Mr Mehmet Iltas

Newbridge Towers

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 18 and 21 November 2016 and was unannounced. The service was last inspected in May 2015.

After our last comprehensive inspection in May 2015, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of regulation found. These were in the following areas; the home was not suitably clean and there were unsafe recruitment procedures in place. There were failings in relation to DoLS applications not being made for people when needed .There were also shortfalls in how the service was run. In particular, statutory notifications had not been made to the Commission for incidents that we need to be notified about.

Newbridge Towers is registered to provide personal care for up to 20 people. On the days of our visit, there were 20 people at the home.

The new provider of the service had submitted an application to be registered with us. We rejected this application, as it was incomplete. It is a legal condition that a provider carrying out a regulated activity and running a care home is registered with us.

There was no registered manager for the service. The acting manager's application to be registered with the Care Quality Commission had been returned as it was incomplete.The acting manager had not kept written interview notes for three interviews carried out for prospective new staff .This meant there was a risk that unsuitable staff could be recruited if there was insufficient information to refer to when making a decision about their employment. .

There was enough staff that were suitably qualified on duty at all times to meet the needs of people at the home. Staff were trained and competent to know how to minimise risks to people from abuse and there were systems in place to keep people safe from harm.

Staff were very caring in their manner towards the people who assisted them with their needs. One person said, "They are all lovely girls". Staff were very polite and demonstrated that they were respectful in manner to the people they supported.

People were able to consume a varied diet that supported them to be healthy and to make choices about what they ate and drank. The menus included likes and preferences of people who lived at the home. People spoke highly of the food that they were served. One person said, "The food is lovely and you can have what you ever you want they really don't mind at all."

The provider had a system in place so that the requirements of the Mental Capacity Act 2005 were implemented when needed. This legislation protects the rights of people who lack capacity to make informed decisions in relation to different areas in their daily lives.

People were able to take part in a variety of individual social activities as well as group ones that they told us they really enjoyed. People told us that entertainers performed at the home regularly and they went out for trips into the local area if they wanted to on a daily basis.

Care plans were informative and helped to guide staff so that they understood what actions to take to meet people's range of care needs. Staff were familiar with the content of each person's care records. They knew how to provide care that was flexible to each individual and met their needs. Care plans were produced with the involvement of the person concerned. The care plans had been reviewed and updated regularly, this was to make sure they reflected the current needs of people.

People were supported with their physical health care needs and the staff consulted with external healthcare professionals to get specialist advice and guidance when needed.

Staff felt they were well supported in their work by the acting manager. People who lived at the home and the staff said they felt they could see the acting manager any time that they wished to talk to them.

Staff had an understanding what the provider's values and aims were for the service. They knew the key value was to treat each person as if they were still living in their own home and as unique individuals. Audits demonstrated that regular checks were carried out on the safety and quality of the service. The system had identified that the provider's interview forms had not been used at recent interviews.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's needs were met by enough staff to keep them safe.

Staff knew how to minimise the risks to people from abuse.

There was a safe system in place so that people's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Peoples needs were met by staff who understood how to provide effective care and supported them properly.

People enjoyed the meal choices and were supported to eat and drink enough to stay healthy.

The right of people were protected because the provider and the staff understood the implications of the Mental Capacity Act 2005 and its impact on them.

GP's and healthcare professional's ensured people were well supported with their health care needs.

Is the service caring?

Good

The service was caring.

People said staff were very kind and caring towards them. The staff also treated people with respect at all times.

People were assisted by staff that had a good knowledge of their individual choices and preferences. These were acted upon and staff made sure people did what they wanted to do in their daily life.

People were sensitively supported to make decisions around end of life care. Where possible people were able to die in the home if this was their wish.

Is the service responsive?

Good

The service was responsive

People were cared for in a way that was flexible to their needs.

Care plans clearly explained how to meet people needs in the way they chose to be supported.

People were able to go out to the community to take part in activities that were important to them on a daily basis. People said they appreciated the variety of different social activities.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

There was currently no registered manager. The acting manager had applied to be the manager of the service.

People and staff felt that the home was well run and they felt that the acting manager was very supportive and approachable.

People told us they felt able to make complaints and raise concerns with the acting manager and these would be addressed.

Quality checking audits were in place that identified shortfalls in the service.

Newbridge Towers

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 21 November 2016 and was unannounced and was carried out by one inspector.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 13 people who were living in the home, and two visitors .Staff we spoke with included the acting manager, two senior staff and five care staff, domestic and catering staff. We observed how staff interacted with the people they supported in all parts of the home.

We viewed the care records of three people, staff training records, staff recruitment files, supervision records and staff duty rotas. We also checked a number of other records relating to the way the home was run.

Good

Is the service safe?

Our findings

At our last comprehensive inspection on 14 and 15 May 2015, we found that systems in place for safe infection control in the laundry room were not fully safe. We had also found that the kitchen was dirty in certain parts.

At this inspection, we found that the kitchen was clean and looked hygienic in all the parts that we viewed. A five star food hygiene award had been awarded to the home since our last inspection. Environmental health inspectors for food handling and preparation systems give this award. There were now systems in place to reduce the risks from cross infection. Care staff, housekeeping and laundry staff helped maintain a hygienic environment. Housekeeping staff had a colour coding system in place for their cleaning equipment. This minimised the spread of potential infection. For example, cleaning equipment used to clean toilets was not used to clean bedrooms and communal areas. Care staff wore protective plastic gloves and aprons when giving personal care. This was to reduce the risks of cross infection.

At our previous inspection, we had also found that recruitment and selection processes were not effective because new staff were not subject to suitable recruitment procedures. Not all of the required pre-employment checks had been completed and recorded. At this inspection, we found that the provider had followed the action plan they had written to meet shortfalls in relation to recruitment.

There was a recruitment procedure to try and minimise the risks of unsuitable staff being employed. New staff could only start work after a number of checks had been completed. These included references, proof of identification and criminal records checks. Staff we spoke with told us they had undertaken these checks. Disclosure and Barring checks were carried out on all the staff. However we found that there were no written interview record notes kept .There was evidence that all pre-employment checks had been completed and recorded. There was some factual information that prospective new staff completed on an employment website. This information was used by the acting manager in a discussion with them. However, no interview records were kept by the acting manager of the interviews of possible new staff. The provider had their own interview form template. The template included prompts and was intended to be used when interviewing new staff. The provider's quality audits identified that this form was not used for the last three new staff who were recruited .This meant there was a risk that unsuitable staff could be recruited if there were no interview records to refer to when making a recruitment decision.

With the agreement of people at the home, the provider had put in place CCTV cameras in certain communal parts of the home and at the front door .People told us they felt safer having them in place. There was a policy in place that set out how the CCTV was to be used and its main aim was to help to keep people safe. Everyone we met told us they felt very safe at the home. Examples of comments people made included "I feel totally safe "and "They treat us wonderfully." When people approached staff, they looked relaxed and settled in their company.

Staff said that they had been on training about safeguarding adults. Staff told us that safeguarding people was also discussed with them at staff supervision sessions. These sessions included making sure that staff

knew how to raise any concerns. Staff said they had received training on how to protect people from the risk of harm or abuse. All staff were able to explain how they would report any concerns about abuse.

Staff understood what whistleblowing at work meant and how they would do this. Staff explained they were protected by law if they reported suspected wrongdoing at work and had attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisation's people could safely contact. A copy of the provider's procedure for reporting abuse was displayed on a notice board in a communal area in the home. The procedure was written in an easy to understand format to help to make it easy to follow. There was also other information from the local authority advising people how to safely report potential abuse.

The people we spoke with told us they thought there was enough staff on duty to care for them. The manager had recently recruited three new staff to increase the numbers. The acting manager told us the numbers of staff needed to meet the needs of people at the home were increased when they needed to be. For example, when people were physically unwell and required extra care. The numbers of staff hours needed to provide each person with their care were worked out based on their levels of dependency.

Our observations confirmed there was enough staff to safely meet the needs of the people at the home. This was seen in a number of ways, staff were able to provide one to one support to people who needed extra prompting with eating and drinking. Staff were readily available when people needed staff to help them with their mobility needs. Staff were able to sit with people and engage them in social conversation when they were not providing them with their care. We saw staff sat with people talking, reading and looking at photographs. They also told us they said they felt there were enough of staff on duty.

People were supported to take their medicine safely at the times that they were required. The service used a combination of a monitored dosage system and administering medicines from packages and bottles. Medication records included people's photographs and the medication administration records were complete and accurate. We saw the registered nurses giving people their medicines and they did this by following a safe procedure. The staff checked they were giving the medicines to the right person. They also signed the medicine charts after they had given each person their medicines.

Medicines were kept safely and the trolley was locked safely away when not in use. Medicines that required additional security were regularly checked by staff. There were accurate stock checks and remaining balances of medicines that had been administered. There were daily records of the fridge and room temperatures to ensure medicines were stored at the temperatures needed to maintain their effectiveness. There were guidelines in place for people who had medicines prescribed to be taken as and when required for example to help people manage their pain. Body maps were in place to guide staff when to apply creams and lotions. This helped to ensure people were given their medication safely.

Health and safety systems were in place to keep the environment safe and reduce risks to people. For example, a fire risk assessment was in place. There were contracts in place with external companies to check fire fighting equipment and fire detection systems. Moving and handling equipment such as hoists were regularly checked and maintained in good condition. This meant people had safe equipment to support them with their mobility needs.

Incidents and accidents in the home were properly evaluated and actions put in place to ensure people were safe. The records we looked at showed staff recorded what they had done after an incident and occurrence to keep people safe. Risk assessments had been updated after any accident or fall that had occurred in the home.

Good

Is the service effective?

Our findings

At our last comprehensive inspection on 14 and 15 May 2015, we found that the provider had not met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. We had also found that staff had not undertaken DoLS training and had mixed knowledge of the subject.

At this inspection, we found that the provider had followed the action plan they had written to meet shortfalls in relation to DoLS. The staff team had attended Mental Capacity Act 2005 andDoLS training. The Mental Capacity Act 2005 is a legal framework to support decisions to be made in the best interests of adults who do not have the capacity to make an informed decision. There was guidance available about the DoLS.which meant staff could get hold of information, if needed to ensure safeguards were in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application.

Staff understood how to obtain consent and the importance of ensuring people's rights were upheld before they offered them care and support. The staff we spoke with said they asked and then explained what they were about to do before carrying out care. We saw staff asking people for their consent before they carried out any part of their care. People's care records showed they had signed consent to care where able to do so. Families were involved when people were not able to sign their care plans and be involved in planning their care.

People we spoke with were positive about how they were assisted at the home. One person told us "They always ask if they can do anything for me or is there anything that I need." Another person said, "I've only got good things to say about the love and care that we get here I'm very happy here this is my home". A further comment was "The staff know what they are doing and "."They are very nice indeed I am well looked after and we all are treated well."

We met a district nurse who came to the home regularly and knew people well. They spoke really positively to us about the quality of care that was provided. They said there was good communication between the staff and the staff at the GP surgery. They also said that the staff provided good care for people. People were well supported so that their physical and health needs were properly monitored. The GP we met visited the home regularly and saw people when needed.

People's care records confirmed when they saw the dentist, GP, occupational therapist, physiotherapists and other professionals. Staff recorded on a daily basis how people were feeling and their general health and well-being .They made appointments for people when required with relevant healthcare professionals.

There were monitoring charts that were completed to record any staff contact with a person. For example, these recorded when as well as how much people had eaten, and how much fluid they had consumed.

Records were also in place for people who needed assistance with their mobility and were at risk of their skin breaking down.

Staff told us they were allocated a small number of people to support with their care needs. The staff we spoke with had a good understanding and awareness of the needs of people they assisted. The staff told us about people's preferences and daily routines. For example, what time people liked to get up, what meals they liked, and how they liked to spend the day? We saw staff assist people with their care in the ways that they explained to us. Staff explained this helped them get to know individuals well and how they liked to be cared for. They also told us caring for people in small teams was a good way of ensuring they received an individualised service.

People were provided with effective support that met their range of care needs. This was evident in a number of ways. Staff used mobility aids correctly and they talked through what they were doing with the person and asked for their consent. This was to reassure the person when they supported them. The staff assisted people to have a shower or a bath and to get up .We saw that staff sat people in a comfortable position before they had meals and drinks and when they were in bed. The staff assisted people who were cared for in bed. We saw them encourage people to eat and drink enough. Staff checked on people regularly and helped people who needed support to move to be comfortable in bed so that their skin did not break down. We saw that staff were following what was written in each individual's care plan.

People were happy with the food and told us they were always offered choices at each mealtime. One person said, "The food is very good here." Another person said, "Its wonderful food." Tables were set with linen tablecloths and there was specialist cutlery and plate guards in place for those who may require them for independence and dignity. Some people ate their meals in the lounge area in lounge chairs. We heard staff offer people a choice of where to sit for their meals. People were encouraged to eat their food. When needed the majority of staff sat next to people and helped them eat their meals discretely. We heard staff talk with people and tell them what the food was. The staff were organised and they communicated among themselves to ensure everyone had their meal promptly. There were menus available to help people make a choice from the meals to be served. We observed a choice of water and other soft drinks were available. People were also offered tea and coffee and other drinks throughout the day. Some people liked to have an alcoholic drink and they were supported to drink wine and other alcoholic beverages if that was their wish.

The catering staff understood people's different nutritional needs and told us special diets were well catered for. They said they were given information from staff when people required a specialised diet. Catering staff also kept nutritional records to show when people had any specialist needs or dietary requirements. For example, people with softer textured diets. The chef also gave people who needed to increase weight a fortified diet with butter, cream and full fat milk as part of their diet.

Care plans explained in detail how to support people with their nutritional needs. An assessment had been undertaken using a recognised assessment tool. This is a five-step screening tool to identify adults, who were at risk of malnutrition or obesity. The care plans clearly showed how to assist people with their particular dietary needs. For example, certain people needed a diet that was of high calorie content and this was provided for them.

Staff went on a thorough induction programme before they began working at the home. The induction programme included learning about different health and safety practises and procedures, the needs of older people, safeguarding people from abuse, and correct moving and handling. They were also inducted about the needs of people who lived at the home and how to meet them. We spoke with recently employed staff who told us they had completed an in-depth induction programme and this had included working alongside

experienced staff learning how to provide good care.

Training records showed there was regular training available for staff. Sessions staff had been on included nutrition, wound care, and medicines management. This was to ensure they had the skills and knowledge to effectively meet people's needs.

People were supported by a team of staff who were suitably qualified and experienced to meet their needs. There was an effective system of staff supervision for monitoring the team's performance and their development. The staff told us they met with their named supervisor to review how they were performing. They also explained that at each meeting the needs of people were discussed with them. This meant people were assisted by staff that were well supervised and motivated in their role

Good

Is the service caring?

Our findings

Every person that we spoke with said that all of the staff were very caring towards them. One person said, "They are all very kind they just seem to pick the right people". Another comment was "They are all really caring about us we are like one big family."

We spent time sat with people in the communal areas of the home .We saw that the staff were very kind and caring in their manner towards people .Staff were attentive to each person and were consistently caring to everyone that they supported. Visitors also spoke very highly about the caring manner of all of the staff team who supported their relatives at the home. We saw that the staff knew people well, and called them by their first names and were gentle and patient. People were laughing and joking and there was a relaxed atmosphere. Staff called people by their first names; people told us they preferred to be addressed in this way.

One person went out for a medical appointment with a staff member during our visit. Another person was supported get their hair done at the hairdressers that they had been going to for many years. The person concerned told us they really appreciated the support to be able to do this even though they now lived at the home.

People were laughing and joking with the staff and there was a relaxed atmosphere. Staff assisted people in a way that demonstrated they were caring. For example, staff used a kind approach and a supportive approach with people who were anxious and worried. They used gentle humour and encouragement to motivate people to get up. People responded to staff when they used this approach in a way that was positive in manner.

The communication we observed between staff and people using the service were positive and friendly. The atmosphere was pleasant and calm and people were laughing and interacting with staff. Music was put on after staff asked people what they wanted to listen to. Staff and people sang songs together. Staff played board games with people who beat them at the game. There was much good humour between them because this.

Each person had their own single room, which helped to give people privacy. We saw rooms were personalised with people's own possessions, photographs, artwork and personal mementoes. This helped to make each room personal and homely for the person concerned. There was a patio area where people could walk safely. People were able to sit in different communal areas in the home. This showed people were able to have privacy when they wanted it.

The acting manager told us that if it was possible and people chose to be, the home wanted to offer end of life care to people who lived at the home. We were told of one person who had recently been given this care and was able to receive end of life care and stay at the home.We read in care records, plans that were in place for the end of life care wishes for the person concerned. These wishes were reviewed with people regularly. People's preferences and wishes for preferred place of care and specific funeral arrangements

were included. Staff we spoke with knew peoples wishes. Some staff had been on end of life training. This meant staff had an understanding about how to provide care to people who were nearing the end of their life.

Information about local advocacy service was available in the home. Advocacy services support people to have their views and wishes properly heard and acted upon when decisions are being made about their lives.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. For example, the acting manager told us that staff were currently supporting one person who lived at the home who was in hospital after a fall. The staff had been going to the hospital every day since they were admitted. On the second day of our visit, we met the person who was discharged and came back to the home. The staff had been assisting in their programme of physiotherapy. This showed how the staff were deployed in a way that was responsive and beneficial to the person concerned.

People told us they chose when to get up or if they wanted to stay in bed. People were offered a choice of what type of help they wanted with their personal care. For example people were asked , if they wanted a shower or a bath. We also heard people being asked by staff what they wanted to do during the day, for example did they want to go out from the home. Staff later asked people where they wanted to have their lunch, as well as what they would like, and if they wanted to have a protective apron on.

Each person's care records contained details of an initial assessment of what their needs were when they moved in to the home. There was also an up to date person centred care plan in place for each person. Staff were knowledgeable about people's individual care needs and were able to explain how they used the care plans to ensure care was given in the way the person preferred. Care plans were comprehensive and personalised they contained detailed information and reflected how each person wished to receive their care. Care records also gave guidance to staff on how best to support people. Staff assisted people with their care in the ways that were set out in their care plans. Plans had details of people's likes, dislikes and preferences. These included how often and when they wanted support with personal care, and their bed time and morning routines. Care records were reviewed and updated regularly, where possible with the involvement of the person who they were written about.

People were able to take part in activities they enjoyed both in the home and the community. An activities organiser worked at the home on a daily basis in the week. They ran a social group and a quiz session with people at the home. People were very animated and involved in the activities that we saw take place. People also told us how much they liked this member of the team.

One relative told us that their family member was now able to go out with the support of staff every day. This was an activity that was important to the person. We met the person on both days of our inspection. They went for a walk and they went to their local hairdresser with the support of a. member of staff. The people we spoke with told us they went out with staff support on a regular basis. We saw a staff member plan a trip to Bath Abbey for a carol evening. People were very keen to take part in this event .One person told us they had been last year as well. We saw photos on display in the home of a variety of different day trips out that people who lived at the home had been on during the year.

People, their families and professionals involved in their care were invited to take part in an annual survey to give their views of the service. The acting manager and senior management reviewed the answers people gave. Examples of the areas people were asked for feedback about included their opinions of the staff team

and approach, were they involved in planning their care, what activities there were and the menu options. When people had raised matters, actions were identified to address them satisfactorily. For example, meal choices had recently been reviewed and updated.

The people we spoke with said if they were to have a complaint they could easily raise the matter with the staff and the acting manager. One person said, "I would speak to the manager I see her all the time ". Another person told us "I would go to the office". People were given a copy of the information brochure about the home. This included a copy of the complaints procedure about the service. This was set out in an easy to understand format. It clearly explained how people could make complaints if they had them. Each person was also given a copy of the home's service user guide. This contained information about the organisation and their visions and values, useful phone numbers, and safeguarding contact details.

Requires Improvement

Is the service well-led?

Our findings

At this inspection, we found that the provider had followed the action plan they had written to meet shortfalls in relation to notifications. This was evidenced before our visit, as we saw that the provider had notified us of relevant matters as required by law. We also saw when were reviewed safeguarding information at the home that there was no information about people that that we had not been notified of before our visit to the service.

There was no registered manager for the service. The acting manager had been registered before with us for another provider and location .They had been working in the home for around one year. For a number of months they were working part time in a supportive role.It is a legal condition of registration with us that the service has a registered manager.

People and staff said that the acting manager was open and very caring in their manner. They spent time with people and with the staff during our inspection. One staff member told us the acting manager was "A very supportive, very kind person and someone who is very visual in their approach". Another staff member said, "The manager helps out she is very hands on she is also very knowledgeable, we can go to her at any time about anything we want." They also told us the acting manager would always help if staff needed extra support with people at any time. This was evident during our visit when we saw the acting manager offer people and staff time and support.

The acting manager stayed up to date about current issues to do with care for older people. They went to meetings with other professionals who worked in social care. They shared information and learning with the staff at team meetings. We saw that they read online articles and journals about health and social care matters. They also made sure useful information was on display to be read by staff.

The acting manager showed an open and transparent approach. They clearly explained to us how they were aiming to improve the service. For example, they told us their own audits and checks had picked up the need for staff to ensure they assisted people with their moving and handling needs safely at all times.

The staff told us that team meetings took place regularly and the team told us they were readily able to make their views known to the manager. We saw records of recent minutes of staff meetings. These were used as an opportunity to keep staff informed about changes and about how the home was run. Staff were also given plenty of time to make their views known. This showed there was an open management culture.

The quality of service and overall experience of life at the home was being properly monitored. Areas being regularly checked included the quality of care planning processes, management of medicines, staffing levels and training. When shortfalls were identified, we saw the manager had devised an action plan to address them. For example, the recent audit had identified that interviews were not being properly recorded for new staff and that this was to be addressed by the acting manager. This meant that on the fact that the manager was not fully following the provider recruitment processes to ensure good quality recruitment.

The staff were able to explain to us what the provider's visions and values were for the service. They explained that these included being person centred with people, supporting independence and treating people with respect at all times. The staff told us they aimed to make sure they always used and followed these values when they assisted people. For example, staff said they helped people to make choices in their everyday life to promote choices and dignity for people.