

Angel Care plc

Newlands Care Home

Inspection report

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Salford
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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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place on 30 April 2015.

Newlands care home is located in the Salford, Greater Manchester and is owned by Angel Care plc. The home is registered with the Care Quality Commission (CQC) to provide care for up to 30 people. The home provides care to those with both residential and nursing care needs. We last visited the home on 13 September 2013 and found the home was meeting the requirements of the regulations, in all the areas we looked at.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people we spoke with and their relatives told us that they felt safe whilst living at the home. One person said to us; "To fend for myself was difficult and I feel safe because I'm taken care of here. I'm as happy as I could be".

We looked at the accidents and incidents which had taken place at home which identified that one person had fallen five times between the 1st of January 2015 and

Summary of findings

1st of April 2015. Both the care plan and falls risk assessment had not been updated to demonstrate what staff were doing to prevent this from happening again in the future and a referral to the falls service had not been made. This meant that this person could be placed at risk. This was a breach of regulation 12 of the fundamental standards with regards to safe care and treatment. You can see what action we told the provider to take at the back of the full version of this report.

We found medication was handled safely and that people received their medicines at the times they needed it.

During the inspection we spoke with staff about their understanding of safeguarding vulnerable adults. Each member of staff was able to describe the process they would follow if they suspected abuse was taking place. One member of staff said; "I would go straight to the manager but if nothing got done I would speak with the head office".

We looked at staff personnel files to ensure that staff had been recruited safely, with appropriate checks undertaken. Each file we looked at contained application forms, CRB/DBS checks and evidence that at least two references had been sought from previous employers. Additionally, we saw there was a system in place to monitor when the personal identification numbers (PIN) of nurses working at the home expired.

The home used a matrix to monitor the training requirements of staff. This showed us that staff were trained in core subjects such as safeguarding, moving and handling, infection control and health and safety. Each member of staff we spoke with told us they were happy with the training and support available to them.

We observed the lunch time meal served at the home. We saw staff displayed a good understanding of people's nutritional needs and offered choice where necessary.

Some people required a 'pureed' diet and we saw this was provided for them in order for them to consume their food safely. The vast majority of people who lived at the home were of Jewish faith and we saw their religious beliefs were adhered to, particularly at meal times.

We saw that staff received regular supervision as part of their on-going development. This provided an opportunity to discuss their workload, any concerns and any training opportunities they may have. We saw appropriate records were maintained to show these had taken place.

The people we spoke with and their relatives told us they were happy with the care provided by the home. One person said to us; "The staff are fantastic. You wouldn't get better anywhere. They will do anything for you".

We saw that people were treated with dignity, respect and were allowed privacy at times they needed it. We saw people looked clean, were well presented and were able to choose how they spent their day which was respected by staff.

We found that complaints were responded to appropriately, with a policy and procedure in place for people to follow when they needed it. Additionally, we saw that a response had been provided to the complainant, letting them know of any action that had been taken.

The staff we spoke with were positive about the leadership of the home. One member of staff said; "The manager is very dedicated to the job. Things get done".

There were various systems in place to monitor the quality of service provided to people living at the home. These included a monthly managers audit and by gaining feedback from the service through surveys which were sent to relatives and people who lived at the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. The people we spoke with and their relatives told us they felt safe living at the home.

We found staff were recruited safely, with relevant checks carried out before they worked with vulnerable adults such as written references and CRB/DBS checks.

The staff we spoke with displayed a good knowledge of safeguarding adults and could describe the process they would follow if they had concerns.

Good



Is the service effective?

The service was effective. We found that staff had received training in core topics such as safeguarding, moving and handling, infection control and health and safety.

Staff displayed a good knowledge of people's nutritional requirements and we saw that those who needed support from staff, received it in a timely manner. Additionally, we saw people had their religious beliefs adhered to at meal time.

Staff supervision was consistent, with records maintained to show that a regular pattern of supervisions had been maintained previously.

Good



Is the service caring?

The service was caring. The people we spoke with and their relatives told us they were happy with the care provided by staff at the home.

We saw people were treated with dignity and respect and were allowed privacy at the times they needed it.

People were offered choice by staff and we saw they able to choose how and where they spent their day.

Good



Is the service responsive?

Not all aspects of service were responsive. One person living at the home had fallen five times in the space of three months and had not been referred to the falls service. Additionally, the care plan and risk assessment had not been updated to show how staff were trying to prevent this from happening again in the future.

We saw complaints were handled and responded to appropriately with an appropriate response given to each complainant.

There was an activity schedule in place. On the day of the inspection and arts and crafts activity took place for people living at the home which was well attended.

Requires improvement



Summary of findings

Is the service well-led?

The service was well-led. There was a manager in post who was registered with the Care Quality Commission.

Staff who worked at the home felt the home was well-led and that the manager was approachable.

We found there were various systems in place to monitor the quality of service provided at the home.

Good



Newlands Care Home

Detailed findings

Background to this inspection

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

We carried out this unannounced inspection on 30 April 2015. The inspection team consisted of an adult social care inspector, a nursing specialist 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.

At the time of the inspection there were 30 people who lived at the home. During the day we spoke with the

registered manager, nine people who lived at the home, six relatives, seven members of staff and two visiting professionals. We looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included care plans, staff personnel files and policies and procedures.

We spoke with people in communal areas and their personal rooms. Throughout the day we observed how staff cared for and supported people living at the home. We also observed lunch being served in both dining rooms of the home.

Before the inspection we liaised with external providers including the safeguarding and infection control team at Salford local authority. We also looked at notifications sent by the provider as well as any relevant safeguarding/whistleblowing incidents which had occurred.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. Comments included; "I feel safe here. I couldn't live on my own" and "To fend for myself was difficult and I feel safe because I'm taken care of here. I'm as happy as I could be" and "I'm really happy here and I feel very safe".

We also spoke with visitors and relatives during the inspection and asked if they felt their loved ones were safe living at the home. Comments from relatives included; "I'm happy with the place, she's definitely safe here" and "If she's happy, and she is, it must be good" and "Of course she's safe here" and "I live in another country and come to visit my relative every two weeks. I can rest assured whilst at home, that my relative is being well cared for and is in safe hands by living in the home".

During the inspection we spoke with staff and asked them about their understanding of safeguarding vulnerable adults. Each member of staff could clearly describe the process they would follow if they had concerns about people's safety. One member of staff said; "I would go straight to the manager but if nothing got done I would speak with the head office". Another member of staff said; "I would speak with either the senior or nurse on shift and make a record of everything I had seen or heard". The homes training matrix showed that staff had also received training in safeguarding vulnerable adults.

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file contained job application forms, interview notes, a minimum of two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check being undertaken. Nurses are required to be registered with the NMC (National Midwifery Council) and must maintain their registration whilst working in the role of a nurse. We saw there was a

system in place to monitor when the personal identification numbers (PIN) of nurses working at the home expired or were due for renewal and this was monitored by the home manager.

We checked to see that there sufficient staff available to meet the needs of the people who lived at the home. Our observations were that there were sufficient staff working at the home on the day of the inspection. In addition to the registered manager, there were seven members of staff working at the home on the day of our inspection. These included a nurse, student nurse, senior carer and four care assistants. This was to provide care to 30 people who lived at the home. We spoke with staff and asked them for their views about the current staffing levels at the home. One member of staff said; "I feel staffing levels are adequate for now although every day is different". Another member of staff said; "All days are different depending on the needs of the residents. Staffing levels are alright at the minute". A further member of staff said; "Staffing levels vary. I know it can be a struggle at weekends because domestic staff do not work and that is more work for carers to do".

People's medicines were looked after properly by staff who had been given training to help them with this. All medication at the home was administered by nurses who we saw had all received relevant training. Medication was kept in a secure trolley to prevent it from being accessed by people who lived at the home. We looked at a sample of people's medication records (MAR) and saw that signatures provided by staff, corresponded with what had either been administered. Where medication had been refused or not given, there was a clear reason why, such as if a person had been in hospital or was unwell. Certain people who lived at the home required the use of PRN (when required) medication and we saw there were individual protocols in place for staff to follow, as to when this should be given and under what circumstances.

There were controlled drugs stored at home, which were signed for in a separate book by two members of staff each time and kept in a separate cupboard from other medicines. Some medication required to be stored at a certain temperature and was therefore kept in a medicines fridge to ensure that they worked properly.

Is the service effective?

Our findings

There was a staff induction programme in place, which staff were expected to complete when they first began working at the home. The induction was based on the common standards and covered the role of the worker, personal development, communicating, equality, safeguarding, person centred support and health and safety. Each member of staff we spoke with told us they undertook the induction when they first commenced their role. One member of staff said; "I had worked in care previously but still did an induction when I started working here". Another member of staff said; "It gave me a very good start to working in care. I had worked in the community before, but this is a bit different so it was good".

The staff we spoke with told us they were happy with the support and training they had available to them. We looked at the training matrix, which showed staff had undertaken a variety of courses which included moving and handling, infection control, dementia awareness, safeguarding, MCA/DoLS and fire awareness. One member of staff told us; "The training is good. There is enough training and support". Another member of staff said; "I'm feeling really well supported with my work and other staff who are more experienced have helped as well". Another member of staff added; "There is a good support network at the home".

We found that staff supervision at the home was consistent. We looked at a sample of staff supervision records which suggested that they took place every six months. This provided managers with the opportunity to evaluate the performance of staff, discuss any training requirements and offer any suggestions for areas of improvement. One member of staff told us; "We get supervision roughly every six months which is good. Another member of staff said; "Supervisions always take place and I think it is important".

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. From our discussions with managers, staff and from looking at records we found staff had

received training in relation to MCA and DoLS. The manager and staff spoken with also expressed a good understanding of the processes relating to DoLS. At the time of our inspection, there were eight people living at Newlands who were subject to a DoLS. The manager told us that additional referrals would be made when necessary.

We asked the people who lived at the home for their opinions of the food. Comments included; "The food is very nice. They give you a choice of two meals" and "I don't have any problems here. The food is good. They come round with a choice of two meals every day". Comments from relatives also included; "The food here is stunning. I opened the draws in the kitchen, that's how I tell if it's clean. It was spotless".

We saw that the initial assessment process/dependency tool took into account people's nutrition and hydration requirements and how staff could best support them. Where people did require support, they had a relevant care plan in place. This also covered any risks which were associated such as choking or losing weight. We spoke briefly with the chef and they showed us a list of people who required thickening agents to be added to their food/drink, were diabetic or had any specific allergies.

During the inspection, we observed the lunch time meal to gain an understanding of how people were supported to eat their food. We saw there was a choice of either fish or beef curry. A dessert of crumble and custard was also offered to those who wanted it. There were three people who required assistance from staff to eat their food and we saw this was provided to them in a timely manner. Additionally, several people were required to receive a pureed diet and again, we saw this was provided for them by staff. We saw staff did not get distracted and were able to sit down with people for the majority of the meal and focus on providing support. Drinks of tea/coffee and juice were also offered and in general, we saw that people ate well and that the food looked appetising and well presented for people.

We saw that the home worked closely with other professionals and agencies in order to meet people's care requirements. Involvement with these services was recorded in people's care plans and included Speech and Language Therapy (SALT), Dieticians, Chiropodists, District Nurses and Doctors.

Is the service caring?

Our findings

The people who lived at the home told us they were happy living at the home. Comments from people included; "The staff are very good. They look after me" and "We're very well looked after here" and "We're happy enough. The staff are very caring" and "The staff are fantastic. You wouldn't get better anywhere. They will do anything for you" and "I'm alright, the staff are very good".

The relatives we spoke with were happy with the care being provided to their loved ones by staff at the home. Comments included; "The staff are as good as gold. They're very caring. She gets more one to one care here than in her last home" and "The staff work so hard and the care my mum gets is great" and "She likes it here. The caring is very good" and "My mum needs a lot of care and they do it well".

During the inspection we saw that people were treated with dignity and respect by staff. The staff we spoke with were clear about how to treat people with dignity and respect when providing care. One member of staff said; "When I'm getting people out of the shower I always make sure they are covered with a towel rather than being stood with no clothes on. That protects their dignity". Another member of staff said; "I always lock the doors when taking people to the toilet. If people need taking to the toilet, I wouldn't say it in front of others so that they do not get embarrassed".

Whilst speaking with staff we found they were able to describe how they offered people choice and allowed them to retain as much independence as possible. One member of staff told us; "One person who lives here always seems to ask for their wheelchair to get around. I try and encourage

them to use their walking frame though to give them a bit more independence". Another member of staff said; "Some people forget things which is understandable, but I feel that by constantly offering them choices with regards to their favourite things that it will help them". Another member of staff added; "I always encourage as much as possible before stepping in".

During the inspection we spent time observing how people spent their day and looked at the types of support people received from staff. We saw people being supported to walk around the building, assisted to the toilet when required, given their medication and assisted both to and from their chair. Staff spoke to people with respect and it became clear that good, caring relationships had been developed between staff and people who lived at the home.

We saw staff took the time to explain to people what was happening whilst delivering care. For instance, we observed one person being hoisted into their chair by two members of staff. The staff introduced themselves, said good morning and explained exactly how this person was going to be transferred. At one point during the transfer, this person's jumper became untucked from their clothing but the staff noticed this and covered them straight away. Another person asked to be taken to the toilet and the member of staff immediately explained what this person needed to do to get up from their chair safely and to hold onto their walking frame to keep them safe.

We observed that people who lived at the home looked clean and well presented. People's care plans captured all aspects of personal care which had been delivered such as if they had received a bath or a shower or if they had their hair brushed or their clothing changed.

Is the service responsive?

Our findings

Each care plan we looked at contained a pre-admission dependency assessment. This enabled staff to gain an understanding of people's care needs and how they could best meet people's requirements. These covered areas such as eyesight, continence, communication, mobility, breathings, eating/drinking and personal hygiene. Each person living at the home had a care plan that was personal to them. This provided staff with guidance around how to meet people's care needs and the kinds of task they needed to perform when providing care. During the inspection we looked at a sample of people's care plans and saw they were reviewed at regular intervals, or in line with any changes to people's requirements.

Whilst looking at people's care plans we saw they took people's life history into account, as well as things that were of particular interest to them. This covered their childhood, adolescence, what they had done for work and details of their family. Additionally, we saw people had completed preference questionnaires detailed their choice of key worker, when they chose to get up, if they wanted a bath or shower and what they preferred to be called by staff. This demonstrated a person centred approach to providing care to people in line with what they wanted and chose to do.

We looked at the accidents and incidents which had taken place at home which identified that one person had fallen five times between the 1st of January 2015 and 1st of April 2015. Both the care plan and falls risk assessment had not been updated to demonstrate what staff were doing to prevent this from happening again in the future and a referral to the falls service had not been made. This meant that this person could be placed at risk. We raised this with the manager who stated that this person had a sensor mattress in place in their room, which would alert staff if

they tried to move alone. However, this was not a prevention measure and would not stop this person from falling again in the future, as it would only act as an alert that this person had moved.

This meant there had been a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 with regards to safe care and treatment.

The vast majority of people living at the home were of Jewish faith and were provided with a kosher diet. The kitchen itself was segregated between areas where meat was cooked from where dairy produce was handled. Additionally, there was specific cutlery used to ensure that meat and other products did not come into contact with other diets such as non-kosher. This showed us that the service were responsive to people's cultural and religious beliefs.

We saw that surveys were sent to people who lived at the home and their relatives asking them for their views of the service provided. This asked people for their views about the care at the home, dignity, activities and food/meals. We saw that an overall analysis had been provided in response to feedback from people and how aspects of the service were to be improved as a result.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care. We looked at the complaints file during the inspections and found that any complaints had been properly responded to, with a response given to the complainant. People told us that if they needed to complain they would speak to their key worker or with the home manager.

We observed an arts and crafts activity taking place and a vast number of people took part and appeared to enjoy it. This was facilitated by an external activities person who regularly visited the home. A relative commented; "The activities are great here. They help to stimulate her and we have noticed a big change".

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff we spoke with felt that the home was well run and managed. Comments from staff about leadership included; "The manager is brilliant she gets things done" and "The manager is so helpful" and "The manager is very good. She gives good advice" and "The manager is very dedicated to the job" and "The manager is always so helpful". Relatives who visited the home also spoke positively about the manager. One relative said to us; "The manager and the home in general are very accommodating. The manager is very good".

During the inspection, we saw that the manager interacted politely with people who lived at the home and visitors.. The manager knew the names of people who lived at the home, their relatives, and was able to speak about them in detail about things of importance to them. The Manager appeared to be very focused on care delivery and it became apparent that she ensured her presence within the home was also known to staff and people who lived there.

The home manager conducted a monthly audit of certain areas within the home. These covered areas such as care plans, the environment, staff files, training, medication and the kitchen area. Where any areas of concern had been

highlighted during audits, we saw there was a record of any action that had been taken to prevent them from happening again and potentially identify problems in advance.

There were regular heads of department meetings which took place at the home. These were attended by the manager, kitchen staff, maintenance staff, housekeeping/ laundry, admin and senior care staff. Each department had been able to provide updates in relation to their individual areas as to how things could be potentially improved. Additionally, staff told us that they took part in daily handovers, which were overseen by the manager. This provided an opportunity to establish what had happened during the previous shift and gain a picture of how people who lived at the home were feeling on that particular day.

We saw that health and safety checks were undertaken regularly. There was a maintenance person who had a log of all jobs undertaken. We saw that they responded to any repair requests in a timely manner, carrying out small repair jobs themselves and bringing in outside contractors where necessary. There were records of, PAT (Portable Appliance Testing), fire alarm tests, emergency lighting checks and equipment checks. We saw that water temperatures were taken regularly and outlets flushed as necessary. We saw that some of the fire safety equipment checks were due to expire, however the home manager had already arranged for somebody to visit the home to carry out the servicing required.

The home had excellent links with the wider community via the facilities available to both people who used the service and others. The local Rabbi visited the home daily and during the inspection, a representative from a Jewish organisation had visited the home to encourage people to take part in an art activity.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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

We found appropriate systems were not always in place to refer people to other agencies as required when they were placed at risk.