

Uday Kumar and Mrs Kiranjit Juttla-Kumar

Newlands Residential Home

Inspection report

2 Wellington Parade
Walmer
Deal
Kent
CT14 8AA
Tel: 01304 368193

Date of inspection visit: 18 & 22 June 2015
Date of publication: 14/08/2015

Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

The inspection took place on 18 and 22 June 2015 and was unannounced.

Newlands Residential Home provides care for up to 17 older people some of whom may be living with dementia. The service is situated on the seafront at Walmer, near Deal, with accommodation on two floors. On the days of our inspection there were 13 people living at the service.

The service was run by a manager who was present on the second day of the inspection. The service had been without a registered manager for over four years. A registered manager is a person who has registered with

the Care Quality Commission (CQC) 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. The registered person was present on both days.

We last inspected Newlands Residential Home in December 2014. On 13 March 2015 we wrote to the registered person with a copy of the final report and requested that they complete an action plan, to address

Summary of findings

the breaches of regulations, and return the action plan to CQC by 27 March 2015. The registered person did not complete and return the action plan. On the first day of our inspection we asked the registered person to show us the CQC action plan and he was not able to produce it. On the second day of our inspection the registered person showed us an action plan with estimated start dates and completion dates to address the breaches in the regulations. This action plan did not address all of the shortfalls highlighted in the CQC report of December 2014.

The registered person did not financially invest in improving the service. The registered person's lack of investment prevented the manager and staff putting the needs of people first and improving the quality of the service. The registered person did not consistently ensure that the manager had access to sufficient petty cash to enable them to make any urgent payments if the need arose. There was a lack of empowerment for the manager and staff and staff were unhappy and felt they were unsupported by the registered person. Staff did not trust that the registered person would do the things he said he would.

The environment was not adequately maintained inside and out. Painting had been started on the outside of the building but then stopped. Some areas inside had been painted. There was no clear plan of when this work would be completed or who was going to do it. People were at risk of not being moved safely because they did not have slings that they had been individually assessed for. Slings are specialist equipment that staff used with a hoist to help people move safely. Each person should have an individual sling that specifically meets their needs, size and weight and that they had been assessed for, so that it was safe.

Fire doors were not all working properly. We have reported our concerns to the local fire and rescue service. There were procedures in place for emergencies, such as, gas / water leaks.

People said and indicated that they enjoyed their meals. People were offered and received a balanced and healthy diet. They had a choice about what food and drinks they wanted. If people were not eating enough they were seen by dietitians or their doctor and supplement nutrition was provided.

The registered person did not ensure that sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed. Relatives said there were not enough staff. We reviewed the staff rota from 18 May 2015 to 14 June 2015 and 11 of the 28 days the manager was the third member of care staff on 'the floor' which meant that they were not able to keep up to date with their management duties, such as, staff appraisals. Staff said they would like to be able to spend more time with people. There was no contingency plan in place to cover staff shortfalls like sickness and the shortfall of staff on the first day of our inspection.

People told us they felt safe living at the service. Staff understood the importance of keeping people safe. Risks to people were identified and staff had the guidance to make sure that people were supported safely and that risks were reduced or eliminated. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines.

Recruitment processes were in place to make sure that staff employed were of good character and safe to work with people. The manager kept a schedule of training to make sure staff had the skills and knowledge to carry out their roles. An online training system was used and training credits needed to be purchased for each course. The registered person failed to provide the manager with enough money to ensure sufficient credit was purchased for staff to complete their training. Staff were not consistently being paid correctly. On 19 June 2015 some staff had not been paid for the correct number of hours they had worked. Other staff had not been paid the annual leave hours they were due to be paid.

The manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made when this was in their best interests. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager was aware of a judicial review which widened and clarified the definition of a deprivation of liberty.

Summary of findings

People and their relatives were happy with the standard of care at the service. People were involved with the planning of their care. The manager assessed people's needs before they moved into the service to make sure their needs could be met. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People's health was monitored and staff worked closely with health and social care professionals to make sure people's health care needs were met. Staff were kind, caring and compassionate and knew people well. People were encouraged to stay as independent as possible. People received consistent and personalised care and support. Care plans were kept up to date to reflect people's changing needs and choices.

There was a complaints system and people knew how to make a complaint. Views from people and their relatives were taken into account and acted on.

The range of activities was limited and people said they would like to do more. Staff were aware of people who chose to stay in their rooms and were attentive, when they had time, to prevent them from feeling isolated.

The manager coached and mentored staff through regular one to one supervision meetings. The manager had an open door policy and worked with the staff each day to maintain oversight of the service. Staff said that they were well supported by the manager.

There were systems in place to monitor the quality of the service. The manager had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of condition imposed on registration contrary to Section 33 of the Health and Social Care Act 2008. We are taking enforcement action against Uday Kumar and Kiranjit Juttla-Kumar to protect the health, safety and welfare of people using this service.

Summary of findings

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 safe.

The registered person did not ensure that sufficient numbers of suitably qualified, competent, skilled and experienced staff were employed and deployed.

The environment was not adequately maintained inside and out. Some of the equipment people needed was not available.

Risks to people were identified and staff had the guidance to make sure that people were supported safely. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

The registered person had recruitment and selection processes in place to make sure that staff employed were of good character and safe to work with people.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines.

Inadequate



Is the service effective?

The service was not effective.

Staff had not all received the training they needed. Access to training was not consistent. Some training was out of date and some had not been completed at all. The registered person failed to provide the manager with enough money to ensure sufficient credit was purchased for staff to complete their training on-line.

Staff had a good understanding of people's needs and preferences and knew people well. The manager held formal one to one supervision meetings with staff to monitor staff competencies and skills.

People's rights were protected because assessments were carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

People's health was monitored and staff worked closely with health and social care professionals to make sure people's health care needs were met. People's nutritional and hydration needs were met by a range of nutritious foods and drinks.

Requires improvement



Is the service caring?

The service was not consistently caring.

Requires improvement



Summary of findings

Staff were task focussed and did not have time to sit and talk with people or focus on their well-being because there weren't enough staff on duty.

Staff were patient, kind, caring and compassionate. Staff understood and respected people's preferences and individual religious and cultural needs.

People were encouraged and supported to maintain their independence. Staff promoted people's dignity and treated them with respect.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

Is the service responsive?

The service was responsive.

The range of meaningful activities was limited and people said they would like to do more. Staff were aware of people who chose to stay in their rooms but did not have time to spend with them.

People received consistent and personalised care and support. Care plans were kept up to date to reflect people's changing needs and choices.

There was a complaints system and people knew how to make a complaint. Views from people and their relatives were taken into account and acted on.

Requires improvement



Is the service well-led?

The service was not well-led.

People were not experiencing care from a registered person who understood that they needed to promote and improve the quality of the service that people received.

The manager and staff had made some improvements but were restricted because they were not supported financially or personally by the registered person. The registered person did not consistently ensure that the manager had access to sufficient petty cash to enable them to make any urgent payments if the need arose.

There was no registered manager in post. The manager was in the process of registering with the Care Quality Commission.

The manager led the staff in providing compassionate and sensitive care for people but was not able to keep up to date with their management duties because they had to cover shortfalls of care staff.

The manager completed regular audits on the quality of the service. The manager analysed their findings, identified any potential shortfalls and took action to address them.

Inadequate



Newlands Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered person 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.

The inspection took place on 18 and 22 June 2015 and was unannounced. The first day of the inspection was carried out by two inspectors and the second day by one inspector. We normally ask the registered person to complete a Provider Information Return (PIR). This is a form that asks the registered person to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not ask the registered person to do this because we were following up on shortfalls highlighted during the last inspection in December 2014. We reviewed information we held about the service and looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We met and spoke with eight of the people living at the service. We met three relatives who were visiting. We spoke

with four care staff, kitchen staff, the manager and the registered person. During our inspection we observed how the staff spoke with and engaged with people. Some people using the service were not able to talk with us because of their health conditions so 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 looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans and associated risk assessments. We looked at a range of other records, including safety checks, four staff files and records about how the quality of the service was managed.

We last inspected Newlands Residential Home in December 2014 when a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were identified.

At this inspection we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of condition imposed on registration contrary to Section 33 of the Health and Social Care Act 2008. We are taking enforcement action against Uday Kumar and Kiranjit Juttla-Kumar to protect the health, safety and welfare of people using this service.

Is the service safe?

Our findings

People were not supported by enough suitably qualified, competent, skilled and experienced staff. People told us that they had to wait to be supported to use the bathroom. A relative commented, “Unfortunately some staff have left. I worry that that there are not enough staff when (my relative) needs the toilet. There just isn’t enough of them”.

We reviewed the staff rota from 18 May 2015 to 14 June 2015 and noted that some staff had worked for seven, eight and even twelve consecutive days. Some days showed that there were two care staff and a senior on duty in the morning and other days only showed one care staff and a senior. On 11 of the 28 days the manager was the third member of care staff on ‘the floor’ which meant that they were not able to keep up to date with their management duties. There was no contingency plan in place to address emergency staff absences, such as illness.

Staff told us that there were two people who needed two staff to support them with their mobility or transferring from their bed to the bathroom or to a chair. The registered person said, “At the moment we are using the manager on the floor as care staff. This is for financial reasons” and “The cleaner is also a carer and she helps at lunchtime. If there is an emergency she will stop cleaning and care. When our occupancy goes up we will look at it again”. At the time of the inspection the cleaner had not received training on health and safety, moving and handling, diabetes awareness, food hygiene or dementia. On the first day of the inspection the manager was not present leaving only two care staff on duty. People were at risk of not receiving the care and support they needed at the time they needed it because the registered person had not arranged for the manager to be covered so there was only one care staff and a senior covering the morning shift in addition to a cook and a cleaner.

People were at risk of not receiving the care and support they needed. One person had been seen in May 2015 by a GP and had noted, ‘Needs stimulation and one to one time every day’. There were not enough staff on duty to provide this one to one support.

During our observations at lunchtime staff were not in the dining room for twenty minutes because they were supporting other people in their bedrooms. Some people

were at risk of falling or choking and the staff were not there to take action in an emergency. During this time the registered person sat in the office eating lunch and did not work with staff.

One member of staff had previously been preparing people’s tea / supper and spending time with people to do activities but they had recently been moved to covering night shifts. Other care staff were now having to organise the afternoon food. People told us that they would like to be doing more activities but there were not enough staff to spend time with people on a one to one basis and to facilitate activities. Staff told us that they would like to be able to spend more quality time with people but that there were not enough of them to do this. The manager completed a monthly report which was sent to the registered person. The reports at the end of March 2015 and the end of May 2015 both noted, ‘More staff needed’.

Since our inspection the Local Authority have visited the service to review people’s safety, and care and support needs and have highlighted their concerns with the registered person regarding the lack of staff.

The registered person did not ensure that sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed. This is a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in December 2014 one person had a broken window in their bedroom. In March 2015 the manager informed us that the window had been fixed. In April 2015 we received information that the window had completely come away and had fallen into the courtyard below and this was confirmed by staff. The courtyard was used by people and staff as a smoking area. Nobody was in the courtyard when the window fell. On the first day of the inspection the window in the bedroom had still not been replaced. There was a secondary sliding glass window which stopped the room being exposed to the elements. On the second day of the inspection a new frame had been fitted and the registered person was waiting for the glass to be fitted.

At the last inspection in December 2014 the service did not have all the equipment needed to make sure people were kept as safe as possible and receive the care and support they needed. Some people needed specialist equipment called slings that staff used with a hoist to help people

Is the service safe?

move safely. Each person should have an individual sling that specifically meets their needs, size and weight and that they had been assessed for, so that it was safe. People were at risk of not being moved safely because they did not have the right slings that they had been individually assessed for.

People were at risk of not being moved safely because they did not have the right slings that they had been individually assessed for.

At the last inspection in December 2014 the seal was broken on the large freezer in the laundry room. At this inspection the freezer had not been replaced. Staff told us that they monitored the temperature of the freezer but had to regularly scrape ice off around the seal. One edge of the lid of the freezer had the metal casing missing and the insulation was exposed.

Two fire doors were not working properly. One fire door had a magnetic device at the top which should be deactivated by a switch on the wall. This magnet was not working, the wooden door was rotten and so the door was not secure and people may not be protected from the risk of intruders. Another fire door had a magnetic device and a 'push bar' to open it. The magnet and switch were in working order but the lock of the door did not clip into the recess so the door was only secured by the magnet. We reported our concerns to the local fire and rescue service.

The registered person had not ensured that the premises and equipment were safe to use for their intended purpose. This is a breach of Regulation 12(1) and (2)(d)(e) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person commented that "Significant improvements" had been made on the environment since our inspection in December 2014.

At the last inspection in December 2014 the décor in parts of the service was old and faded. Paintwork was chipped and there were water stains in various areas where there had been leaks. The leaks had not been repaired. At this inspection paintwork was still chipped. Water stains had been painted over and the registered person told us that the roof leak had been fixed.

People were not living in a service which was properly maintained. At the last inspection in December 2014 the outside of the building was in need of attention. Paintwork

was flaking, wood exposed and guttering missing. Some of the guttering had been replaced. Painting on the outside of the building had been started but had stopped. The registered person said that this was because, "We had the cooker blow so we had to replace the cooker. It's a catch 22 and I get money put aside then something comes in that needs paying". A relative commented, "It's the owner, he just won't pay out money – look at the outside. He takes forever to mend things".

The registered person had not ensured that the premises were properly maintained. This is a breach of Regulation 15(1)(a)(b)(c)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe living at the service. One person said, "Oh yes, I feel safe here". A relative said, (My relative) is very safe here. She does get anxious but staff reassure her". Another relative commented, "She is safe here. I don't need to worry about her safety".

At our last inspection in December 2014 people, relatives and staff told us that the inside and outside of the service was in need of repair and decoration. One of the bedrooms had an offensive odour coming from the carpet. At this inspection this bedroom had linoleum in place and the room smelt fresh.

At the last inspection in December 2014 the floor tiles in the laundry room were cracked and difficult to keep clean. There were exposed pipes where concrete had fallen away from the wall. At this inspection the floor tiles had been replaced and the exposed pipes had been boxed in.

At the last inspection in December 2014 the registered person did not have weighing scales at the service and people who needed their weight monitored were not being weighed. At this inspection there were weighing scales at the service and people who needed to have their weight monitored were being weighed.

People were protected against the risk of receiving unsafe or inappropriate care and treatment. At the last inspection in December 2014 risks to people had been identified and assessed but guidelines to reduce risks had not been consistently followed. At this inspection when people were identified as at risk from things such as choking or falling over there was information available for staff on how they should prevent this happening and also what to do if someone choked or fell.

Is the service safe?

Risk assessments were in place and applicable for the individual person. When people were at risk of developing pressure sores there was guidance for staff on how to reduce these risks. Special equipment, such as, pressure cushions and mattresses were used to help protect people's skin. Staff followed guidance when using special creams and this information showed where on the body the creams should be applied and how often. This helped to make sure that people's skin was kept as healthy as possible.

The manager made sure that all staff were safe to work with people. The registered person had policies and procedures in place for when new staff were recruited. At the last inspection in December 2014 these had not been consistently followed. At this inspection the procedures had been followed. Prospective employees completed an application form, provided proof of identity and had a formal interview as part of the recruitment process. Notes were made during the interview and kept in staff files. References had been obtained. Checks had been completed with the Disclosure and Barring Service (DBS) to make sure potential staff were suitable to work with people living at Newlands Residential Home. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. When it had been identified that staff had a conviction this was discussed and assessed to minimise the risks to people. Gaps in employment history had been explained and recorded.

Staff understood the importance of keeping people safe. All the staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. There were systems in place to keep people safe including a policy and procedure which gave staff the information about what to do if they suspected any incidents of abuse. Staff were aware of the whistle blowing policy and the ability to take their concerns to agencies outside of the service. If any concerns were raised with the manager, staff felt confident that action would be taken.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. There were policies and procedures in place to make sure that people received their

medicines safely and at the right time. Staff who administered medicines had received training for this role. Medicines were administered from a medicines trolley which was stored securely. Some medicines needed to be stored in a medicines fridge. The fridge temperatures were checked daily to ensure medicines were stored at the correct temperatures. The area which stored the medicines was temperature checked each day. On the first day of our inspection the temperature had been noted twice at 26 degrees over the previous four weeks which is too high for some medicines. The manager took corrective action and, on the second day of the inspection, the trolley had been moved to a secure site on the other side of the room and out of direct sunlight. The manager had discussed the temperature of the storage area with a local pharmacy and had put a sign on the medicines trolley to give guidance to the staff of the acceptable temperature range and what to do if the temperature fell outside this range. The manager completed regular medicines audits and if any shortfalls were identified these were addressed with the staff. An audit of medicines, including stock and quantities, was completed by a local pharmacy in May 2015 and they had noted, 'Overall everything was very clean and tidy, kept in an orderly manner almost to perfection'.

There were systems in place to monitor and analyse any accidents and incidents that happened in the service. The manager analysed these to check if there were any identifiable themes or patterns which were contributing to the accidents, and if there was any action which could be taken to reduce the risks. When a pattern had been identified the manager referred people to other health professionals to minimise risks of further incidents and to keep people safe. One person had recently been referred to the Intermediate Care Team for an assessment.

There were procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Staff were clear of what to do in the case of an emergency. Staff explained that the senior person on duty would pick up a 'grab file' which contained important information for each person living at the service, for example, their medicines, communication and mobility needs.

Is the service effective?

Our findings

People and their relatives said that they received good, effective care and support. They felt that the staff were knowledgeable and had the skills to meet their health care needs. We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs.

The majority of the training that staff received was completed on-line via a computer. This system involved the registered person buying credits so that staff could access the training. At the last inspection in December 2014 the registered person had failed to buy enough credits so staff had not been able to complete the training they needed. At this inspection some staff had completed training where there had previously been a shortfall. However, there were still gaps in staff training. For example, three staff had not completed health and safety training, one staff had not completed the moving and handling training, five staff had not completed infection control training and two staff had not been trained on fire awareness. The manager had noted in the monthly reports to the registered person in March, April and May 2015 that training credits were needed. There was a risk that people were being supported by staff who were not adequately trained, for example, the cleaner assisted with moving people but had not been trained to do this.

The registered person had not ensured that staff had the appropriate training to enable them to carry out the duties they were required to perform. This is a breach of Regulation 18(1)(2)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The manager had an open door policy and liaised with staff each day to keep an overview of the service. The manager coached and mentored staff through regular one to one supervision meetings. However, the manager had been unable to keep up to date with annual appraisals because she had to cover staff shortfalls. Staff told us that they undertook regular formal supervision with their line manager and were able to discuss matters of concern and interest to them on these occasions. The manager held regular staff meetings which highlighted any policy and procedural changes and reminders about the quality of the

care delivered. Staff told us that, when they raised any concerns, that the manager took them seriously and was supportive. Staff said they did not feel the registered person listened to or acted on their concerns.

Staff had an induction into the service when they first began working at the service. Staff initially shadowed experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively. Following a service specific induction, two new staff had started to work towards The Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their working life and aims to ensure that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The manager and staff had knowledge of the Mental Capacity Act 2005 (MCA). When people were unable to give valid consent to their care and support, staff acted in accordance with the requirements of the MCA. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. When people were not able to make major decisions, staff spoke with relevant people such as GP's and relatives to ensure that decisions were being made in the person's best interests. When people had made advanced decisions, such as 'Do Not Attempt to Resuscitate', this was documented and kept at the front of people's care plans so that the person's wishes could be acted on.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The manager was aware of the recent judicial review which made it clear that if a person lacking capacity to consent to arrangement for their care is subject to continuous supervision and control and is not free to leave the service, they are likely to be deprived of their liberty. The manager had applied for and obtained DoLS authorisations when it was necessary to restrict people for their own safety and these were as least restrictive as possible.

Is the service effective?

People were encouraged and supported to have sufficient to eat and drink and to maintain a balanced diet. People and their relatives were offered choices of hot and cold drinks throughout the day to reduce the risk of dehydration. People were offered choices of home cooked meals each day. Tables in the dining room were laid with tablecloths, placemats, napkins, condiments and fresh flowers. Some people needed specially adapted cutlery so that they could continue to eat independently and this was provided. People's choices of where they wanted to eat were respected by staff. Some people preferred to eat in their own room and others preferred the lounge or dining room. When we asked people about their meals their comments were positive. Regular food quality audits were carried out and comments about the food from people included, "It's all very good", "Plenty. More than enough" and "I like to eat".

We observed a lunchtime meal and people enjoyed their food. There was a relaxed atmosphere. People told us, "The food is nice and I have plenty" and "I love my puddings, they are going to save me some of my favourite for tomorrow".

Kitchen staff told us how they managed people's nutritional requirements. They knew people's particular food likes and dislikes and explained that some people had specific dietary requirements which they took into account, such as, soft food diets or low sugar diets. There was clear information about people's specific needs in the kitchen and this was regularly reviewed and updated.

Staff knew people well and knew people's preferences in how they liked to be supported and cared for. Staff had good knowledge of people's physical, emotional, medical and social care needs. Care plans were reviewed for their effectiveness and reflected people's changing needs. People maintained good physical and mental health because the service worked closely with health and social care professionals including: doctors, dentists and community nurses. People were weighed on a regular basis and any fluctuation in weight was noted and acted on. People's health was monitored and care provided to meet any changing needs. When people's physical and/or mental health declined and they required more support the staff responded quickly. People had access to health care professionals, like diabetic nurses and speech and language therapists, to meet their specific needs.

Is the service caring?

Our findings

People were happy living at the service and said that they were well cared for. One person told us, “The care I receive is good. I am treated well”. A relative said, “(Our relative) likes being here. The carers are really good and kind. I wouldn’t criticise the care” and another commented, “The staff are very caring”.

Staff were task focussed and did not have time to sit and talk with people or focus on their well-being because there weren’t enough staff on duty. Staff had to go from one task to another to make sure people’s fundamental needs were met. For example, administering medicines, making drinks and supporting people to go to the bathroom.

People were supported to express their views and were supported in the way that they preferred and suited them best. Staff explained to people what they were going to do and asked them if that was alright. Staff were discreet and sensitive when supporting people with their personal care needs. Personal care was given in the privacy of people’s bedrooms or bathrooms. People said they were involved in making decisions about their care and support. People discussed aspects of their care with staff. Care plans were signed by people to confirm that they had been involved in and agreed with their plan of care. Care plans and associated risk assessments were stored securely, to protect people’s confidential information, and located promptly when we asked to see them.

People were relaxed in the company of each other and staff. Staff knew people well. Staff displayed caring, compassionate and considerate attitudes towards people and their relatives and they were sensitive to people’s needs. Staff had knowledge of people’s backgrounds and life histories, needs and likes and dislikes. Staff communicated effectively with people, using their preferred names, in a way they could understand. Some people were not able to communicate verbally and staff used a book of pictures to make sure they understood what the person needed. Staff had developed trusting relationships with people and understood and respected confidentiality. Staff supporting people were patient and had a friendly approach and showed consideration towards people. When staff had time they chatted with people and their relatives. Staff spoke with people in a sensitive and kind way.

People’s religious and cultural needs were respected. Care plans showed what people’s different beliefs were and how to support them. People’s preferences and choices for their end of life care were recorded and kept under review. Staff recorded people’s and their relative’s wishes in an ‘end of life care plan’ to ensure people had dignity, comfort and respect when they were nearing the end of their life. This also included people’s physical and medical needs and what staff should do to promote people’s emotional well-being.

People were able to move freely around the service and spend time in communal areas or in their rooms. Staff provided positive support and encouragement when assisting people to move around the service. Staff told us that visitors were welcome at any time. During our inspection there were a number of friends and relatives who visited. They told us that they visited whenever they wished. Staff were welcoming and polite and spent time updating people about their relatives. Relatives spoke highly of the level of care their loved ones received.

People were encouraged to stay as independent as possible. Individual care plans gave staff guidance of what people could do for themselves; what assistance was needed and how many staff should provide the support. Staff told us how they supported people to maintain their dignity, privacy and confidentiality. Staff knocked on people’s bedroom doors and waited for signs that they were welcome before entering people’s rooms. They announced themselves when they walked in, and explained why they were there. People were clean and smartly dressed and their personal hygiene and oral care needs were being met. People’s nails were trimmed and gentlemen were neatly shaved. This helped to promote people’s personal dignity.

The manager showed us a number of thank you cards and letters received from people’s friends and relatives. One recent letter noted, “My husband and I, as you know, visit (our relative) in your care, feel we must put it on record our appreciation of all the wonderful care you have given to her in all respects, by you and all your staff. Your staff make us feel most welcome on arrival each time, and with an offer of tea and cake. Please rest assured we are satisfied in all matters. Many, many thanks to you all”.

Is the service responsive?

Our findings

People felt they were supported in a way that met their personal needs. Staff were aware of people's needs, however, were not always able to respond in good time. For example, people sometimes had to wait to be supported to go to the bathroom. People and their relatives told us that an assessment of their needs was completed when they were considering moving into the service. The care plans showed that a pre-assessment was completed when a person was thinking about using the service. This was used so that the manager could check whether they could meet people's needs or not. Relatives told us that staff kept them up to date with any changes in their relative's health.

People said they would like to be able to do more activities and go out more. An activities corner had been created in the dining room and drawings by people were displayed on the wall. Music therapy sessions were offered every fortnight and there were photographs on the wall showing people smiling and enjoying these sessions and using tambourines and maracas. People had celebrated their birthdays with friends and family and the manager had organised parties in the garden. When staff had time they sat with people to do jigsaws which people said they enjoyed. One person told us that staff had supported them to go for lunch in a local pub and that they had enjoyed it very much. Staff were trying to support more people to go into the community but were often doing this in their own time. The manager told us that they were planning to take people to the local carnival again this year. One staff had been spending time with people and doing activities but they had been moved to night shifts and so this no longer

happened. A relative said, "The manager has tried to put in activities but they could do more". Staff were aware of people who chose to stay in their rooms and were attentive to prevent them from feeling isolated.

Each person had a detailed, descriptive care plan which had been written with them and their relatives. Care plans contained information that was important to the person, such as their likes and dislikes, how they communicated and any preferred routines. Plans included details about people's personal care needs, communication, continence needs, health and mobility needs. When people's needs changed the care plans were updated to reflect this so that staff had up to date guidance on how to provide the right support and care.

People and relatives told us that they would talk to the manager or staff if they had any concerns and felt that they would be listened to. A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. There was a complaints procedure on the notice board for people, relatives and anyone else who visited the service. When people began using the service they were given a 'service user guide' which contained a copy of the complaints procedure. Staff told us that they were aware of their responsibilities when dealing with comments and complaints. When a complaint had been received the manager had taken action to investigate and resolve the concern. A complaint had been received regarding the food being poor at weekends. The manager had addressed this with the staff involved and carried out checks and observations at weekends to ensure this improved. One person said, "The food is much better now. There were times when it wasn't great but it is always good now".

Is the service well-led?

Our findings

On 13 March 2015 we wrote to the registered person with a copy of the final report and requested that they complete an action plan, to address the breaches of regulations, and return the action plan to CQC by 27 March 2015. The registered person did not complete and return the action plan. We asked the registered person to show us the action plan and he was not able to produce it. On the second day of our inspection the registered person showed us an action plan with estimated start dates and completion dates. This action plan did not address all of the shortfalls highlighted in the CQC report and all the start dates, except for two, were from July to September 2015 so had not yet been started.

The registered person had consistently not complied with the conditions of their registration because they had failed to appoint a registered manager to manage the service. The registered person was fully aware of their responsibility to have a registered manager because it was recorded on their registration certificate dated 29 September 2010. When we previously inspected the service we recorded in the summary of the report that there was no registered manager in post. We have previously taken action against the registered person for having no registered manager. This action was withdrawn when a manager made an application to be registered with CQC. This application was subsequently rejected. At our last inspection in December 2014 there was no registered manager in post and we reported that this was a breach of regulation.

An application had been received by the Care Quality Commission (CQC) to change from a partnership to a limited company and an application for a registered manager for the limited company had also been received.

At this inspection the registered person had failed to have a registered manager in post. This was a breach of condition imposed on your registration contrary to Section 33 of the Health and Social Care Act 2008.

There was a manager at the service who had been in post since August 2014. The manager was not able to develop and improve the quality of the service delivered as they did not receive the financial and personal support they needed from the registered person. The manager was not able to complete their management tasks because they had to cover for absent care staff, for example, staff appraisals had

not been completed. All of the necessary improvements to the environment had not been made and the service did not have all the equipment needed to make sure people's needs were met. Some of the improvements that had been made had been completed either by the staff or by their relatives. Improvements had been done on an ad-hoc basis and there was no clear plan of what was still in need of completion and when it would be finished. One member of staff said, "The owner will do something, like he bought the new cooker, and we all think things are going to improve. But then that's it, nothing else happens".

Staff told us that they were not always paid on time and that their wages were often paid short. A relative said, "The staff have told us that they haven't always been paid". Staff requested a meeting with the registered person in April 2015 to ask why they did not receive their full wages. The local authority representative asked if they could attend the meeting and the registered person said that they could not.

The registered person did not promote a positive culture amongst the staff which was open, inclusive and empowering. The manager asked staff to complete quality assurance questionnaires to ensure staff were listened to and to identify areas for improvement. These comprised of a series of statements which staff ticked to agree or disagree. There was space for staff to add comments if they wished to do so. One question was 'Do I feel supported by the manager and the organisation'. Written comments from staff were positive about the manager's support but negative about the registered person. Comments included, "My manager is very supportive, not so the employer", "By manager" and "Manager yes, organisation no". Staff told us that they didn't trust the registered person and they felt he did not take the action to improve the service for the people who lived there.

On the first day of our inspection we asked the registered person if staff were going to be paid correctly and on time the following day. The registered person said, "Yes. Despite the constraints; there have been issues. I have addressed it and fixed it". On the second day of the inspection we asked the registered person if all the staff had been paid correctly and on time. The registered person said, "Yes". During the inspection we spoke with staff and some staff had not been paid for the correct number of hours they had worked. Other staff had not been paid the annual leave hours they were due to be paid. One member of staff had recently

Is the service well-led?

resigned 'due to the conditions at Newlands'. There was a risk that more staff would leave because they did not have confidence in the registered person and because they were not being paid correctly and on time.

On the first day of our inspection we asked the registered person if the service had a petty cash system in place. He told us, "I give the manager whatever is required". On the second day of our inspection we checked the petty cash tin, it contained 35 pence. The registered person responded, "I need to do that". When we left the service no petty cash had been put in place to enable the manager to make any urgent payments if the need arose. The manager completed a monthly report which was sent to the registered person. In the manager's report for March 2015 and May 2015 it was highlighted that 'Petty cash needs to be provided regularly not in drips and drabs' and 'Petty cash needs to be provided on a regular basis'.

Environmental audits were carried out to identify and manage risks and any areas of concern were escalated to the registered person for action. The registered person did not take prompt action to resolve concerns that were raised. Some concerns had repeatedly been brought to the registered person's attention, for example, smoke detectors needing to be purchased, windows and carpets in need of replacing, paving slabs at the staff entrance in need of replacing and the redecoration of the interior and exterior of the building. These issues had not been addressed.

The Local Authority had regularly visited the service and highlighted their concerns regarding the environment with the registered person. The outcome of these visits was that a 'sanction' was imposed to stop the registered person admitting any more people into the service until their concerns were addressed. At the time of our inspection the Local Authority were still not allowing people to be admitted.

The registered person did not consistently assess, monitor and improve the quality and safety of the services. The registered person did not provide any plans that the registered person had for improving the standard of the services provided to service users with a view to ensuring their health and welfare following the inspection in December 2014. This was a breach of Regulation 17(1) and (2)(a)(b)(e) and (f) and (17)(3)(a) and (b).

People knew the manager and staff by name. People and staff felt that the service was well led by the manager on a

day to day basis. Staff told us that they actively took part in staff meetings and that records were kept of meetings and notes made of any action needed. When lessons could be learned from concerns, complaints, accidents or incidents these were discussed.

The manager carried out regular quality audits with people. When people made any negative comments these were followed up and addressed so people's comments were listened to and acted on quickly. One person had indicated on a questionnaire that they weren't completely happy with the food and the manager spoke with them to see if there was any action they could take to improve this for them. The manager ascertained that this person didn't like a certain vegetable so this was taken into account and the cook was notified. Another person had concerns that they didn't always get their clothes back from the laundry in a timely manner. The manager spoke with the staff and reminded them of the processes. Ten days later the manager carried out a further quality audit with the person to specifically check that improvements had been made. The person said that there had been improvements and that they had no other concerns.

Staff were clear what was expected of them and their roles and responsibilities. The registered person had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality. Records of staff supervisions contained comments from staff on the service and management.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not ensure that sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed.

The enforcement action we took:

Cancellation of registration

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not ensured that the premises and equipment were safe to use for their intended purpose.

The enforcement action we took:

Cancellation of registration

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not consistently assess, monitor and improve the quality and safety of the services. The registered person did not provide any plans that the registered person had for improving the standard of the services provided to service users with a view to ensuring their health and welfare following the inspection in December 2014.

The enforcement action we took:

Cancellation of registration

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

Enforcement actions

The registered person had not ensured that the premises were properly maintained.

The enforcement action we took:

Cancellation of registration

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Section 33 HSCA Failure to comply with a condition

The registered person had failed to have a registered manager in post.

The enforcement action we took:

Cancellation of registration