Barchester Healthcare Homes Limited

Newlands

Inspection report

Newlands
Workington
Cumbria
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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This was an unannounced inspection carried out over two days, the 2nd and 4th of December 2014.

The last inspection of the service was on 17th June 2014 where we found the service to be in breach of a number of regulations. This was because the registered provider did not have appropriate arrangements to manage and monitor medicines safely, was not ensuring the premises were being well maintained and that the care and welfare and care planning for the people using the service was not being appropriately managed.

At this inspection we saw that there had been some improvements but that there were still some improvement required in the planning of care. We saw some very good care of people with dementia and some changes to the environment in the dementia care unit but we found that more needed to be done in relation to dementia care. We judged that the service remained in breach of this regulation but the impact to people was at a minor level.

Summary of findings

At the previous inspection we found that there were a number of issues around the management of medicines. At this inspection we saw that there had been improvement and the service is no longer in breach of this regulation.

We also judged at the previous inspection the service needed to improve the safety and suitability of the premises. When we visited in December 2014 we saw that improvements had been made to many of the issues we had found and that plans were in place to continue with the refurbishment of the building. We have now judged that the service is no longer in breach of this regulation. However the refurbishment programme needs to continue to ensure all the improvements are completed.

Newlands was a purpose-built nursing home. The building was divided into three units. There was one unit (Lakeland Unit) for people who, due to mental health issues, may have behaviours that challenged the service. There was also a special unit (The Lonsdale unit) for people living with dementia. The rest of the home (Kerwin and Bessamer Units) catered for people who had physical nursing needs.

The home was situated in a residential area of Workington and was near to the amenities of this small town. There was a large car park and secure garden areas. Accommodation was in single rooms. In the Lakeland unit every room had an ensuite toilet and shower. In the rest of the home the single rooms had ensuite toilet facilities. There were suitable shared areas in the home.

The home is owned by Barchester Healthcare Homes Ltd (Barchester) who has other similar services throughout the country. The home had a manager who had been registered with the Care Quality Commission for approximately one year. 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 and associated Regulations about how the service is run.

We found that, for the most part, the home was a safe place for vulnerable people but required improvement in some areas. We saw that management and staff were trained in safeguarding and that they were able to make suitable referrals. There had been one incident that was considered a safeguarding incident but when referred to the Local authority it was dealt with as a complaint.

Recruitment was managed appropriately so that only suitable staff was employed.

The manager was aware that nurse recruitment needed to be high on her agenda to ensure good care delivery. The provider was looking at their ongoing nurse recruitment issues.

Some improvements to the environment had been made however there were still some areas in need of upgrading. Secure garden areas for people with dementia needed to be improved, bathrooms and toilets needed updating. In addition there were still some issues around décor and signage in the dementia care unit but we saw that the manager and the staff were making changes to the environment. The provider and the registered manager were aware that the Lonsdale unit needed further adaptions to make it easier for people with dementia to orientate themselves. There were plans in place and work had started but further work needed to be completed. We were shown evidence to confirm that the planning for these upgrades was in place.

We judged that medicines management had much improved and that the home was no longer in breach of this regulation but we saw that the timing of medicines administration needed to be improved as medicine rounds were lengthy.

We noted that some induction and supervision work had not been done in as much depth as it should have been. This was due to the nurse vacancies on the team but we saw that the manager had made sure that these issues were being dealt with. Training had been provided despite the staffing issues and staffs was satisfied with the training they received.

The manager and the senior team had a good understanding of the law in relation to the care of people who lacked capacity. Some of the staff team were specialists in mental health and they understood issues like capacity, consent and the Mental Capacity Act. The staff team understood the Deprivation of Liberty Safeguards 2005 and knew how to make suitable referrals to the local authority.

Summary of findings

We saw good nutritional planning in place and we saw that staff understood how to support people. People told us the food was “very good” and “excellent” it was evident that the catering staff understood people’s needs very well.

We judged the service to be caring because we saw thoughtful and patient care delivery was in place. Staff had good relationships with people and their friends and families. We spoke with relatives who said they were made welcome and that people in the home were given good care from the staff team. People were treated with dignity and given privacy. The new satellite kitchen in the Lonsdale unit meant that staff could encourage people to be more independent.

We looked at the assessment and planning for care. We saw that many of the care plans were of a good standard. All the plans had been reviewed but that due to staffing issues some plans still lacked detail and also needed updating. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.). You can see what action we told the provider to take at the back of the full version of this report.

We saw that the home continued to provide suitable activities and entertainments. We met people who enjoyed daily activities and who went out to local social events. More work needed to be done to develop ‘dementia friendly’ activities. The registered manager explained this was in the planning stage as the company was relaunching their dementia strategies.

The service had a suitable complaints procedure and we saw evidence to show that complaints were managed appropriately.

The registered manager was suitably trained and experienced to manage a nursing home. We saw that she had developed systems and was supporting and leading staff appropriately. The staff team were using the company’s quality assurance systems to good effect. The manager had dealt with issues of a disciplinary nature, nurse recruitment and budgetary concerns. The provider needed to continue to support the manager by providing enough resources to ensure that the plans for the service were completed and sustained.

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 manager and team understood their responsibilities related to safeguarding.

The processes around staff recruitment were suitable.

The provider needs to look at recruitment and retention strategies to ensure that there were enough staff employed to keep people safe.

Medicine administration needs to be more timely

Requires Improvement

Is the service effective?
The service was not effective.

Induction and supervision needed to be done in more depth for all staff.

Nutritional planning and catering was being managed well.

There were environmental changes in the specialist unit for people with dementia that needed to be progressed.

Requires Improvement

Is the service caring?
The service was caring.

We observed sensitive and caring interactions between the staff team and people in the service.

People in the home and visiting relatives told us that the staff were caring.

Good

Is the service responsive?
The service was not responsive

Not all care plans were up to date or detailed enough to support the delivery of care.

We saw improvement to the assessment and planning process but some care planning work is still required.

There were regular activities and entertainments in the home but specialist activities for people living with dementia were still only at the planning stage.

Concerns and complaints were addressed appropriately.

Requires Improvement

Is the service well-led?
The service was not well led.

Requires Improvement

Summary of findings

We saw that quality monitoring was being managed as well as possible but that staffing and resource issues had proven difficult for the registered manager.

The provider needed to continue to provide support and resources to ensure that planned changes were completed and sustained.

Newlands

Detailed findings

Background to this inspection

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

The first day of the inspection was the 2nd of December and was unannounced. We informed the registered manager that we were returning on 4th December 2015 to look at medicines management in depth and to look at management records.

On 2nd December 2014 the inspection team included two adult social care inspectors and a specialist advisor with a background in nursing care. On Thursday 4th December a pharmacy inspector and the lead adult social care inspector spent the day in the home.

Prior to the inspection we received a Provider Information Report (PIR), we checked on information sent to us by the provider and by the local authority and the health care commissioning group for Cumbria. We attended some safeguarding meetings and we also attended joint meetings with the purchasers of care and the provider. We received regular updates from the registered manager alerting us to problems and informing us of improvements. We had information from social workers and community health workers as part of a regular meeting where information is given to the Care Quality Commission about services in the area.

During our inspection we met with most of the people in the home and had in-depth conversations with 17 people in the home. We observed the day to day life of the home. We met with seven visiting relatives over the two days. We also met four health care professionals during the visits.

We looked at a total of 20 care files and the pharmacist inspector looked at records related to medicines management. Eight further care plans were checked by the pharmacist. The team also looked at care delivery records. These included things like food and fluid charts, daily notes and behaviour monitoring charts.

We spoke with two senior officers of the company (the operations manager and the property manager), the registered manager, the training officer and the two administrative staff. We also spoke with 18 members of the care and nursing team. We had discussions with the cook, the maintenance person and with an activities organiser. We looked at six staff personnel files and the training and development files for a further six members of staff. This included nursing, care and ancillary staff files.

We looked at records relating to fire safety and food safety. We saw a range of quality monitoring reports. We were given access to data that was gathered by the company. We saw budget print outs and we also were given improvement plans for the environment. We read the contents of the home's safeguarding file and the complaints file. We looked at data relating to falls management and to nutrition. We saw the menus and food orders. We checked on money held on behalf of people in the home. We also looked at some of the company's policies and procedures.

Requires Improvement

Is the service safe?

Our findings

We spoke to people in the home about how safe they felt. Some people told us that they had never heard anything worrying. One person told us: "[The manager] would sort staff out if they were rude or nasty…but there is no one here like that." People told us that they felt safe in the home and that the home was kept clean and well maintained. One person said: "I can lock my room and I feel safe with the staff around." We did learn from talking with people that staffing had been a problem. We were told: "Lots of changes of staff and it has been unsettling".

Safeguarding was being managed correctly. We spoke to one member of staff who had been in post for three weeks and they told us that they had already had some safeguarding training from the in-house trainer who came twice a week. We looked at the records of training received and we saw that good levels of training in this matter continued.

We spoke with staff who could talk in detail about what was harmful or abusive. Staff at all levels said that they would report any concerns to the nursing staff or to the manager. They said that they could also go to more senior officers of the company if they felt nothing had happened about their concern. Administrative staff, senior carers and established nursing staff said they were quite confident about making a safeguarding referral, if necessary. We had evidence to show that suitable referrals were made and that the manager and her team understood their responsibilities.

We had one example however where staff had reported something that had happened at night. The manager had considered this under the company's complaints procedure and had taken suitable action to keep people safe. We judged that this might also have been dealt with through safeguarding procedures and the manager and the operations manager agreed that on this occasion they had made an error of judgement.

We asked for and received copies of four weeks of rostered hours for the home. We saw that in the previous four weeks there had been sufficient numbers of staff on duty to care for the people in the home and meet their assessed needs. People told us that there had been a lot of changes in the home and that there had been times when "The staff were run off their feet…but I don't think any of us suffered. The manager did shifts too because there weren't enough nurses on". We spoke to a visitor who also said there had been changes to the nursing team. "I think some staff were ready for a move…I am happy with the new staff. [My relative] has had good care despite all the changes."

Since our previous visit a number of nurses who had worked in the home had decided to leave the employment of Newlands. We saw that, despite the national problems of nurse recruitment, the registered manager had managed to recruit new nurses and continued to plan for further recruitment. The home had also used agency staff but at the time of our inspection this had not been necessary for some weeks. The recruitment and retention of staff needed to be an ongoing focus for the provider and the registered manager to ensure staffing levels were maintained.

This home had good disciplinary procedures in place and we had evidence to show that the registered manager used these when appropriate. We also saw that staff were assisted to improve their practice without the use of disciplinary processes. One person said they had spoken to management about the attitude of some staff in the past. This person said: "The manager told me what they had done to improve things…and I have had no further problems."

We checked on five staff files and we saw that recruitment was done correctly so that people were protected. The home only took on new staff who were suitable to work with vulnerable people. The checks made ensured that any new team member did not have a criminal record and had not been dismissed from another care setting. Nurse registrations were checked so that the company made sure that nurses were still able to practice.

We also noted that in all areas of the home good risk assessments were completed and that risk management was then put in place. Staff told us they were confident about managing risk. We saw evidence to show that where, for example, people that were at risk of falls the manager analysed the falls and completed a falls risk assessment. Any incidents of behaviour that may challenge the service were also analysed and staff told us that they would always "debrief" if there had been an incident of concern.

Staff were also able to talk to us about matters relating to restraint. People who lived in the Lakeland Unit sometimes had difficulty controlling their emotions and their behaviour. We learned that staff who worked on the unit

Requires Improvement

Is the service safe?

had specific training to counteract any behavioural problems. We noted that restraint was not regularly used and that instead staff used diversion and other behavioural techniques.

The pharmacist inspector looked at medicines and checked the provider's progress. Overall we found that the provider had significantly improved the way medicines were managed. We found that there continued to be concerns relating to the continuous supply of some medicines. The manager was actively working with residents' GPs and the supplying pharmacy to identify and manage the cause of the problem.

Medicines were safely administered. We saw that a resident appeared unsettled and a nurse responded quickly to see if this was caused by pain. We did note that the morning medicines on one unit round took three and a half hours to complete. This could have an effect on the administration of medicines that needed to be repeated later in the day. We found that the service had introduced new arrangements to ensure that medicines that needed to be given before meals were given at the correct time. However, we found that two residents didn't get their tablets at the specific times needed to control their medical condition.

Appropriate arrangements were in place in relation to the recording of medicines. We looked at records for the administration of medicines, and care plans relating to medicines, in detail for seven people. Medicines administration records were signed correctly when medicines were given. Medicines were kept safely. Storage was clean, tidy and secure.

We walked around the building and saw that the home was safe because exit doors were suitably secured. At the last visit we had seen some issues which needed to be dealt with so people remained safe. The secure garden in the dementia care unit had not been safe for people to walk in. At this visit we saw that the broken furniture had been removed and borders cleared of weeds. Further work needed to be done on this secure garden but it was safe enough to walk in. We also noted some odours in some areas of the home but we also noted that staff regularly cleaned carpets and floors. Some toilet and bathroom floors were to be upgraded and one bathroom needed to be completed refitted. We spoke with the company's technical property manager who told us of the plans to improve the environment to ensure it remained safe for vulnerable people. He confirmed that a refit of a bathroom was to start the following week and that they were awaiting a start date for floor coverings in toilets. The handyman started to box in pipes with suitable coverings on the second day of our inspection.

Requires Improvement

Is the service effective?

Our findings

We asked people in the home about staffing and they commented that staff had "worked really hard" and that although they missed some "old faces…we have some nice new staff now". We did not find anyone who felt they had suffered from staffing problems. We spoke with five visiting relatives and one of them told us that the staff had been "cheerful and willing" and that the new staff recruited seemed to be fitting in well. We also spoke to staff and they were positive about changes. One person said that the new deputy manager was very open and her shift leadership was "well organised and she isn't frightened to tell us what needs doing…but it is done in a nice way."

We looked at five staff files for new staff and we saw that induction was given to new staff. We saw that because of some of the problems of staffing the registered manager had to take a lead on this. We were told that this task would be delegated to nurses and senior care staff once the team was established. We spoke to one new nurse who said she had received "a full and detailed induction and I have started to do the mandatory training." Another person said that their induction to her role was not "all that I wanted" but that the manager was making sure that the slow start to induction was being dealt with.

We spoke to management about this and we also spoke to staff. The care staff told us that they thought things had improved. One member of the staff team told us "I think that the team atmosphere is coming back. We know that the manager is trying her best and that she is always there for us. We need a good team of nurses and I hope that is happening." We also spoke to staff who were not part of the care team. One person who gave us their views said "We all worked together when we had some vacancies. Domestic staff and admin staff are happy to help out. The team work is coming back". We also spoke to the new deputy manager and a new nurse. We saw that they had settled into the home and we saw that the manager was trying to develop a stable nursing team. The registered manager had plans in place about further recruitment, staff induction and team development.

We met with the training officer who spent two days a week in the home and we had sight of her records of training. She was ensuring that new staff were given the mandatory training and that anything missing from induction was met through these training sessions. She was covering customer care, safeguarding, moving and handling, health and safety, food and fire safety with all of the new staff. She also had evidence to show that she continued to update existing staff on these core skills. She said she worked with the manager on any other training that was needed. One of the planned training events was an update to the understanding of dementia. We also had evidence that staff had regular updates to their understanding of all mental health work and some of this was done in-house.

Nurses told us that they kept their training up to date and that there was planned training on things like wound management and venepuncture. Care staff told us they were working on their qualifications in care. We met staff who had a good working knowledge of the needs of people in their care and who were keen to continue to develop their skills and knowledge. We spoke to people in the home who told us they judged that staff "knew their job pretty well" and one person said: "All the nurses know what they are doing and they can give me the right kind of treatment."

We spoke with staff in all areas of the home and we found that they could discuss the needs of people in the home.

We asked about formal supervision and again saw that the registered manager was trying to do as much of this as possible in the nursing and dementia care units. Supervision and appraisal was up to date in the Lakeland Unit but some staff still needed this in the rest of the home. We saw that a good attempt had been made to deal with this. We saw that the registered manager had spent time with staff on their professional development where they had expressed or displayed a need to update their practice.

We asked people about how consent was gained. People told us that any nursing interventions were explained to them. One person told us: "I need a lot of help with everything but the nurses told me what had to be done. The GP explained things to me too. I accept that I need these [procedures] and when I am having things done to me the nurses explain it step by step." We also met another person who did not enjoy certain procedures and this person told us: "They get round me…if it was me I wouldn't have it done but they tell me it's for my own good and I let them do it".

When we spoke to staff in the home and when we observed people we saw that staff had the right balance of protecting people from harm and allowing them freedom of choice. We looked in files and saw that the staff team and other

Is the service effective?

professionals often had what is referred to as a "best interest" meeting. This allowed relatives, care staff and health and social work staff to help when a person lacked the capacity to make decisions. The registered manager had applied to the local authority where she judged that people were being deprived of their liberty. We spoke with a relative who confirmed that they had been consulted appropriately.

We asked the registered manager about her understanding of mental health and mental capacity legislation. She and some of her staff were trained mental health nurses. We had evidence to show that there were enough people on the team with specialist knowledge of the Mental Capacity Act 2005. We asked about any restrictions placed on people and we were told about these. We also looked at this in individual files. We saw good details on file about restrictions and other arrangements under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff understood the importance of the Deprivation of Liberty safeguards. We saw that staff had received training and that they were led in this by the registered manager and the unit manager for the Lakeland Unit.

We looked at the arrangements in place to ensure people were getting the food they wanted and needed. We saw some very good nutritional planning was in place. We also saw people being helped to eat. This was done at the individual's pace and staff engaged with the person they were supporting. Staff understood people's dietary needs. We looked at some records of food and fluid taken and we saw that sometimes these needed to be a more detailed. Some charts did not give amounts or types of food and simply said things like "porridge", "a biscuit". We did see that people who were at risk were carefully monitored and were weighed regularly. Special dietary supplements were given as well as fortified foods.

We asked people about the food provided and they said that it was "excellent", "good home cooking" and "all very nice especially the cake". We observed breakfast, lunch and high tea over the two days and we saw that the meals were well presented and well balanced. We observed people eating well. We spent time in the dementia care unit. This part of the building had benefitted from the installation of a small kitchen. This meant that it was easier for staff to make drinks and snacks. Staff understood that "little and often" worked well with some people living with dementia and we saw people being encouraged to eat as well as possible. We also sat with a very sociable group of people in the main building and they told us that "We can ask for things that are not on the menu. The cook knows our likes and dislikes".

We also noted at this inspection that food safety was usually managed well but we saw that at breakfast time the staff did not use the hot trolley and some cooked breakfasts were not as hot as they might be. The manager said that she would deal with this as this should not have happened. One of the satellite kitchens needed deep cleaning and storage of boxes of food supplements improved. Again the manager put steps in to deal with this straight away.

We went into the kitchen and we spoke to the cook at length. She had a breadth of knowledge and skills so that she could help people to get the right kind of nutrition. She said the nurses and senior carers gave her good information about needs and preferences. She had suitable records but we also saw that she took an interest in every person's wishes and needs. She was able to tell us preferences and dislikes without referring to her lists. This showed a person centred approach to catering and nutrition.

Newlands was a purpose built building that had been open for around twenty years. Some areas of the building did need to be updated. We saw that some action had been taken by the company. We saw that a new kitchen had been installed in the dementia care unit and that decoration, new furniture and new flooring had been provided in some areas. A new boiler had been installed.

We noted that the environment had been refreshed but that there was a need to make some adjustments so that people who lived with disorientation could find their way around their unit. The manager had started to look at décor so that people could find their own rooms or the lavatory. We spoke to the manager about new signs and other clues that should be in place to help people be orientated around the unit. We were told that there would be resources made available so that this could happen.

Good

Is the service caring?

Our findings

People were very positive about the way they were cared for. They told us that the staff team were "wonderful", "very kind…nothing is too much trouble" and people told us they had good relationships with the staff team. A number of people spoke very highly of the registered manager and said that she was "around the home" making sure everything was being done to ensure people were treated kindly.

We spoke to six people who lived in the nursing unit and they told us that, for the most part, staff were considerate and caring. We learned that the staff understood people's needs and wishes and responded appropriately. We had evidence to show that domestic and catering staff interacted with people in the home and followed their wishes. One person told us about how they liked their room kept and what they wanted to eat. They told us "I get things just the way I want…and that happens even if they are short staffed because the staff care".

Another person who had only been there for a relatively short time said that the move into the home had been "the right thing". "I think the staff are lovely, very kind and understanding with me and with my [partner] who comes every day. The staff understand what we both need and want and I feel this has helped in my relationship."

We also met a relative who said that the staff team understood and respected their partner's wishes and needs. We also learned from this visitor that the manager and the staff had asked about past interests and hobbies, achievements and experiences. This visitor felt that the home had taken the trouble to get to know their partner and had asked for information that would help the person to settle.

We talked to staff about the people in the home who had partners and close friends visiting and we learned that staff understood that sometimes people wanted privacy to spend time with their visitors. We saw staff taking people to their own rooms when visitors arrived and leaving people on their own. One person said: "I need to have time with [my partner] and the staff appreciate this. They take us to the room and we get a tray of tea but then we are left together without interference."

We observed how staff worked in the different units and we saw sensitive and respectful care. We saw responsive care being delivered. We saw people with dementia being gently reminded and reorientated.

We also learned from people in the home and from visiting relatives that needs and wishes were kept confidentially within the staff team. One visitor told us: "I meet a lot of other visitors but I know that none of us know private things about our loved ones." We met a total of eight relatives over the two days and they were confident about confidentiality. People in the home told us that they too felt they could trust the staff. One person said: "If they gossiped about us it would soon get round as Workington is a small place really. I don't have any worries about that."

People gave us evidence that respect was given to their beliefs and cultural values. One person said: "They asked me about things like religion and other things that are important to me." Staff said they were trained in equality and diversity and there was a member of the team who was going to be the 'champion' for this.

Staff could talk about rights and the duty of care and about diversity and equality matters. They told us that they also received training on these issues. Staff said that they discussed these matters in supervision and in meetings. One person who lived in the home told us: "The staff treat us as individuals but they also treat everyone the same. They don't judge you."

We spoke at length to people in the dementia care unit and they told us the staff were "kind and caring" and one person said "they keep me right when I can't remember". We also saw staff treating people in a patient and caring way. People living with dementia who found it difficult to communicate verbally responded well to staff. We saw that the staff tried to pre-empt people's needs and that they understood what people wanted.

We spoke to four visiting relatives in the dementia care unit in the afternoon who told us they were very satisfied with the caring approach in the unit. We also noted that people in this unit were being encouraged to spend time in the kitchen area and were helping to wash up and set tables. We also met people who were being supported to retain as much independence as possible despite chronic ill health problems.

We also observed caring and sensitive interactions in the Lakeland Unit. We spoke to people about how caring the

Good

Is the service caring?

staff were. One person said “Oh yes they are not so bad…we get on all right.” We also noted that in this unit staff followed some complex guidance that would help when people challenged the service but that they did this in a caring and professional manner.

Requires Improvement

Is the service responsive?

Our findings

We asked people about how responsive they found the care and services in the home. People were positive about the care they received. One person said: “The care is very good here and I have nothing to complain about”. Another person told us that: “This is a very good place and they listen to what I want and need.”

We spoke to four visiting relatives in the dementia care unit in the afternoon and they said they often came together in the afternoon to see their relatives. “It is a bit like a party.” They were full of praise for the staff and said that they were comfortable with the way people were cared for. One person said that “within a month I could tell they were settled. [My relative] responds well to the staff and they understand the dementia and the way they behave.”

One visiting relative on the nursing unit said "I visit on a very regular basis and I know that the staff understand [my relative’s] needs. They also understand how important we are to each other… They also know [my relative’s] past history and career”. Staff we spoke to had a good understanding of this person's needs but the care plan did not reflect this.

We found some very good care plans in the dementia care unit. Some care plans were quite detailed and told the staff teams the way to support people with dementia. A number of plans explained what a person with dementia might need if they were searching or walking without any specific purpose. We also saw staff responding when people needed guidance or re-orientated. This was done in a sensitive and unobtrusive way. We also noted that a number of these plans still had some areas that needed more work. For example we looked at plan for person in the dementia care unit which identified some actions to take to help the person when they were suffering from agitation. However this plan failed to detail one action that staff were taking which was intended to keep the person safe but which might have been considered to be restraint.

We found that care plans relating to medicines and protocols for the administration of ‘when required’ medicines were much improved. However, some needed further improvement to provide staff with guidance to make sure that residents received appropriate care. For example, a care plan for managing a blood-thinning medicine did not identify who was responsible for blood tests, or how the results were reported and recorded to enable staff to be sure of the correct dose to administer.

We saw that many of the plans were quite up to date but some lacked detail. We spoke with senior care assistants who told us that they were undertaking in-house training on care planning and that they had started to make minor amendments to care plans. The staffs was very keen to help with the ongoing care planning and they could see that the task had been difficult for the remaining nurses. We spoke with the manager who said that she had updated a number of the care plans but was keen for all of the staff team to be involved in this.

A number of care plans did show that good risk assessments had been completed and that suitable guidance was written into care plans. Every member of the team acknowledged that there had been changes put into place but that some care plans for some people still required additional information. We were provided with two examples of quite dramatic improvements from relatives. We noted that the two care plans did not reflect the work done to deal with a medical issue and to improve mobility. We found evidence to show that staff had managed these issues well but they were not reflected in the care plans.

One inspector spent time in the challenging behaviour unit and saw very positive outcomes for people with complex mental health needs. We noted that in this part of the service the written plans of care were detailed, responsive and effective. We looked at the written records of care on this unit. Each person had their needs assessed and the care plans were written using this information. We noted that a wide variety of assessment tools were used to get a full picture of the person. We looked at all of the care plans on this unit and we saw that these were detailed and up-to-date. The plans gave suitable guidance for staff who needed to support people who sometimes found it difficult to manage their emotions and behaviour. The delivery of care was reviewed at least monthly and for some people much more regularly.

We spoke with the manager about the disparity in the home in relation to care planning. We had evidence to show that the Lakeland unit was run quite separately from the rest of the home. We saw that very high quality care planning was in the home but that standards throughout

Requires Improvement

Is the service responsive?

the home were not consistent with those in the Lakeland unit. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the dementia strategies on the Londsale Unit. We judged that further work needed to be done to make the environment more 'dementia friendly' but we saw that staff were undertaking further dementia training and had a deeper understanding of people's needs. Activities in the unit were not specifically focussed on the needs of people with dementia but we could see that training and planning were underway for improvements to this.

On the days we visited we saw staff working within the guidance in the plans, the nurses on duty were on hand to support staff and that the team were managing people's care in a more planned way. We learned that Barchester were working throughout the country to re-launch an updated version of the 'Memory Lane' dementia strategy and that the manager of Newlands was fully involved in this.

On both days we saw the activities organiser working with individuals and groups. People told us that they enjoyed the regular activities on offer. These included crafts, sing-alongs, quizzes and games. We also saw that staff tried to do some one-to-one activities with very frail people who spent a lot of time in their rooms. People went out to entertainments and to appointments in the home's transport.

People told us that they had choice in their lives. One person told us that this was sometimes not a broad choice because of their physical problems and because they had to think about "other people in the house…but I can watch TV and just be alone in my own room if I want".

No one we spoke to during the inspection had any formal complaints. People told us they would tell the staff and that they knew the manager "very well as she is out and about …so I would just tell her". We saw that there was a suitable complaints procedure in place. The manager dealt with formal complaints and these were monitored by her line manager. In some instances complaints had been dealt with by senior management in the organisation. We met with six visitors on the first day and a further two relatives on the second day and they had no complaints but all agreed with the relative who told us "If you have a hiccup you can go to [the manager] and it is sorted…"

Requires Improvement

Is the service well-led?

Our findings

We spoke with people in the home and we heard only positive things about the manager's leadership style. One person told us: "I think they ask us a lot about what we want. I feel I have a say in the home as well as in my care." Another person said: "We get things to fill out…maybe once a year and you don't need to put your name on it. I prefer to just go to the [office or the manager] and have my say." People also told us that they could speak to the operations manager or to anyone else visiting the home. They said that staff at all levels were interested in their opinion.

The manager of this service had been in post for a little over a year and was registered with the Care Quality Commission. She had previously been the unit manager for the Lakeland Unit and we judged that this part of the home had given consistently good levels of care and services. We had evidence to show that the operations manager came to the home at least once a week and gave the management team a lot of support. There was a personal development plan in place for the registered manager and an induction programme in place for the deputy manager.

We had evidence to show that the registered manager had brought about changes in the culture in the home. One visiting relative told us "The changes can be felt in the home…attitudes are much better towards people with dementia". One member of staff told us they were "right behind her…we need change and she is trying so hard to get everyone working to her standards." Another person said: "We have a new deputy who we hope will back the manager up all the time as one person can't do this alone. I think team work is getting better."

We also spoke with local social work and health care professionals who said that they felt that the registered manager was working well with them. One professional said: "To begin with the manager was a bit defensive but she has settled well into the role and is very professional, willing to accept where change is needed and is starting to work with my staff so that together we can develop the care delivery."

We had evidence during both days to show that the registered manager worked in a way that reflected the vision and values of the organisation. We spoke to the registered manager and to the operations manager about how they helped staff to have a caring response. They felt that they had made some good new appointments of staff who genuinely wanted to give good levels of care and service. The registered manager spoke about how she felt she needed to give her senior staff guidance and support so that together they could build up a caring culture in the home.

We learned of some team developments that had helped to start building this culture where the people who lived in the home were central to everything that happened. We saw minutes of staff meetings and we could see that this 'person-centred' approach was discussed at length in team meetings. We also saw five staff files with notes of supervision where attitude and aptitude were discussed. We judged that despite issues over staffing the team continued to deliver care and services in a caring manner.

We looked at the statement of purpose for the home. This document sets out the values of the organisation and the aims of each service. We saw that the registered manager was fulfilling this statement in this service. We also had evidence to show that she reported to the organisation in a timely manner. We saw that she reported on care delivery, staffing and training and that senior officers of the organisation visited the home to audit the progress of the service.

These visits, including the regular visits of the operations manager, were part of the company's quality monitoring system. This included regular reporting, budgetary control and operational monitoring. We saw that the senior officers of the company had visited the site and that some changes had been made where there were shortfalls. The staffing issued had been identified as a problem and action taken to support the registered manager to deal with these.

Internally there was a system to review and audit all aspects of the operation. We saw that there were set systems and a scheme of delegation within the home. The registered manager had been working within these systems but that due to staff absence and vacancies some of the quality monitoring systems were not functioning as well as they intended The registered manager had delegated as many tasks as possible when the home had staffing problems.

Requires Improvement

Is the service well-led?

We learned that people in the home, their relatives and other professionals were sent surveys so that the company could gauge levels of satisfaction. We saw the outcome of some of these surveys and plans in place for meeting some of the suggestions made.

We had evidence to show that the home was being well led and that there were systems in place to monitor the necessary improvement. However we did judge that due to staffing issues and budgetary controls some of the improvements had not been completed in a timely manner. The registered manager had sent regular updates to the lead social care inspector and these reports had shown that she was working steadily on the improvements required but due to budgetary constraints was unable to implement all the changes. We discussed this with the operations manager and judged that improvements need to be made in the way the company make resources available when change is needed.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People who use services were not protected against the risks of receiving care or treatment that is inappropriate or unsafe because some of the care planning records lacked specific details and some were not up to date. Regulation 9 (1) (b).