Leonard Cheshire Disability

Newlands House - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Newlands House on 13 and 21 July 2016 and it was unannounced. Newlands House provides accommodation and nursing care for up to 33 people with physical disabilities. There were 32 people living at the service when we visited. They were last inspected on 19 September 2013 and were compliant.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were not always managed to reduce the risks associated with them. The systems in place to audit the quality of the service were not always effective because they did not identify the errors that were found. The service did not always promote peoples dignity and privacy and there were not always enough staff deployed to meet people's needs.

People told us that they felt safe and staff we spoke with were confident that they could identify signs of abuse and would know where to report any concerns. Staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. They knew people well and provided care that met their preferences. They understood the importance of consent. When people did not have the capacity to consent to their care, assessments were completed and decisions made in their best interests.

People were supported to maintain good health and had regular access to healthcare professionals. They had enough to eat and drink and specialised meals were provided when needed. Their care plans were regularly reviewed to correspond with changing support needs and they were personalised and accessible.

People were encouraged to pursue interests and hobbies and activities were planned on a daily basis. Visitors were welcomed at any time and volunteers supported activities and fundraising activities.

People told us that they knew the manager and felt confident that any concerns they raised would be resolved promptly. They were supported to understand their choices in the care they received, including using communication systems to help them with this. The provider had systems in place to assess risk, actions were put in place to reduce these and their effectiveness was monitored and regularly reviewed.

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 risks associated with medicines were not always managed to protect people from harm. There were not always enough staff available to meet people's needs. People were protected from abuse and bullying. Risk to people's health and wellbeing was assessed and plans were followed to reduce it.

Is the service effective?

Good

The service was effective
Staff received training and line management to enable them to work with people effectively. They understood how to support people to make decisions about their care and if they did not have capacity to do this then assessments were completed to ensure decisions were made in the person's best interest. People were supported to maintain a balanced diet and to access healthcare when required.

Is the service caring?

Requires Improvement

The service was not consistently caring
People's dignity and privacy were not always upheld. People were supported to make choices about their care. Families and friends were welcome to visit.

Is the service responsive?

Good

The service was responsive.
People and their families were involved in planning and reviewing their care. Hobbies and interests were encouraged and included volunteers to provide some individualised support. Complaints were investigated and responded to in line with their procedure.

Is the service well-led?

Requires Improvement

The service was not consistently well led.
There was not always a shared set of values which promoted dignity and compassion. Some of the quality systems in place were not effective in improving the service. There was an inclusive culture where people were supported to have their voices heard. Staff were confident that they were supported and

listened to by the manager.

Newlands House - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

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

This inspection visit took place on the 13 July and 21 July 2016 and was unannounced. It was carried out by one inspector, an expert by experience and a specialist adviser. The expert by experience had personal experience of using or caring for someone who used a health and social care service. The specialist adviser had professional expertise as a nurse.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us to come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with thirteen people who lived at the home about their care and support and to the relatives of four other people to gain their views. Some people were less able to express their views and so we observed the care and support that they received in communal areas. We spoke with six care staff, one senior carer, the care supervisor, three nurses, the physiotherapist, the deputy manager, the chef and the registered manager. We also spoke

with two healthcare professionals who work with the service. We looked at care records for eight people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed to ensure that people were kept safe from the risks associated with them. The fridge used to store peoples' medicines had a recommended temperature range that should be maintained to ensure that they were effective. Records that we reviewed showed that the daily temperature was out of the range recommended by the manufacturer for the medicines that were stored in it on several occasions. Staff we spoke with told us that they had administered them during this period and medicine administration records (MAR) confirmed this. This meant the provider did not always ensure that medicine was stored safely so that they were effective and safe to administer.

We saw that one person did not receive their medicine as prescribed. Their relative reminded staff at lunchtime that they should have been given it in the morning. When we spoke with the member of staff they said that they had not been made aware that the person's prescription had changed at their handover meeting and they had not noticed it on the MAR. We looked at the MAR and saw that the new medicine was recorded, although there were several crossings out on the MAR. Three relatives we spoke with told us that there had been times when they had needed to intervene to ensure that their relative received the correct medicine. One relative we spoke with said, "There have been a lot of staff changes and although they use regular agency nurses it does mean that they don't know people as well and some mistakes have happened". The registered manager said, "We have really struggled to recruit to nursing vacancies. We have tried to use the same staff regularly to ensure consistency for the people we support but we recognise that this situation has had an impact on them". When we reviewed records we saw that these incidents had not been reported in line with the medicines procedure to investigate errors and near misses. This showed us that the provider did not always have suitable systems to ensure that people received their medicines as prescribed.

This evidence represents a breach of Regulation 12 (g) of the Health and Safety Care Act 2008. (Regulated Activities) Regulations 2014.

We saw that there were not always enough staff deployed in communal areas because people's needs were not always met. There were some people who did not have the physical ability to use a call bell or the verbal capacity to ask for assistance unsupported in the lounge. A relative we spoke with said, "There are often not staff here. One person was recently unwell and I was the only person here who was able to go and find staff to ask for assistance". When we spoke with staff they described the list of tasks that they were following during their shift. One member of staff told us, "At the beginning of the shift we divide the tasks to make sure everyone has the support that they need. It does mean that we don't often have time to sit with people". We saw that staff returned to the staff room when they had completed some tasks to plan the next. One person we spoke with said, "If you are looking for the staff you will find them in there." And they pointed in the direction of the staff room. This meant that the provider did not always ensure that staff were available to meet people's needs.

Staff told us that recruitment procedures were followed when they were employed. One member of staff said, "I sent in an application form and then had an interview. Before I started they took two references; one

from my recent employer and one was a character reference. They also did a DBS check before I started work". The DBS is the national agency that keeps records of criminal convictions. This showed that the provider followed procedures to ensure that staff were safe to work with people.

People we spoke with told us that they felt safe and that they were protected from abuse. One person said, "I do feel safe and the staff make sure that we are well looked after". Another person said, "I have never been bullied here but always respected". Staff we spoke with were able to describe the procedure to keep people safe. One said, "I would tell the senior or the manager if I suspected any abuse; including verbal, physical, financial and emotional". Staff were also able to describe the external organisations that they could contact. We saw that there were safeguarding posters with partner organisations contact details in communal areas. We also saw that people had been supported to complete a dignity tree which had statements on it that showed people were supported to understand their rights. For example, one said 'Please don't preach your views to me' and another said 'I don't like people arguing near me'. We saw that there was a procedure in place for reporting safeguarding concerns and the registered manager explained how they had managed safeguarding incidents in line with it.

People were supported to manage risks to their health and wellbeing to keep them safe. One person told us, "I got stuck in my room a couple of times and so now I wear my call bell on my knee so that I can get staff assistance when I need it". A relative we spoke with said, "They have so much equipment in place to help move my relative safely and also to make sure that their skin doesn't get sore". Staff we spoke with knew what was in people's plans to keep them safe and supported them in line with these. We observed that some people were supported to eat using specialised equipment in line with their risk assessment. One member of staff told us, "People's plans to move them safely hang on the back of their door so that we can check them easily". The records that we reviewed confirmed that risk had been assessed and that staff were following the plans put in place. Staff we spoke with were aware of people's emergency plans and the level of support they would need to evacuate the home. This meant that the provider was assessing risk to people, managing it by taking action to reduce it and monitoring the effectiveness of those actions.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so or themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked to see if the provider was working within the principles of MCA. Staff we spoke with understood about people's capacity to make decisions for themselves and could describe how they supported them to do so. We saw that, when needed, people had mental capacity assessments in place which described what decisions they had the capacity to make. For example, we saw that people had capacity assessments around medical interventions, guards on their beds and taking medicines through a percutaneous endoscopic gastrostomy (PEG). A PEG refers to a flexible feeding tube which is placed through the abdominal wall and into the stomach. When peopledid not have capacity to make decisions then these were made in their best interest with guidance from healthcare professionals and in consultation with people who were important to them. There were DoLS authorisations in place to legally restrict some people's liberty in order to maintain their safety. The registered manager told us, "We continually review how we support some people to make sure that we are doing it in the least restrictive way that we can".

People were supported by staff who had the skills and understanding to fulfil their roles effectively. One person said, "The staff know what they are doing and look after me well". A relative we spoke with said, "They do seem to have a lot of training and are good". Staff told us that they had the training and support that they needed to enable them to do their job. One member of staff described their induction. They said, "I came in for a couple of days before I started for welcome days which included being shown round and I was told about some of the procedures. I was shadowing someone for a week and then they checked that I was happy to do it on my own". Another member of staff said, "When I first started I had some training shifts with senior staff but at the end I didn't feel confident and so I asked for more and this was organised". New staff described the induction training that they had completed. "I have finished the care certificate which was brilliant. It was a lot of information about different subjects which really opened my mind". The care certificate sets out common induction standards for social care staff to enable new staff to provide people with high quality care. Other staff described the ongoing training that they had and one member of staff said, "I have recently updated some of my training. You are always reminded when it is time to and I find it useful because it makes sure we are up to date". Another member of staff described how they had been encouraged to advance their knowledge. They said, "I have become the safe moving instructor so I spend time teaching all new staff before they support people. I then do their annual appraisal and I also have my competence checked annually".

People had enough to eat and drink and were supported with specialist diets when required. One person said, "The food is good and we can choose. Today I am having something different to the main meal". We

saw that specialist diets, such as soft diets, were prepared to meet assessed need. Records of food and fluid taken were maintained for some people who were nutritionally at risk. We saw that some people received their nutrition through a feeding tube or PEG. One relative we spoke with said, "We weren't sure to start with but their weight has increased since using it and so we know they are getting more to eat now". This meant that the provider ensured that people had enough to eat and drink and maintained a balanced diet.

People had their healthcare needs met. One person said, "I see the doctors and nurses whenever I need to". A relative we spoke with said, "They always let me know about hospital appointments and keep them all up to date". A healthcare professional we spoke with said, "We work as a team to make sure that the plans we put in place will work for the person. The staff are very quick to come back and ask for advice if they think that something isn't working". Records that we reviewed showed that people's healthcare was monitored and reviewed. This meant that people were supported to maintain good health and to access healthcare services.

Requires Improvement

Is the service caring?

Our findings

People did not always have their dignity and privacy upheld. We saw that people received personal support to take some medicines in a room which was also used as an office to access care plans. For example, we saw that when one person received an injection there were other staff in the room completing paperwork and the door was open. The room had a glass panel in the door and windows which could be looked in to from the car park. On another occasion we saw a member of staff have a conversation with another member of staff while they were administering medicines through a person's PEG. The person was not included in the conversation and it was not about their treatment. We saw that two other people received therapeutic support in the same room. When we asked about this the member of staff said, "We haven't asked them if it is okay because it is standard practise". We saw that one person was receiving personal assistance in a bathroom with a door open on another occasion. One other person was supported to have a drink by a member of staff who maintained a conversation with another person over their head. They did not speak with the person or maintain eye contact. Records that we reviewed stated that this was how the person liked to be supported. This meant that the provider did not always respect and promotes people's privacy and dignity.

This evidence represents a breach of Regulation 10 of the Health and Safety Care Act 2008. (Regulated Activities) Regulations 2014.

People we spoke with told us that staff were kind and caring towards them. One person said, "Staff are kind to me here and they support me if I'm upset or have a problem". People told us about celebrations and parties, for example for a special birthday. A relative we spoke with said, "My relative is happy here and has their favourite staff that they can have a joke with". Staff we spoke with said that they enjoyed their job and that the home had a family feel. They knew people's personal histories and spoke with them about it or for some people avoided certain topics of conversation that they knew caused them distress.

We saw that people were supported to express their views and make choices about their care. One person had a communication system in place which included using pictures and staff understanding the meaning of gestures. Staff we spoke with could describe what the person was communicating and how they supported them to make choices. Other people had used advocates to assist them to express what decisions they wanted to make; for example, about medical treatment. An advocate is a person who is independent of the home who supports a person to share their views and wishes.

People had their rooms decorated individually and chose décor that reflected their interests and personalities. They chose seats in the dining room and had their belongings around them to personalise their space.

People told us that their families and friends were welcome to visit at any time. One person said, "My family visit whenever they want and if they can't pop in then they phone and stay in touch that way". A relative we spoke with said, "I can visit whenever but recently I haven't been able to as much and so I call and they let me know how my relative has been which stops me worrying". Some family members were volunteering in

the home; for example, one relative was running a snack shop and the funds from this enterprise helped support people to attend activities of their choice.

Good

Is the service responsive?

Our findings

People were encouraged to pursue interests and hobbies. One person said, "We do lots of activities and I am going to go bowling this week with my friends". Another person said, "There are lots of activities planned and we also get to plan what we want to do. We are planning some theatre trips at the moment which I love". We saw that some people went sailing and when they returned they indicated that they had enjoyed it using gestures. We also saw that there were organised activities during the week that some people chose to participate in. One person said, "I did music this morning and it was really fun". One relative told us, "My relative loves the activities and spends all week doing them and they do miss them at weekends". One person we spoke with said, "There are things on every day but I prefer to spend quiet time with my friend. I do have a manicure once a week though". There were pictures on the wall to let people know what activities were planned and which staff were supporting them. We also saw that there were some volunteers who spent time with people in an individual basis doing activities of their choice.

Staff knew people well and could describe their likes and dislikes. We observed that one person met a member of staff's eyes and pointed at the television. The member of staff went through a selection of channels until the person nodded. They told us, "They enjoy lively action programmes". Staff told us that although they had a list of tasks to complete for each shift there was flexibility within that to meet individual's preferences. One member of staff said, "One person wanted a lie in this morning so we re-organised the plan for the shift so that we can go back to them later to help them to get up". They knew what was in people's care plans and one member of staff told us, "We do get time to read the care plans and if we notice any changes we report them so that the care plans can be reviewed". A healthcare professional we spoke with said, "Their documentation is really good and I can sometimes find the answers to my questions by reading the plans before I speak with people. They also have good handovers where they discuss any issues that people have". We observed a handover and information about individuals was shared to ensure that the next team knew about any changes so that they could meet people's needs.

People and their relatives were involved in planning and reviewing people's care. One person told us, "We always discuss how I want my care to be done and what I want to plan for the future, like holidays". One relative we spoke with said, "We have recently had a review and have had one at least once a year since my relative came here". Records that we looked at confirmed that plans were regularly updated to reflect people's changing needs and what outcomes they wanted to achieve.

People and their relatives knew how to raise any concerns or complaints that they had. One person told us, "I haven't had to complain but I would speak with the staff or managers any time that I do". A relative said, "The manager has been very open with me about some recent issues" and another relative said, "The manager has listened respectfully to any problems". The provider had a procedure in place to deal with complaints and we saw that any received were managed according to this. We saw that actions were taken to avoid the situation occurring again.

Requires Improvement

Is the service well-led?

Our findings

The values of the service did not always include dignity, respect and compassion. At times, we saw that the culture of the staff team meant that people's needs were not met in a dignified way. When we spoke with the registered manager they described the difficulties they had faced in recruiting new staff and felt that this had impacted on the quality of the service. They also recognised that the distinct staff roles could influence the culture and shared values. They said, "We have made a lot of changes in the past year and recognise that it is a work in progress. I know that we need to review some of the structure to ensure that we create a culture that focuses on people's emotional needs as much as their physical needs".

We saw that the provider did not have a system in place to check the amounts of medicine that they stored in the home. Staff we spoke with were unaware of the quantity of medicines that were in the storage facilities. This meant that the provider did not have the control systems in place to be able to check that people had their medicines as prescribed and they could not be sure that the medicines prescribed to people would still be available to them if they were needed. On the second day of the inspection these errors had been addressed and the quality procedure had been altered to include implementing observations to check the competency of agency staff. This showed that the provider was responsive in addressing errors which had been highlighted.

Other quality audits included checks by managers who were external to the service. The registered manager told us, "As a new manager I have really valued some of the support I have received from the organisation to review the service so that I can start to make the changes we need". One healthcare professional we spoke with said, "The provider is honest about any issues that they have and the registered manager works in partnership to resolve them".

People and staff told us that there was an inclusive culture and they felt listened to. One person we spoke with was supported to show us minutes from resident's meetings and to tell us about some of the changes they had made. These included changes to the menu and getting involved in staff recruitment. The registered manager said, "We used an independent advocate to set the group up to help everyone to have a voice". Another person told us how they were writing a distributing a regular newsletter. They said, "This newsletter lets everybody know what we have been up to lately".

Staff we spoke with told us that they were confident that they would be listened to if they had any concerns. One member of staff said, "I was told about whistleblowing on my welcome day and have been reminded about it since. It makes me fell one hundred per cent confident that the managers would listen. They are very approachable and I know that any concerns would be dealt with in a professional manner". Whistle blowing is the procedure for raising concerns about poor practice and this showed that staff and the manager understood it. We saw that there was a whistleblowing policy in place to support them. Staff also told us that there were regular team meetings and appraisals to support them. One member of staff said, "A list goes up a week before a meeting which gives us the chance to make suggestions about what we want to discuss".

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.

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 10 HSCA RA Regulations 2014 Dignity and respect Regulation 10 people were did not always have their privacy and dignity respected.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12(g) Medicines were not always managed safely to ensure they were safe and effective for people.