

Newlyn Court Limited

Newlyn Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Newlyn Court is a residential care home providing personal and nursing care to 58 people at the time of the inspection. The service can support up to 80 people in one adapted building.

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

Improvements had been made since the last inspection. The serious concerns identified relating to health and safety had been addressed and further improvements had been made throughout the service. The management and monitoring of fire safety, water temperatures, evacuation plans and electrical testing had improved and the provider was no longer in breach of the regulations.

However, we identified further improvements were still required. Improvements were required to the standard of some documentation and care records. We found some care planning documents required review to ensure they were up to date, and improvements were needed to the documentation relating to the use of covert medicines and end of life care planning.

People told us they felt safe and staff knew how to identify and report concerns relating to people's safety. Risks were assessed and managed to reduce the risk of avoidable harm. People received support to take their medicines safely. There were enough staff available to meet people's needs. Staff were safely recruited.

Staff received training and had the skills required to effectively support people. People received enough food and drink to maintain their health. Staff worked with external healthcare agencies to ensure people's health needs were met. People were asked for their consent before care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by a compassionate staff team who knew people well. People were supported to maintain their independence where possible and their dignity was valued and respected. People were encouraged to make daily living decisions and staff supported them to make their own choices where possible.

People were supported by a staff team who knew their life histories and understood their needs and preferences. People and their relatives were involved in the assessment and planning of their care. People were supported to participate in activities and pastimes. People and relatives knew how to raise a concern if they were unhappy about the service they received.

People, relatives and staff felt the service was well managed. The registered manager and provider had

made improvements since the last inspection. Relatives and staff were given opportunities to share feedback about the service. The registered manager had implemented new systems to improve communication and the quality of care. Staff worked well with other partner agencies to ensure people's needs were met. Both the registered manager and provider had been open and honest about the failings identified at the last inspection and were keen to raise standards at Newlyn Court.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 15 October 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when, to improve. Following the inspection we applied conditions to the provider's registration. They have complied with those conditions. They submitted monthly reports to us to demonstrate people were no longer at risk due to poor health and safety management.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 18 June 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

The provider has shared with us an action plan to explain what they will do to improve standards of quality and safety and to ensure they improve their rating to at least good. We will work with the local authority and clinical commissioning group to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Newlyn Court

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was conducted by one inspector, a Specialist Nurse Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, clinical commissioning group and professionals who work with the service. We also used feedback provided by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service, seven relatives, seven care staff, two nurses, two members of the housekeeping team, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting healthcare professional. We looked at seven people's care records, medicines records, complaints, health and safety and quality assurance records. We also looked at three staff recruitment records.

After the inspection

The registered manager sent us further information as requested during the inspection visit. This was received without delay.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. This was because there were serious risks around the management of health and safety and the home environment. Immediate improvement was required in relation to fire safety, emergency evacuation equipment, water temperature monitoring and electrical testing of portable appliances. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service still required improvement to ensure they were safe. There was a risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager and provider had made significant improvements to the health and safety management of the building and environment since the last inspection. A number of checks and audits had been implemented and sustained since April 2019 which supported the proactive management of health and safety within the home. Daily fire walkarounds had been introduced to ensure stairways and fire exits were kept clear and all bathrooms were checked daily to ensure they were safe and free from hazardous products.
- The testing of portable appliances (PAT) had been reviewed and updated and a full record of all appliances and their most recent test date was available for our review. The provider had also changed their policy around PAT to ensure any new items brought in by relatives, were subject to testing.
- Improvements had also been made to the testing and monitoring of hot water temperatures, which at the last inspection placed people at serious risk of harm. The provider had been required to report on these since the last inspection and there was evidence of sustained improvement since April 2019.
- Further improvements had been made to ensure health and safety standards were raised and people were protected from avoidable harm. This included the introduction of lockable cleaning trollies, the review of personal evacuation plans for each person and a review of the smoking policy.
- People's individual risks had been assessed and recorded. Staff were aware of how to support people safely. For example, when using a hoist or wheelchair. Equipment used to support people's mobility was readily available and well maintained.
- We found information about people's changing needs which may indicate a risk to their health or well-being were not always communicated clearly. For example, one person's daily care records reflected over a number of days they had red skin. Although this had been recorded staff were not aware of what, if any action had been taken in relation to this. In response to our concerns the registered manager arranged for

the person's skin to be reviewed by a nurse to ensure appropriate action could be taken if required.

Using medicines safely

- Improvements were required to the systems used to safely manage the use of covert medicines. A recent change to the medicines management systems within the home had meant that not all information about people's covert medicines was recorded and available to staff. We discussed this with the registered manager who explained the systems were still being updated and therefore the quality of information recorded still needed to be reviewed. Although staff responsible for the administration of medicines were knowledgeable about people's individual needs, the lack of information about how medicine should be given may place people at risk of receiving inconsistent support.
- With the exception of covert medicines, systems used for the safe management of medicines were safe. Medicines were administered, stored and disposed of safely.
- Where people used medicines 'as required', staff were aware and offered these to people. We observed staff checking on people's pain levels before offering them pain relieving medicines.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they or their family members were safe living at Newlyn Court. One person said, "I feel safe enough, I have no concerns about the care I receive at all."
- Staff had received training in protecting people from harm and knew how to recognise signs of potential abuse. One staff member told us, "I would report any concerns to the nurses initially and they would deal with it. If they or the manager didn't act in a way that protected people I'd have no problem contacting safeguarding. It's about respecting people, people are important."
- The registered manager understood their responsibilities in relation to safeguarding and had submitted notifications to CQC, as required and had notified the relevant local authority where there were concerns for people's safety.

Staffing and recruitment

- At the last inspection we found some people experienced waiting times at meal times. At this inspection we found the registered manager and provider had made changes and people no longer had to wait. We observed lunchtime and found a two sitting system had been introduced to reduce the amount of time people spent in the dining room. We observed staffing levels throughout two days and found people's needs were met in a timely way.
- Relatives told us they felt there were enough staff to meet people's care and support needs. One relative said, "There always seems to be enough staff." Staff expressed mixed views about staffing levels, but no-one felt people were ever placed at risk due to staffing numbers. The registered manager explained that due to a reduction in the home's occupancy level, staffing numbers had recently been adjusted. They advised staffing levels would be increased when there was an increase in occupancy levels to ensure people's needs were met.
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Preventing and controlling infection

- At the last inspection we observed some bathroom areas required cleaning and found equipment that was rusty. At this inspection standards of infection control had improved.
- Environmental audits had been introduced and changes had been made to the team responsible for housekeeping. The housekeeping staff conducted weekly audits to monitor the condition of bathrooms, bedrooms and communal spaces. Any issues arising were recorded and actioned.
- The registered manager told us the audits had enabled them to take action where areas of improvement

were identified. They told us they planned to make further improvements to the current health and safety audit in the coming months.

Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and accidents. A daily handover meeting took place where staff could discuss any concerns and agree actions to reduce risks.
- The registered manager and provider were open and honest about where mistakes had been made and took responsibility for the concerns found at our last inspection. They had taken action to address areas of concern and made improvements to mitigate possible future risk.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. This was because some people's meal time experience was not positive. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager and staff team had made changes to address the concerns raised at the last inspection about people waiting and being seated separately during meal times. We saw some people were supported to the dining room, while others ate their meals in the lounge or in their own rooms.
- Relatives spoke positively about the food, one commenting, "The food is very good. [Person] has a pureed diet and seems to enjoy meals." We observed people were offered a choice of meals and a pictorial menu was readily available to support. Where people did not like their first choice of meal alternatives were offered by staff.
- Dietary risks were understood by staff. For example, choking risks were clearly documented. Staff understood guidance given by speech and language therapists and were observed following it. Where people were at risk of malnutrition care plans were in place and were followed by staff.

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

- Initial assessments were in place, this included all aspects of people's health needs and guidance on specific conditions. We found for some people who had lived at the home for a long time, their care plans required review to ensure only the most current information about their health was included. The registered manager was aware of this and was working towards an action plan to make further improvements to people care plans.
- Information gathered during assessments had been used to assess risks which helped staff understand people's care and support needs.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any sexuality needs as well as their religious or cultural needs so these could be met. Staff we spoke with had a good knowledge of people's diverse needs. For example, where people required a Halal diet.

Staff support: induction, training, skills and experience

- Relatives spoke positively about the skills and knowledge of the staff team. One relative said, "Some of the staff are brilliant and the majority are very good. They have very challenging jobs with some of the residents but I have never seen anything but care and patience."
- Staff told us they felt well trained and supported in their role. Staff had recently received health and safety and fire training and could explain the action they would take in the event of a fire. New staff received an induction and worked alongside experienced staff, so they could get to know people and understand their needs.
- We observed moving and handling techniques used to support people with their mobility throughout the

inspection and found staff were competent and safe when supporting people. During the inspection one person experienced a seizure; staff responded swiftly and with calmness to offer reassurance and provide medical support.

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

- People and relatives told us staff supported people to access healthcare services when required. One person said, "If I want anything I only have to ask and if I need to see the GP or a chiropodist then they arrange it pretty quickly for me."
- A visiting healthcare professional told us staff made appropriate referrals to them and were knowledgeable about people's health needs.
- Care records contained information about people's health needs and histories, which offered guidance to staff about how to identify any changes in people's health. Where changes had occurred, staff had sought advice from external professionals without delay.

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

- The home environment was well maintained. Décor and decoration were designed to reflect the needs of people. There were displays throughout the home designed to prompt reminiscence and changes had been recently made to one of the lounge areas to reflect the design of a post office.
- Improvements to signage and colour schemes of doors had been made since the last inspection, to support and promote people's independence when moving around the home.
- Bedrooms were personalised to reflect people's individual tastes and preferences and there were a number of communal spaces on the ground floor for people to use as they wished.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was compliant with the MCA. People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when required.
- Where people were being deprived of their liberty referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way. The nominated individual noted any conditions applied to DoLS and acted to ensure these were complied with.
- Staff had completed training and understood the principles of the MCA and sought people's consent before providing care and support. People and relatives confirmed this, one relative said, "[Person] can sometimes refuse support from staff; staff respect their wishes."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. This was because people's records were not always held securely. At this inspection these concerns had been addressed and this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us they were well treated by staff. One relative told us, "The staff are friendly and helpful and always willing to help [person]. I can tell from their body language that they are at ease with the care staff."
- We observed spontaneous and natural interactions between people and staff and saw staff members offered people reassurance when they became distressed or anxious.
- Staff were aware of people's diverse needs and tailored people's care to reflect them. For example, staff read the bible to a person to support their faith and beliefs. Staff understood the principles of the Equality Act and were sensitive to people's individual needs in relation to their disability, race, gender, religion, sexual orientation or cultural backgrounds.

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

- Where possible people made their own decisions about daily living. One person told us, "I get up and go to bed when I want to, I can have anything I want." We saw where possible people made their own decisions about where to sit and spend their time and whether to participate in any activities.
- Staff were observed offering choices and these were documented in people's care plans. We saw people were offered a choice of meals, drinks and snacks. Staff took time to speak with and listen to people and did not rush them. Where people expressed their views, they were listened to.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity respectfully. For example, we observed staff acting quickly to adjust a person's clothing when their dignity could have been compromised. Staff were discreet when supporting people with personal care.
- Where people were able to do things for themselves staff encouraged them to do so; this helped people maintain their independence. We observed staff encouraging people to use cutlery and also prompting movement to maintain people's mobility.
- Relatives spoke positively about the support their family members received from staff. One relative told us, "[Person] likes to go for walks but needs help now and staff do accompany them. The other day I visited and a staff member was sitting with them because they said they looked lonely."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. This was because people were not always offered choice, and care records did not always reflect actions taken by staff to ensure people's well-being. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs had been assessed and recorded, however we found some care plans required further review to ensure they reflected people's current needs. Further detail was required in some care plans to ensure staff could rely on them to give them guidance about how to support people. We found staff had a good knowledge of people's needs, but this had not always been recorded in people's care plans, which could place people at risk of receiving inconsistent care.
- The registered manager told us they were aware improvements were required to people's care plans and the nursing staff had begun the process of reviewing care plans to ensure they were up to date.
- Staff we spoke with demonstrated a good knowledge of people's individual needs and understood their life histories and experiences. One staff member told us, "It's important that we understand what people's lives were like before they came to live here. Particularly when people have dementia, as knowing what makes them happy or not can have a real impact."

End of life care and support

- Although some information about people's end of life care was recorded, improvements were required to the quality of information contained in people's end of life care plans. We found information was minimal and contained only basic information.
- The registered manager was aware improvements were required and had sought advice and support from the Clinical Commissioning Group (CCG) to ensure people received end of life care that reflected their needs and individual wishes.
- Despite these concerns we saw numerous compliments from relatives about the care their family members had received at the end of the lives. One read, "Thank you for the kindness and compassion shown. Staff were professional and had [person's] best interests at heart."

Meeting people's communication needs

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

- People's communication needs had been assessed and reviewed. Care plans described the way people communicated and how staff should engage with people to ensure they provided responsive care.
- Information was provided in a format people could understand to help them make choices. For example,

some people were shown plated meals, or a pictorial menu to assist them in making choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives spoke positively about how staff supported people to take part in activities. However, we observed there were some missed opportunities to engage people in meaningful occupation. Some people were seen to be sitting in lounge areas with little stimulation and although televisions were on, no-one was watching them. Others had positive experiences and took part in sensory activities or group singing.
- We found people's engagement varied according to their needs. Some people enjoyed taking part in group activities while others were more reliant on staff to engage with them on a one to one basis. Where people spent time in their bedrooms, staff were aware and tried to engage them in pastimes such as singing or conversation.
- The registered manager told us the staff team had been working to improve the activities available to people. A pen-pal scheme had recently been introduced, which encouraged people to send postcards from around the world. This was displayed in one of the lounge areas and used to promote discussion and reminiscence.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints since the last inspection. There was a complaints policy in place and the feedback forms were available in the entrance to the home, accessible to relatives and visiting professionals.
- Relatives told us they were confident to raise concerns if they were unhappy about the care their family member received. One relative said, "I have no complaints, but could approach the manager and I'm sure they would sort out any issues quickly. In the past when I have mentioned something they sorted it straight away and it never happened again."
- Staff were aware of the complaints procedure and knew how to direct people or relatives if they expressed concerns about their experience.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. This was due to the management and oversight of the health and safety concerns identified as part of the inspection. At this inspection this key question has now improved to requires improvement. This meant leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although significant improvements had been made since the last inspection there were still improvements required to documentation in care records to ensure people received consistent and effective care. Improvements were required to the records relating to covert medicines, care planning and end of life care.
- The registered manager and nominated individual were aware further improvements were required and had plans in place at the time of the inspection to address the concerns we identified. They told us they had focused on the areas which posed the most risk to people's safety and were now working on improving quality.
- Despite the concerns raised at the last inspection all of the relatives we spoke with told us they were happy with the care their family members received at Newlyn Court. One relative said, "I know who the manager is and I think this is a well run home."

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

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The provider was open and honest with us about the failings identified at the last inspection. Information had been made available to relatives about the concerns and a document detailing steps taken to make the required improvements was available in the reception area of the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager, with the support of the provider had made significant improvements since the last inspection. The registered manager was keen to further improve the quality of care people received and was working towards an action plan to address the areas which required further improvement.
- The registered manager had made improvements to communication systems to ensure all staff had the information they needed to undertake their role effectively. They had also introduced new quality audits to drive improvements and raise standards at the home.

- Staff spoke positively about the registered manager and were onboard with the plans to make improvements. One staff member said, "I can see the benefit of the changes that have been made by the registered manager. We [staff] know what is expected of us."
- There were learning processes in place following any accidents and incidents. Care plans and risk assessments were reviewed following incidents to reduce the risk of reoccurrence.
- The registered manager was aware of their obligation to display their rating given by the CQC. The rating from our previous inspection was displayed in entrance to the home. This is important as it allows the people, relatives and the public to know how the service is performing.

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

- Relatives told us they had an opportunity to give feedback about the home. The registered manager was available if relatives wanted to speak with them and was trying to encourage further feedback by holding regular coffee mornings. One relative told us, "They asked us for feedback and gave us a questionnaire to complete." We reviewed some responses and saw the registered manager had taken action where issues or concerns were identified.
- Staff told us they felt able to offer feedback about their experiences and did this through seniors or nursing staff. However, all staff we spoke with told us they felt able to approach the registered manager with any concerns. One staff member said, "Whatever my query has been [name of registered manager] has always responded straight away." Another staff member said, "You can make suggestions, you are listened to."

Working in partnership with others

- The registered manager and staff team worked positively with visiting healthcare professionals and other partner agencies. Healthcare professionals who were present during the inspection told us they felt able to work with staff when identifying appropriate support for people.
- The staff team had also held fundraising events and worked with organisations based in the local community to enhance the lives of people living at Newlyn Court. For example, by working in partnership with local churches to support people's religious needs.