

Genesis Homes (Essex) Limited

Newstead Lodge Nursing Home

Inspection report

Warwick Road
Southam
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Newstead Lodge is a care home providing accommodation with nursing or personal care for up to 26 people. The home is purpose-built accommodation, providing care and support to people across 2 floors. At the time of our inspection visit there were 19 people living at the home.

People's experience of the service and what we found:

People were supported by staff who knew them well and were kind and attentive to them. People's safety and care needs were identified, their care was assessed and planned, and their needs were met. There was an approach to supporting people, so their individual preferences and lifestyles were respected, whilst their safety needs were balanced with positive risk taking.

Staff understood how to protect people from abuse and were confident the provider would take action to protect people, should this be required. Staff were also confident to refer to other agencies to keep people protected.

The provider had safe recruitment systems to ensure staff were suitable to look after people. There were enough staff on duty to support and meet people's needs.

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's freedom was not unnecessarily restricted, and people were not physically restrained.

People lived in a safe, clean and maintained environment. Regular checks ensured the environment was safe. People were encouraged to personalise their rooms and some people were involved in decorating their rooms.

Staff worked with people, relatives and health and social care professionals to maintain people's health and wellbeing.

We found there was a positive and person-centred culture, which focused on meeting people's needs. People and relatives spoke positively about the service and staff team. People's views and feedback was sought on the service they received.

People were involved in how their care was received and how they lived their day, such as what they wanted to do and where they wanted to go.

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

Rating at last inspection

The last rating for this service was requires improvement overall (published 15 May 2023). The overall rating for the service has changed from requirement improvement to good based on the findings of this inspection.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about the culture at the service and potential risks to people's care and the environment. A decision was made for us to inspect and examine those risks.

When we last inspected Newstead Lodge on 29 March 2023 breaches of legal requirements were found. This inspection checked whether they were now meeting the legal requirements. We found no evidence during this inspection that people were at risk of harm.

We undertook a focused inspection to review the key questions of Safe, Effective and Well Led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Newstead Lodge on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Newstead Lodge Nursing Home

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors.

Service and service type

Newstead Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Newstead Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The provider was managing this home 4 days a week as an interim measure. The provider was recruiting for a manager to become registered with us.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We looked at the information we had received from relatives and people who used the service.

We asked the local authority for any information they had which would aid our inspection. Local authorities, together with other agencies may have responsibility for funding people who use the service and monitoring its quality. We reviewed information from 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 1 relative to get their experiences about the quality of care received. We spoke with 6 members of care staff that included nursing, care and kitchen staff. We spoke with the director who was also the owner of the service and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included samples of 4 people's care records, as well as associated records that included daily report logs and medicine administration records. We reviewed 3 staff recruitment files, policies and procedures and examples of quality assurance checks and meeting minutes.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

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(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- At our last visit, risks to manage people's care were not always assessed or recorded. At this visit we found risks to manage specific behaviours or health conditions were known, recorded and followed by staff.
- Staff supported people who needed equipment to mobilise, we saw this was done safely and without rushing the person. Risks for people who maybe prone to choking were recorded in plans and support from speech and language teams had been sought and followed.
- Relatives were positive about how their family member's safety needs were managed. One relative highlighted they could rely on staff following the plans agreed to promote their family member's safety.

Using medicines safely

- People were supported to receive their medicines safely.
- People told us they could rely on staff providing them with the medicines they needed to remain well and free of pain.
- People were administered their medicines by staff who had received training and had their medicine competency assessed, to ensure they followed correct procedures.
- Staff received, stored and disposed of people's medicines safely. We found staff had not always recorded what time people received their medicines. This information was needed to ensure people received their medicines safely. Staff gave us assurances they would address this without delay.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- Staff had received training on how to recognise and report abuse as part of their induction programme. Staff were confident if they raised any concerns the management team would take action to promote people's safety. One staff member said, "I would also tell the safeguarding team and the police if necessary."
- People were positive about the way their safety was managed. One person told us, "I like the staff, they are nice and I get the staff I want to look after me." Our observations showed people and staff got on well with other.

- Relatives were confident their family member was treated well by staff. One relative said this was because, "Staff here are kind and gentle."

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- Our observations showed staff were available to support people and staff told us they had time to spend with people. During our visit we saw staff spent time with people who were anxious, whilst other staff spent time engaging people with games or music.
- Safe recruitment checks included undertaking checks such as references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean and maintained whilst certain areas of the home underwent refurbishment.
- Communal bathrooms had liquid soap and paper towel dispensers to help reduce the chance of cross infection risk. Handwashing posters were displayed which acted as a reminder for people to wash their hands.
- Staff ensured visitors to relevant areas of the home, such as the kitchen, wore appropriate PPE.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance. Relatives told us they were able to visit their family members as they wished, and were made welcome by staff caring for their family members.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The provider and nursing staff gave us examples showing they were involved in discussions and made aware of any concerns so learning could be taken from any incidents. For example, around management of falls and specific incidents. In some cases, additional training and reminders were given to staff to increase knowledge and learning.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act.
- At our last visit, we found some people were unnecessarily restricted from leaving their rooms or when being transferred. At this visit, people's freedoms were supported and encouraged.
- During our visit we saw staff always ask people for their preferred choice. One staff member said, "Even though we know they may not understand, we still give the person choice."
- We saw best interests' meetings had been held with the person and/or their representative to see what levels of support was needed. Care plans recorded where people lacked capacity which helped staff to know what interventions people required.

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

People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.

- The provider told us they would only take care packages where they had the right staff to support people safely.
- Initial assessments determined if they could meet people's needs and if those needs were met, detailed care plans and risks assessments were completed, with the person and their family if this was possible.
- Staff conversations showed they knew people well and their preferred routines.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff training was refreshed as required. Records showed staff competency was observed through spot checks to ensure they understood and put that learning into practice.

- The provider told us they were supporting staff to complete more advanced training to develop management skills.
- Relatives were complimentary about the way staff used their skills when caring for their family members. One relative described how their family member's well-being had improved since moving to the home, because staff had the skills to care for them.
- Staff recruitment files we saw showed staff had the skills, training and experience for their role.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Some people required a modified diet and people's individual requirements were supported. Where people needed support from staff to assist at mealtimes, we saw this was provided.
- Where staff had any concerns people might be at risk of malnutrition they monitored people's weights and adjusted their planned care. One relative told us because of this approach their family member had regained the weight they needed to be well. The relative said, "[Person's name] came here in crisis, but staff have been feeding them up. You only have to look at their face to see how well they are now."

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- Other health professionals advice and guidance was support to promote a person's overall health and wellbeing. For example, GP's, multi-disciplinary teams, mental health and speech and language therapists.
- People were supported to live healthier lives, access healthcare services and support.
- One person told us because of the way staff had worked with other agencies and cared for them, "The staff are fantastic, I can mobilise more within just 10 weeks of being here."

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- The home was undergoing some refurbishment. People were involved in choices of colours for walls and people could personalise their own rooms to their individual taste.
- Thought was given to people who had limited ability to transfer, such as living on the ground or first floor. There was a lift so people were able to move safely across both floors.
- One relative told us about their family member's room and said, "I must say the place is good, extremely clean and nicely decorated."

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

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 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made enough improvements and the service was no longer in breach of the regulation.

- At our last visit we found systems to safely monitor the quality of care, medicines and within the home environment were not effective. At this visit, improvements to quality assurance systems and processes had driven improvements. The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The provider and nursing staff were managing the service, until a permanent manager was appointed and ultimately, registered with us.
- The nursing and staff team were supported by the provider to understand their role and responsibilities. This included the requirement to notify the Care Quality Commission (CQC) about key events at the home.
- The provider and nursing team completed regular checks on the quality of care people received. These included checks to ensure people's care preferences and needs were met, that people had received their medicines as prescribed and checks on the safety and cleanliness of the home and the equipment they used. Improvements to fire safety checks and environmental checks helped keep people safe.
- Staff told us they were supported to understand the care people needed through regular meetings, team meetings, training opportunities and guidance from the nursing team. This helped to ensure people received good care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at the home
- People gave us examples showing the way the home was led meant staff focused on their needs, they felt valued and had developed caring relationships with staff. For example, staff took time to check people would be warm when leaving the building. People's preferences were listened to. This included which rooms people preferred to reside in.
- Relatives said communication with staff was good and they were confident staff would contact them if there were any concerns.

- A relative told us about the improvements in their family member's well-being and physical health and said, "It's going really well here, I am most impressed. The staff are remarkable, the care is so good here."
- The provider had systems to provide person centred care that achieved good outcomes for people.
- People and staff were involved in decisions about their care and the running of the service and fully understood and took into account people's protected characteristics. For example, if people wanted a specific gender of staff to provide personal care, this was respected.
- Staff were unhurried to engage with people throughout our visit. Staff asked people and sought their views on how they needed supporting in that moment so they could be sure this met people's preferences. For example, in relation to where to sit, what to eat and which staff member helped them.
- The provider told us some people were involved in choosing colours within the home for redecoration, others physically helped paint as much as they could manage. In another example, the provider said people were involved in training sessions and videos.
- Staff felt listened to. These included how to empower people to do more things independently and suggestions for meeting people's changing needs.

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 provider understood their responsibilities under the duty of candour.
- The registered manager understood the need to be open and honest with people if anything went wrong with their care. Where complaints had been made, responses informed people of how their concerns had been investigated.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Learning opportunities were shared with staff, such as fire safety and moving and handling to improve the quality and safety of people's care.
- A lead nurse showed us examples in how they had developed their auditing and checking processes. Through discussions with us during our visit, they had improved practice to further strengthen what they had already implemented. This meant the provider could be assured actions identified were addressed. This helped to ensure the care provided to people continued to develop.
- People were invited to complete surveys and questionnaires to give feedback on the care provided to them. The majority of the comments people gave were positive. One person told us because of the approach taken by staff, "There's no improvements needed here." These views were echoed by a relative we spoke with.

Working in partnership with others

- The provider worked in partnership with others.
- Staff worked with other health and social care professionals, such as multi-disciplinary teams, speech and language therapists and people's GPs, so people would receive the care they needed.
- The provider told us they had worked with the local authority since the last inspection to raise standards within the home. The provider told us this had resulted in improvements to the culture and helped them to develop their knowledge and practice.