people's likes and dislikes. The resident of the day system was working well in some areas of the home and was still being embedded in other parts of the home. Some completed documents in relation to the resident of the day showed that all areas had not been checked and completed. The management team had reminded nursing staff about the system and had discussed this in staff meetings to reiterate the importance of this. This meant the management team had taken appropriate steps to ensure that all areas of the home worked in the same way in relation to the 'Resident of the day' system.

The management team had introduced an employee of the month recognition scheme for staff. The employee of the month was displayed in the hallway of the home so everyone could see this. Nominations for staff members could be made by people, relatives and by other staff.

The management team had a good understanding of their roles and responsibilities in relation to notifying CQC about important events such as injuries, Deprivation of Liberty Safeguards (DoLS) authorisations, safeguarding and any deaths. Notifications had been made in a timely manner.

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 The provider had failed to provide care and treatment that met people's needs and preferences. Regulation 9 (1)(a)(b)(c)