

# White Rose Care Organisation

## Newlands

### Inspection report

4 Church Lane  
Westbere  
Canterbury  
Kent  
CT2 0HA

Tel: 01227713883

Date of inspection visit:  
14 November 2019

Date of publication:  
22 January 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Newlands is registered to provide accommodation and personal care for people who have a learning disability and who need support with their personal care. Newlands is situated on the outskirts of Canterbury, accommodation is provided over two levels. Communal areas include a lounge and dining room, with access to gardens. Each person had their own personalised bedroom.

Newlands had not been designed in line with the values that underpin the Registering the Right Support and other best practice guidance. Newlands was designed, built and registered before the guidance was published. The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 21 people and 19 people were using the service. This is larger than current best practice guidance.

However, as to the size of the service having a negative impact on people, this was mitigated by the building design fitting into the residential area and the other domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, visible industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

While the design of the service did not meet current guidance, the service had however applied the principles and values of Registering the Right Support and other best practice guidance. These ensured that people who used the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected these principles and values by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent.

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

People were happy living at the service, they appeared relaxed and comfortable with staff and each other. However, we found management checks were not consistent to ensure the environment was always safe. This was because checks had not taken place to ensure water temperatures were limited to prevent risks of scalding; the storage temperatures of some medicines were not monitored and some statutory notifications were not sent to us when they should have been. Audits and quality assurance processes had not identified or acted on these issues as was their intended purpose.

Otherwise, medicines were stored and managed safely. There were policies and procedures in place for safe administration of medicines. People received their medicines when they needed them from staff who had been trained and competency checked.

Staff monitored people's health and referred them to healthcare professionals when required. Feedback from healthcare professionals praised the vigilance of staff and credited their actions with two people receiving lifesaving treatment. Family and friends placed great confidence in the staff and the service, they were without exception complimentary and supportive of the home.

Risks associated with people's care had been identified and full risk assessments were in place. People were protected from abuse and staff had received regular safeguarding training.

Care plans were up to date and contained the level of detail needed. People's care was based on their needs and preferences. People were supported to do things they enjoyed. People were independent and chose how to spend their time.

Staff followed guidance to keep people as healthy as possible. People were supported to eat a balanced diet. An appropriate complaints system was in place.

Staff were knowledgeable about the Mental Capacity Act 2005. They knew to seek consent for care and knew the process to help those who lacked capacity to make decisions. People's needs were met by the adaptation and design of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Outstanding (published 29 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

At this inspection, we have identified breaches in regulations about the governance of the service and the requirement to inform us of some statutory matters.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Newlands

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Newlands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with nine people and two relatives about their experience of the care provided. We spoke with five members of staff. This included the registered manager, deputy manager, team leader and care staff.

We reviewed a range of records. This included five people's care records and medication records. We looked at staff files in relation to training, recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek updates from the provider to mitigate the concerns found in respect of excessively high water temperatures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; preventing and controlling infection

- There were risk assessments for the premises as well as for general risks that could impact on people's safety. However, thermostatic restrictors, intended to limit the temperature of hot water accessible to people, were not operating correctly. Water temperature checks showed temperatures exceeded the maximum considered to be safe. Although staff had recorded the excessive temperatures, they had not recognised the scalding risk for people or acted to address it. When brought to the attention of the registered manager, they immediately arranged for the temperatures to be reduced. Following the inspection, we received confirmation this was done.
- The registered manager and staff were knowledgeable about the needs of people. This was important to understanding the risks people's conditions could pose and the support they needed. Each person had a range of individual risk assessments for their environment, healthcare and social support needs. Staff were aware of the risk assessments and knew the support people needed. Care plans explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately.
- Staff were kept up to date of changes to people's risks and needs through staff handovers and a staff communication book. Staff understood how to alert each other about any changes.
- Staff received infection control training and used personal protective equipment, such as gloves and aprons, when required.

Using medicines safely

- Where some people required rescue medicines, these were kept separately in locked cabinets in their bedrooms to ensure they were close to hand when required. However, the temperature at which these medicines were stored was not monitored. It was important to do this to ensure it did not become desensitised, due to incorrect storage conditions, and then not work as intended. When pointed out, this was rectified during the inspection, nonetheless, this was an area identified as requiring improvement. We will review the impact of the changes in place at our next inspection.
- Otherwise, people received their medicines when they needed them, records of medicines given were complete and processes to order and dispose of any unwanted medicines were well managed. Medicines subject to special requirements were stored and recorded appropriately and all medicines were regularly audited to identify any errors. Medicines were reviewed annually, or when people's needs changed to ensure they were still required and appropriate. Where some people were unable to take medicines orally, detailed instructions advised specially trained staff how to administer them through a PEG and how to care for the site. A PEG (Percutaneous endoscopic gastrostomy) is a tube which is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not

adequate.

- Medicine records were completed accurately. Where people were prescribed medicines on an 'as and when' needed basis, such as for pain relief and anxiety, there was guidance for staff about when to give the medicine, how often and what to do if the medicine was not effective. When people needed special creams to help keep their skin healthy there was guidance for staff to make sure it was applied correctly. This included a body map showing where the creams should be applied.
- When medicine instructions were hand written, the instruction had been signed by two staff, to confirm it was correct. Staff had received training to administer medicines and their competency was checked regularly.

#### Systems and processes to safeguard people from abuse

- People were protected from the risk of abuse. The registered manager and staff understood their responsibilities to keep people safe from abuse and had received appropriate training.
- Staff were aware of how to recognise and report any concerns they may have. Although no concerns had been reported, staff were confident if needed the management team would act properly and promptly.
- Staff knew about the whistle blowing policy and when to contact the local safeguarding authority.

#### Staffing and recruitment

- There were enough staff on duty to meet people's needs. We saw staff supported people when needed and responded to them quickly. People we spoke with told us there were always enough staff. One person told us, "There are always enough staff here, they are good."
- Staff told us there were enough staff to meet people's needs. Staffing was more than people's one to one support hours and shift patterns enabled people to attend the activities they wanted to.
- Existing staff usually covered holidays and sickness to ensure people were supported by staff who knew them; agency staff were infrequently used.
- Staff recruitment continued to follow safe practice, including ensuring each staff member had a disclosure and barring check (DBS) in place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends.
- All accidents were reviewed by the registered manager. They looked at how the accident happened, if there was a pattern, whether medical advice was sought or needed and the least restrictive way to reduce the risk of it happening again.
- Policies about dealing with incidents and accidents continued to be effective, records showed there was a very low rate of incidents and accidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they were supported by the registered manager and felt able to approach them about any concerns they may have. However, some supervisions had lapsed, having mainly taken place in February and May 2019. The registered manager had formalised a plan to bring supervisions back on track, they had prioritised supervisions for staff who needed them most and also arranged some group supervision.
- Staff received training appropriate to their role. Staff received a mixture of face to face and computer-based training, topics included moving and handling, safeguarding as well as training for particular needs such as epilepsy, diabetes and mental health. Staff had received training in administering insulin and measuring blood sugar, their competency had been checked by the district nurse.
- New staff received an induction. This included basic training topics and working with more experienced staff to learn people's choices and preferences. Before staff worked by themselves, their competencies were checked, and they were given feedback on their progress. New staff also completed the Care Certificate, which is a set of standards staff should adhere to in their working practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were completed which followed recommendations made by other healthcare professionals. For example, physiotherapy assessments had been made which gave guidance about the correct position people should be in when seated in wheelchairs, when in bed, or using slings and hoist. Assessments had been made around suitable exercises designed to meet people's needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff knew people's care needs exceptionally well and were able to quickly recognise changes in people's condition. A healthcare professional had written to the registered manager following a person's discharge from hospital back to Newlands. They praised Newlands staff, commenting, "This is the second patient on my caseload where your staff have in sure contributed significantly and responded quickly and lives were saved."
- The sibling of a person also praised staff following a person's extended stay in hospital. They commented, "I am eternally grateful to the staff at Newlands who were in daily attendance with (person's name) on the ward when they were so very ill". The relative expressed further gratitude to staff for challenging aspects of care the person received while in hospital and remarked how quickly the person improved when they were discharged back into the care of Newlands.
- The service used nationally recognised, evidence-based guidance, to assess people's health. These included assessments in relation to skin integrity and MUST. (Malnutrition Universal Screening Tool is used

to assess if people are malnourished, at risk of malnutrition or obesity). As well as DisDAT to help staff recognise when people were in pain. Staff also used a standardised system for recording and assessing baseline observations of people to promote effective clinical care. For example, it included a baseline for a person's usual temperature, pulse rate and oxygen saturations, together with actions staff should take if their checks were outside of the baseline and a person's health deteriorated further.

- Care records documented that people were supported by a range of healthcare professionals, such as GPs, physiotherapists, speech and language therapist (SALT) and specialists for specific health conditions. People were supported to live as healthy lives as possible. People were supported to maintain their oral hygiene, there were care plans in place with details of the support people needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were given a choice of meals and were able to choose where they ate their meals. They were asked each day what they would like to eat, there was a pictorial cards showing menu showing the choices. Staff knew people well and their likes and dislikes. They used this knowledge if people were not able to make a choice.

- We observed the lunch time meal, it was a relaxed and social occasion; people's meals were hot and looked appetising. When people were asked if they enjoyed their lunch, there were positive responses. People were encouraged to have friends and family to join them for meals if they wanted to.

- Some people required specialised diets such as softened food or thickened drinks. Staff were fully aware of the different requirements and who needed them. Where needed, people were assisted to eat their meal. People were offered snacks and drinks throughout the day.

- Staff monitored people's nutrition and recorded fluid and food intake on charts where required. Weights were reviewed, and referrals made to the dietician when required.

Adapting service, design, decoration to meet people's needs

- The service provides accommodation for people on one level. Corridors and communal areas were spacious, enabling people who use wheelchairs to navigate easily.

- There were accessible garden areas for people to enjoy.

- Rooms were personalised and tailored to meet people's needs. Adaptations had been included to meet people's needs. For example, bedrooms were equipped with overhead hoists to support people to move between their bed and chair. Rooms had 'en suite' bathrooms that were large enough for people to have a shower using specialist equipment.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager had applied for DoLS authorisations when required and some people had DoLS authorisations in place. The registered manager had a diary system to ensure DoLS were reapplied for when they were coming to an end.
- Staff understood the importance of giving people choice in their daily lives. We heard people being offered choices of what they wanted to eat or drink and how they spent their time. When people were unable to express a choice verbally, they were shown pictures or items they could point to.
- When people had been assessed as not being able to make a decision, the decision was made in their best interest. The decision-making process included people who knew the person well such as staff, relatives and health professionals. People's previous choices and preferences were considered when decisions were made.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question is now rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, relatives. Health and social care professionals spoke very positively about the care and support staff delivered. A relative in a card to staff said, "Thank you for all the love and care you gave (person's name). Another relative wrote, "I just wanted to express my greatest thanks and appreciation to you all for all your help, support and kindness". People told us they were happy, commenting, "it really couldn't be any better," and "Perfect". A care manager had written to the service to express their thanks for the support their client had received.
- Throughout the inspection we observed staff supporting people in a caring and respectful way. Staff knew people well, how they preferred to communicate, what individual hand gestures, phrases and words meant, especially when literal meanings meant something else.
- One person was having a conversation with themselves and became increasingly distressed. Staff recognised what was distressing the person and engaged with them in their reality at that time, speaking with them softly and warmly, offering reassurance and comfort. The person quickly became less agitated.
- Some people had cultural beliefs which were recorded in care plans. Some people received visits from ministers or visited the church at their request. People were supported to express important aspects of their identities although their lives may have changed due to their conditions. One person was previously very active in their community. Staff enabled and encouraged the person to continue to be active within the church community.

Supporting people to express their views and be involved in making decisions about their care

- If people were unable to express clearly what they needed staff were patient and explored different solutions. For example, one person one person used a PECS (Picture Exchange Communication System) to help staff understand their needs. Other people led staff to what they wanted to do or pushed away things they didn't want.
- One person told us they were a private person and staff respected this but if they needed support staff always came if they used their call bell. Another person told us staff helped them arrange transport to visit friends and family.
- Some people were able to tell us they were aware of their care plans and had been involved in decision making processes, other people had received the support of family or appointees.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. For example, a staff member handed a person a napkin to wipe their mouth independently, rather than doing it for them. Staff told us of other people who

were becoming more independent with aspects of their personal care.

- The service often supported people to visit their families in settings such as the family home, hospital, hospices or nursing homes. If people were admitted to or attended hospital, staff always accompanied them and remained with people for the duration of their stay. Families were supported to visit Newlands and if they could not make their own way the service collected them.
- People could have visitors when they wanted and were supported to have as much contact with family and friends as they wanted to.
- People's bedrooms were decorated in a very individual way. People had many personal objects and decorations in their rooms. Bedroom doors were painted different colours and pictures, or the occupants name creatively written to help people recognise their bedroom. Before staff entered people's bedrooms they knocked and asked for permission. Before we spoke to people in their personal space, staff obtained their consent for us to enter their bedrooms.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: At the last inspection this key question was rated as Outstanding. At this inspection, this key question is rated as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were individual. They contained personal information about people, such as important people in their lives, where they had lived and worked, as well as their interests and hobbies. There was guidance for staff about what made people happy as well as things that might make them sad or anxious and how staff might recognise this and how to support them.
- People and family members or friends were involved in developing and reviewing care plans. This provided an opportunity to gain information about people, particularly if a person had difficulty remembering or expressing their wishes.
- Staff told us they had worked hard with people to increase the activities they took part in. This had involved drawing up action plans setting out how people would work toward a new activity. Some people had been on holiday, travelled on public transport, visited family and took part in a drama group. People met with staff and were able to plan and talk about upcoming activities. Activity planners reminded some people what they had talked about and when activities would happen. These were re-visited daily and alternatives offered if people wanted to do something else.
- Activities were supported by staff. People could join group or have one to one activity. People were happy with activities and told us about fund raising BBQ for local good causes and a pantomime planned for Christmas.
- Where people were unable to or preferred not to join in group activities, staff sat with them and chatted, gave hand massages and read to people.
- Some people enjoyed spending time in the local community, going out for meals, coffee with friends and family and supporting the local church and village hall.

### End of life care and support

- The service was not supporting anyone at the end of their life, although there was provision for people to be prescribed anticipatory medicines as their GP felt they were approaching that stage. These are medicines people may need towards the end of their lives, for example to help to control pain. They are prescribed and held in stock at the home before they are needed so there is no delay in getting them when they are needed.
- Staff had spoken with some people and their relatives about end of life plans and, where people had agreed, written plans were in place.
- Staff had received training about end of life care and were able to give examples of other healthcare professionals they may need to consult with, such as specialist nurses, hospice services. and GPs for anticipatory medicines.

Meeting people's communication needs; improving care quality in response to complaints or concerns

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans were in clear print and many forms contained easy read or pictorial prompts.
- Staff were aware of people's communication needs and spoke with them patiently, where needed using short sentence structures that people would best understand.
- The complaints process was displayed and included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service, such as CQC and the Local Government Ombudsman.
- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One person said, "I have no complaints what so ever, I have absolute confidence in the staff and manager."
- The service had not received any formal complaints since we last inspected. There were however numerous thank you cards, letters and emails from people and their families acknowledging the care and support provided.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits were undertaken by the registered manager, key staff and the provider, but there was not a consistently robust approach to audits. For example, staff had not understood scalding risks presented by unmoderated water temperatures and medication audits did not reflect that staff were not monitoring temperatures at which some medicines were stored.
- The provider visited the home regularly. They knew people by name, were actively involved in the daily running of the service and their commitment to providing care to meet people's needs was beyond doubt. However, their visits were informal and because of this it was difficult to establish their oversight of the service. For example, there were no records of checks or audits they had completed to satisfy themselves that the service was operated as they perceived or records of supervision meetings with the registered manager.
- The registered manager agreed improvements needed to be made to auditing processes and started work on this straight away.

The failure to ensure a robust approach to monitoring the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services are required to inform the Care Quality Commission of important events that happen within the service. This includes when authorisations are made under the Deprivation of liberty safeguards. The registered manager had not submitted six notifications in an appropriate and timely way. Once made aware of this, the registered manager retrospectively notified the commission.

The failure to notify CQC of specified incidents in a timely way was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

- Care records for each person were relevant, regularly reviewed and up to date. The rating of the last inspection was prominently displayed as required.

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

- Communication was good, staff and people told us there were regular meetings. These included, staff and resident meetings. People told us they were asked if they wanted to be included in meetings but were not



pressurised to be.

- The provider had requested feedback from people, relatives and healthcare professionals in the form of quality assurance questionnaires.
- Survey feedback reviewed from was wholly positive; people were happy with the service and support they received. Relatives provided positive feedback. Their comments included, "I am very pleased with the care and support my relative receives," "Absolutely superb care provided by Newlands for my daughter. She feels so at home;" and "I am extremely happy with the care provided to (name) the support given to her and her family is amazing."
- People were able to share feedback about the service, staff and improvements through regular group meetings, or on a one to one basis with the management team. People told us management were approachable and visible and that they would not hesitate to speak with them.

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

- People and staff spoke of a positive culture, set out in a charter of rights for service users, which led to positive outcomes for people.
- The provider, registered and deputy manager regularly worked alongside staff. This gave them the opportunity to observe staff working and ensure consistent working practices.
- Staff were knowledgeable about the needs of people using the service. Staff and managers were passionate about providing people with an opportunity to become more independent and integrate where possible into the wider community.
- Staff were proud to work at the service and of the support people received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy, which outlined how they should respond when something went wrong.
- All staff we spoke with were knowledgeable about duty of candour and understood the need to be open and honest.

Continuous learning and improving care; Working in partnership with others

- The management team were involved with several positive practice networks, and used any information shared to improve care and treatment for people living at Newlands.
- We received positive feedback from healthcare professionals who worked closely with the service.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had failed to notify the Commission without delay of the incidents specified which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity.</p> <p>Regulation 18 (1)(5)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish systems or operate effectively processes or systems to enable the registered person to assess, monitor and improve the quality and safety of the services provided or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Regulation 17 (1)(a)(b)</p>