

# Uday Kumar and Mrs Kiranjit Juttla-Kumar

# Newlands Residential Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

The inspection took place on 17 February 2016 and was unannounced.

Newlands Residential Home provides care for up to 17 older people some of whom may be living with dementia. The service is situated on the seafront at Walmer, near Deal, with accommodation on two floors. On the days of our inspection there were 11 people living at the service.

There was no registered manager at the service. The service was run by a manager who was present on the day of the inspection. The service had been without a registered manager for over five years even though a condition of the provider's registration is that there should be a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider was present for part of the day.

People told us that they felt safe living at the service. People looked comfortable with other people, staff and in the environment. Staff understood the importance of keeping people safe. Staff knew how to protect people from the risk of abuse and how to raise any concerns they may have.

The environment was not adequately maintained inside and out. There was no clear plan of when the required work would be completed or who was going to do it. Fire doors were not all working properly. There were procedures in place for emergencies, such as, gas / water leaks.

Sufficient numbers of staff were deployed. Staff received regular one to one supervision. However, there were a large number of shortfalls in staff training. Recruitment processes were in place to check that staff were of good character.

Risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Accidents and incidents were recorded and analysed to reduce the risks of further events.

People were provided with a choice of healthy food and drinks which ensured that their nutritional needs were met. People's health was monitored and people were referred to and supported to see healthcare professionals when they needed to.

The manager understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made when this was in their best interests. However, not all staff had

completed MCA training and some were not aware of how the MCA principles should be applied. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes, the requirements of DoLS were met.

People and their relatives were involved with the planning of their care. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Staff knew people well and were kind and caring. People received consistent and personalised care and support. Care plans were kept up to date to reflect people's changing needs and choices.

There was a complaints system and people knew how to make a complaint. Views from people and their relatives were taken into account and acted on.

The range of activities was limited and people said they would like to do more. Staff were aware of people who chose to stay in their rooms and were attentive to prevent them from feeling isolated.

There were systems in place to monitor the quality of the service. Staff spoke with people individually to make sure they were happy living at Newlands. They listened to any suggestions people had and took action to make changes to address these. Staff raised concerns with the provider at staff meetings; however action was not also taken in a timely manner to address these concerns. The manager had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

We found one new breach and five continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are taking enforcement action against Uday Kumar and Kiranjit Juttla-Kumar to protect the health, safety and welfare of people using this service.

## 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 consistently safe.

Most risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear.

The environment was not adequately maintained inside and out.

There were sufficient numbers of staff deployed. There were recruitment and selection processes in place to make sure that staff employed were of good character and safe to work with people.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff had not all received the training they needed. Some training was out of date and some had not been completed at all.

The manager held formal one to one supervision meetings with staff to monitor staff competencies and skills.

Assessments were carried out to check whether people were being deprived of their liberty and whether or not it was done so lawfully.

People's health was monitored and staff worked with health and social care professionals to make sure people's health care needs were met.

**Requires Improvement** ●

People's nutritional and hydration needs were not consistently met by a range of nutritious foods and drinks.

### Is the service caring?

The service was caring.

Staff were patient, kind, caring and compassionate. Staff understood and respected people's preferences and individual religious and cultural needs.

People were encouraged and supported to maintain their independence. Staff promoted people's dignity and treated them with respect.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

**Good** ●

### Is the service responsive?

The service was not consistently responsive.

The range of meaningful activities was limited and people said they would like to do more.

People received personalised care and support. Care plans were kept up to date to reflect people's changing needs and choices.

There was a complaints system and people knew how to make a complaint.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

The provider remains in breach of regulations and has not submitted an updated improvement plan to CQC when requested to do so. Reviews and audits had been completed but there was no action plan to show how improvements were going to be made, by whom and by when.

There was no registered manager in post and had not been for over five years. The provider was in breach of the conditions of registration.

The manager led the staff in providing compassionate and sensitive care.

**Inadequate** ●

# Newlands Residential 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 registered person is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 17 February 2016 and was unannounced. The inspection was carried out by two inspectors. Before the inspection the provider completed a Provider Information Return (PIR). The provider did not return the PIR on time and asked for an extension to complete it which we granted. This is a form that asks the registered person to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service and looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We met and spoke with six of the people living at the service. We spoke with visiting relatives, three care staff, kitchen staff, the manager and the provider. During our inspection we observed how the staff spoke with and engaged with people. Some people using the service were not able to talk with us because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at how people were supported throughout the day with their daily routines and activities and observed how people's needs were being met. We reviewed four care plans and associated risk assessments. We looked at a range of other records, including safety checks, four staff files and records about how the quality of the service was managed.

We last inspected Newlands Residential Home in June 2015 when a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified.

At this inspection we found one new breach and five continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We are taking enforcement action against Uday Kumar and Kiranjit Juttla-Kumar to protect the health, safety and welfare of people using this service.

# Is the service safe?

## Our findings

People said that they felt safe living at Newlands. They said there was always someone around if they needed anything. A relative said, "It is such a relief that 'my relative' is here. Things were getting bad at home. They are safe now".

At the last inspection in June 2015 we found that there were insufficient staff deployed. At this inspection there were sufficient numbers of staff deployed most of the time. The manager told us that they sometimes covered care shifts but most of the time they were additional to the staff numbers so that they could keep up to date with their management duties. We reviewed the staff rotas and these reflected what we were told about staffing levels. People told us that there was always a member of staff around when they needed them. The manager was recruiting to build up a 'flexi bank' of staff who could be contacted to cover emergency staff absences, such as illness.

At the last inspection there was a broken window in a person's bedroom and people did not have their own individual slings. At this inspection the window had been fixed. One person had a sling in place but no other people needed a sling to support them.

At the last inspection in June 2015 two fire doors were not working properly. At this inspection one of these fire doors was still not working properly. The fire door had a magnetic device at the top which should be deactivated by a switch on the wall. This magnet and switch were not working. We asked the manager how the door opened; they tried to open it and had to force it open. They said that it was not working as it should and could be a hazard if it was needed in an emergency.

The provider had not ensured that the premises were safe. This is a continued breach of regulation 12(1)(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not living in a service which was properly maintained. At the last inspection in June 2015 the décor in parts of the service was old and faded. Paintwork was chipped and there were water stains in various areas where there had been leaks. At this inspection paintwork was still chipped and wallpaper was peeling in some areas, for example, in the 'quiet area' where the medicines trolley was stored. There was a pot on the floor in the 'quiet area' to catch water but the provider told us that there were no leaks. Some water stains had been painted over but there was evidence of water damage to ceilings in empty bedrooms which had not been painted. At the last inspection in June 2015 the outside of the building was in need of attention. Some external painting had been undertaken since the last inspection.

An 'environmental walk around' carried out by the provider and the manager on 04/02/2016 noted, 'All empty rooms to be cleaned and made ready to show including beds being made up' and 'Thoroughly clean and prepare empty rooms'. By the side of both of these it noted 'DONE'. We looked in the empty rooms and found dirty carpets, unclean bathrooms, peeling wallpaper and damp areas.

The provider had not ensured that the premises were properly maintained. This is a continued breach of

Regulation 15(1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not consistently protected against the risk of receiving unsafe or inappropriate care and treatment. Risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. Some people were identified at being at risk from having unstable medical conditions like diabetes. Other people were at risk from dehydration and not drinking enough fluids. There was limited information available to give staff the guidance on what to do if the risks actually occurred, for example if a person's diabetes made their blood sugar levels go too high or too low. Information on how to manage the risks was not available in people's care files and it was not clear.

Some people had diabetes but there was no risk assessments in place to give staff the guidance on the signs staff should look for if a person's diabetes was becoming unstable and what action they should take to try and prevent this from happening. There was no instruction on what they should do if this did happen. The majority of staff had not received training about this condition and did not know the signs they should be looking for if the person's condition was becoming unstable. There was a risk that people would not receive the treatment care and support they needed if their condition became unstable.

Some people were at risk of not drinking enough. There was guidance for staff on how much people should be drinking over a 24 hour period and but there was nothing to tell them what action they should take if people were not drinking enough. Sometimes staff were recording the amount of fluids that people were drinking but on other occasions they were not recording the amount. The amount of fluids people drank each day but was not totalled up to see if they had drunk enough. There was no clear guidance on how staff were to support and encourage people to drink enough to keep them healthy. During the inspection we observed a person had two large glasses of juice in front of them. Between the period on 9:00am and 12 noon the person was dozing in their chair. They did not drink anything during this period. Staff did not encourage them to drink. Staff said that they did not want to wake the person up. There was a potential risk that people that may not be drinking enough to keep them healthy.

During the inspection a person said that they would like to go and get some fresh air. Before coming to live at the service the person had walked a lot. The person had not been able to leave the service as they wished for walks and staff said that they had not supported the person to go out as they were concerned that they might not want to come back. The staff were concerned about taking the 'risk'. There was a risk that staff may place unnecessary restrictions on people which could limit their lifestyles. Staff had not considered how best to manage the risks and to support this person to remain as independent and safe as possible. We discussed this with the staff and manager. They said they would address this issue and would look at safe ways to support the person to go out.

Care and treatment was not provided in a safe way for people because the provider had not assessed all potential risks to people and had not provided sufficient guidance for staff to follow to show how risks to people were mitigated. This is a breach of Regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks had been assessed in relation to the impact that the risks had on each person. The risk assessments were reviewed monthly to identify any changes in people's health and wellbeing. There were risk assessments for people who were at risk of developing pressure sores because they spent a lot of time in bed. Staff followed the guidance in these assessments and gave people all the care they needed to reduce the risks. Special equipment, such as, pressure cushions and mattresses were used to help protect people's skin. Staff followed guidance when using special creams and this information showed where on the body the creams should be applied and how often. This helped to make sure that people's skin was kept as

healthy as possible. No-one at the service had pressure sores.

The manager made sure that all staff were safe to work with people. The provider had policies and procedures in place for when new staff were recruited and these were followed by the manager. Prospective employees completed an application form, provided proof of identity and had a formal interview as part of the recruitment process. Notes were made during the interview and kept in staff files. References had been verified and obtained. Checks had been completed with the Disclosure and Barring Service (DBS) to make sure potential staff were suitable to work with people living at Newlands Residential Home. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. When it had been identified that staff had a conviction this was discussed and assessed to minimise the risks to people. Gaps in employment history had been explained and recorded.

Staff understood the importance of keeping people safe and were able to identify the correct procedures to follow if they suspected abuse. However, staff had not all received training in safeguarding people. There were systems in place to keep people safe including a policy and procedure which gave staff the information about what to do if they suspected any incidents of abuse. Staff were aware of the whistle blowing policy and the ability to take their concerns to agencies outside of the service. If any concerns were raised with the manager, staff felt confident that action would be taken.

People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. People said that their medicines were given to them when they needed them. One person said, "Staff always make sure I have my tablets every day, so I don't have to worry about when to take them. I used to get in a bit of a muddle with them when I was at home". Another person said, "They put cream on my legs every day".

There were policies and procedures in place to make sure that people received their medicines safely and on time. People's medicines were managed by staff. People said they were happy with this arrangement and this was the way they preferred to have their medicines. All medicines were stored securely for the protection of people. People told us that they received their medicines when they should and felt staff handled their medicines safely. Staff had received training in how to give people their medicines safely. This training was followed by a test to check staff knowledge and understanding of the training. Medicine Administration Records (MAR) charts showed that people received their medicines according to the prescriber's instructions. Medicines were given to people at their preferred times and in line with the doctor's prescription. Some people were given medicines on a 'when required basis'. There was guidance for each person who needed 'when required medicines'. Some people said that staff asked them if they were in pain and if they needed any 'pain relief'. Staff observed that people had taken their medicines. Records included a photograph of the person to confirm their identity, and highlighted any allergies.

A stock of medicines was stored in a locked room. People's current medicines were stored securely in a medicines trolley. The medicines trolley was clean and tidy, and was not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. When staff gave people their medicines they signed the medicines administration records. The medicines given to people were accurately recorded. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. The staff recorded accurately and consistently when people had creams and sprays applied to their skin to keep it healthy and intact.

There were systems in place to monitor and analyse any accidents and incidents that happened in the service. The manager analysed these to check if there were any identifiable themes or patterns which were contributing to the accidents, and if there was any action which could be taken to reduce the risks. When a pattern had been identified the manager referred people to other health professionals to minimise risks of further incidents and to keep people safe.

There were procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Staff were clear of what to do in the case of an emergency. Staff explained that the senior person on duty would pick up a 'grab file' from the entrance hall which contained important information for each person living at the service, for example, their medicines, communication and mobility needs.

## Is the service effective?

### Our findings

The provider did not have an effective system in place to ensure staff received the training they needed to perform their duties. At the last inspection in June 2015 there were shortfalls in staff training. The majority of the training that staff received was completed on-line via a computer. This system involved the provider buying credits so that staff could access the training. The manager told us that credits were now being purchased when needed by the provider.

The provider told us that staff training was up to date. The manager showed us a training schedule, for 16 members of staff, which had numerous gaps where training had not been completed. For example, ten staff had not completed training on mental capacity and deprivation of liberty; five staff had not completed health and safety training; four staff had not completed fire safety training; six staff had not completed safeguarding training and only two staff had completed training on diabetes. The provider and manager told us that staff had completed training on moving and handling in June 2015. We asked if this had been theory and practical training and were told that it had incorporated both. This is important as staff must complete training incorporating the practical element of how to move people safely. However, there were no training certificates on the staff files to show that this training had been completed. Staff did not all have a good working knowledge of the principles of the Mental Capacity Act. Staff did not all understand how to care for a person with diabetes or recognise the signs that they may be poorly due to a change in their blood sugar levels.

The provider had not ensured that staff had the appropriate training to enable them to carry out the duties they were required to perform. This is a continued breach of Regulation 18(1)(2)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The manager had set up a schedule to make sure staff received regular one to one supervision and annual appraisals. Staff told us that they received regular one to one supervision meetings and records on staff files confirmed this. Staff told us that the manager was regularly in the service and that they would raise any concerns with the manager at the time and felt that they would listen and act on their concerns.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and was aware of their responsibilities in relation to these. The Care Quality Commission monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there

are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Applications had been made in line with guidance and the manager was monitoring these and waiting for a decision to be made.

When people were unable to give valid consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the MCA. Ten staff had not received training on the MCA and when asked were not fully aware of how the MCA impacts on people so there was a risk that some staff may not have a good working knowledge of the key requirements of the MCA; how it impacted on the people they supported and if people's human and legal rights were protected. This was an area for improvement.

People told us there was a choice of food and drink. One person said, "If I don't like what's on the menu they will make something else for me". People enjoyed their lunch. It was served hot enough; the portions were good and reflected the appetite of people. People told us that they always had enough to eat and they liked what they had. Hot and cold drinks were given throughout the day. Some people were on fluid charts to monitor the amount that they drank. The chart was not consistently completed by staff. The amount of fluid people drank each day was not totalled up to see if they had drunk enough.

Staff were aware of what people liked and disliked and gave people the food they wanted to eat. Staff respected people's choices about what they did eat. Each person was asked individually what meal they would like. The food was fresh and appetising. It was served promptly with attention paid to the appearance of the food on the plate. People were not rushed and ate at their own pace.

No-one had any complaints about the food. The staff encouraged people to sit with others at meal times so they could chat and socialise while eating, this also encouraged people to eat their meals. Lunch was a calm and relaxing time when people sat chatting. Staff were discreet and sensitive when they were supporting people with their meal. Staff supported people to cut up their food so they could eat independently. Those who did not wish to eat in the dining room were served food where they preferred. Most people ate in the dining room but some people preferred to eat at a small table where they were sitting or in their own rooms.

The service employed two chefs who worked over the week. They were aware when people were needed special diets. The cupboards, fridge and freezers were well stocked with a selection of foods. There was fresh fruit and vegetables available. The chefs baked a cake every day which was served in the afternoon. People told us they looked forward to eating the cake.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People's skin was also monitored to ensure it remained as healthy as possible. Staff had referred people to the district nurse for treatment to prevent pressure sores when required. Beds with air flow mattresses supported people to keep their skin healthy and special cushions were available for people to sit on. There were turning charts which had been completed detailing what side people were required to be turned onto, to relieve the pressure on the person's body to reduce the risk of pressure sores.

When people had problems eating and drinking they were referred to dieticians. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists as they needed to see them. Visiting professionals like district nurses went to the service on regular basis and were available for staff if they had any concerns. Relatives told us that the staff responded promptly when their family member needed to see a doctor or to attend any other health related appointments.

## Is the service caring?

### Our findings

People said they were well cared for and this was confirmed by their relatives. A relative told us, "My relative is settling in here. It was difficult at first but the staff have made them feel at home. They have got to know my relative now and understand how they like things done". People and their relatives were complimentary about the attitude of staff who they said were kind and caring. People and their relatives told us, "The staff are always friendly when you come in and ask how you are."

There was a relaxed and friendly atmosphere at the service. People looked very comfortable with the staff that supported them. People chatted and socialised with each other and with staff and looked at ease. Staff listened to what people said and acted promptly when they asked for something. The staff attended to people's needs promptly. At the last inspection in June 2015 we found that staff were task focussed and did not have time to sit with people because there were not enough staff on duty. At this inspection we observed that staff took the time to listen and chat with people so that they received the care they needed. Staff were observant and checked on people as they went about their duties. Every time they walked by people they spoke to them to see if they needed anything.

Staff communicated with people in a way they could understand and were patient, giving people time to respond. Staff used people's preferred names and spoke with people appropriately. We observed one member of staff speaking patiently with a person until they were able to understand the conversation. The member of staff spoke clearly and kindly to the person. It was clear they had a good rapport which resulted in the person smiling and relaxing. Staff were affectionate towards people in an appropriate way, they held their hands or put their arm around people. Staff demonstrated that they cared about the people they were supporting.

The provider stated on the Provider Information Return that there were seven people at Newlands living with dementia, six people with a sensory impairment and nine people with a physical disability. The provider had not made sure that information available in the service, for example, care plans, menus or complaints procedures, was available in an easy to read format. There was no list of staff on duty or list of available activities for the day so that people could see what was on offer. This was an area for improvement.

People were supported to make choices and to maintain their independence and care plans detailed what people could do for themselves and what support they required from staff. They told us that staff always offered them choices such as what they wanted to eat or wear. People chose where they wished to be in the service, either in their room or the communal lounges. Staff provided positive support and encouragement when assisting people to move around the service. The manager and staff knew people and their loved ones well.

Staff had knowledge of people's needs, likes and dislikes. Staff and people chatted together and with each other. Staff respected and promoted people's privacy and dignity. Staff knocked on people's bedroom doors and waited for signs that they were welcome before entering people's rooms. They announced

themselves when they walked in, and explained why they were there. Staff were discreet and sensitive when supporting people with their personal care needs. Staff told us how they supported people to maintain their dignity, privacy and confidentiality. For example, personal care was given in the privacy of people's bedrooms or bathrooms and staff made sure that people's doors were closed at these times.

Staff and relatives told us that visitors were welcome at any time as there were no restrictions on visiting times. During our inspection there were a number of friends and relatives who visited. They told us that they visited whenever they wished. Staff were welcoming and polite and spent time updating people about their relatives.

People's religious and cultural needs were respected. Care plans showed what people's different beliefs were and how to support them. People were supported to continue with their religious beliefs. People had visits from people and clergy from their local churches. People found comfort in this.

Care plans were signed by people to confirm that they had been involved in and agreed with their plan of care. Care plans and associated risk assessments were stored securely, to protect people's confidential information, and located promptly when we asked to see them. Staff understood that it was their responsibility to ensure that confidential information was treated appropriately and with respect to retain people's trust and confidence.

## Is the service responsive?

### Our findings

When a person was considering moving into the service they and their loved ones had been involved in identifying their needs and saying how these should be met. This information was used to check whether the staff could meet people's needs or not. The care plans we reviewed showed that a pre-assessment was completed when a person was thinking about using the service. From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best. Relatives and people said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done.

Assessments reflected people's previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Newlands. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person.

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person in the way that suited them best. The care plans contained clear directions and guidance for staff on how to care and support people safely and effectively. The care plans gave the information on how people liked their personal care delivered and how to keep their skin healthy and the plans were being followed by the staff. For example, people sat on special cushions and had special mattresses on their beds to protect their skin. Staff followed the care plans and supported people to do as much as possible for themselves. One personal hygiene plan stated, 'Needs the help of one carer to have wash, but likes to do as much as possible for themselves. Will ask if needs any support. Needs help to wash hair. Can brush own teeth but carer needs to put the toothpaste on the brush'.

People had an allocated keyworker. A key worker was a member of staff who had a key role in co-ordinating a person's care and support and promoted continuity. Keyworkers took special responsibility for the person they were key worker for and supported them to keep in touch with their families and to remember special events like birthdays. They made sure people had enough toiletries and that people's rooms and wardrobes were clean and tidy. They also checked people's care plans were kept to update with any changes and relevant information.

Staff knew the people well and anticipated their needs. If people were unhappy about something the staff were able to recognise the signs and take the appropriate action to resolve any issues. When one person was upset a member of staff sat with them and reassured them until they felt better.

When people could not fully communicate using speech they had an individual communication plan which explained how they communicated. There was guidance in place about how staff should respond to people in the way that they understood and suited them best. One communication plan stated, 'Use simple clear

language. Speak loudly but do not shout. Notice my body language and facial expressions. Ask direct questions and wait for response e.g. Are you uncomfortable? Are you in pain? Do you want a drink? Do you want to sit in the chair?' Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted.

One person told us, "Staff always come when I need them. They are very good". Staff were responsive to people's needs throughout the inspection and responded to people's needs quickly when they asked for anything.

People said they would like to do more activities and go out more. A record of a 'resident meeting' dated 28/12/2015 noted one person saying that they would like to see more activities for residents and possibly some exercises. A relative commented, "It would be good if they did some more activities. It would be more stimulating for people". There were some activities organised but people said that they would like to do more things. At the last inspection in June 2015 there were regular 'music therapy' sessions but these were no longer taking place at the service.

On the morning of the inspection staff were busy and had little time to spend with people. Staff did chat and check on people as they carried out their duties. In the afternoon staff spent more one to one time with people chatting and there was a dancing session which some people joined in and others enjoyed watching. The atmosphere was lively and happy. Staff were aware of people who chose to stay in their rooms and were attentive to prevent them from feeling isolated.

People relied on their relatives to take them out. The manager said that they were in the process of introducing more activities within the service but these had not started yet. The manager and staff were raising money in an 'amenities fund' to provide additional activities. They were looking at developing a 'memory trunk' which would contain items from the past to stimulate people into remembering and talking about their lives. They were also looking at using pictures to help people talk about their lives and events that were important to them.

The manager did organise entertainers to come to the service on a regular basis for sing- a- longs. There had been events, such as, VE day celebration when singers dressed in 1940's style costumes entertained people. There were pictures of the event and people were laughing and smiling and joining in. Outside people also came to do reminiscence sessions which people enjoyed. There had been a Christmas fair that the staff had organised.

People told us that they would talk to staff if they had any worries or complaints and they would be listened to and properly addressed. People said they had no complaints. The complaints procedures was discussed with people when they moved into the service and there were copies explaining how to complain displayed on the noticeboard in the service. The complaints procedure was written and was not produced in a way that was meaningful to everyone. This was an area for improvement.

## Is the service well-led?

### Our findings

The provider had failed to meet the requirements of his registration with the CQC. The provider had failed to appoint a registered manager to manage the service. This was a continued breach of a condition on the provider's registration. The provider was fully aware of their responsibility to have a registered manager because the condition was recorded on their registration certificate dated 29 September 2010. When we previously inspected the service we recorded in the summary of the report that there was no registered manager in post. We have previously taken action against the registered person for having no registered manager. This action was withdrawn in 2014 when a manager made an application to be registered with CQC. This application was subsequently rejected. At our inspection in December 2014 and in June 2015 there was no registered manager in post and we reported that this was a breach of the provider's conditions of registration.

A manager had been in post at the service since July 2015. They had not registered with CQC because they said they did not have the correct photographic identification. They told us that they were in the process of getting this.

The provider had failed to have a registered manager in post. This was a continued breach of Regulation 5(1) of the Care Quality Commission (Registration) Regulations 2009.

Environmental audits were carried out to identify and manage risks and any areas of concern were escalated to the provider for action. The provider did not take prompt action to resolve concerns that were raised. Some concerns had repeatedly been brought to the registered person's attention, for example, smoke detectors needing to be purchased. The smoke detector in the dining room was still missing. This had previously been reported by CQC and had been highlighted on 06/08/2015 in a 'Preventative maintenance fire report'. This report also noted that there was no asbestos register on site. The registered person had been notified of the lack of an asbestos register in a 'safety advice notice' issued on 03/12/2014 and again in a 'safety advice notice' on 05/01/2015.

The provider and manager had completed the Provider Information Return (PIR). This noted that there had been 48 visits to assess the quality of care provision and that these were documented. We asked to look at the records of these visits and were only provided with four reports. The provider told us that the reports were kept on his I-phone. The provider told us that on one visit they had looked at two care plans and suggested some improvements to the manager but was unable to tell us which care plans had been checked and what the suggestions were.

At the last inspection in June 2015 we asked the provider to show us their action plan to see how they were addressing previous breaches of regulations. During that inspection the provider showed us an action plan with estimated start dates and completion dates. The action plan did not address all of the shortfalls highlighted in the previous CQC report. During this inspection we asked the registered person to show us their updated action plan. They told us, "I sent it to you in September". We had received a copy of the action plan at that time. We asked the registered person if they had a more up to date version so that we

could see how they were planning to develop and improve the quality of the service delivered. The provider did not have a copy to show us so we requested that this be emailed to us after the inspection which the provider agreed to do. At the end of February 2016 we had still not received the updated action plan.

The provider failed to send CQC an updated written report or plan for improving the standard of the services provided to people with a view to ensuring their health and welfare. This was a continued breach of Regulation 17(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in June 2015 staff told us that they were not always paid on time and that their wages were often paid short. At this inspection staff told us that they were not paid on time in December 2015 but when they did get paid their wages were correct. Staff said that they were paid on time in January 2016.

At the last inspection in June 2015 we found that petty cash was not regularly available. At this inspection the manager told us that they had petty cash and that it was topped up as needed. We checked the available petty cash and there was sufficient money there to cover an unplanned emergency.

Staff held individual meetings with people to make sure they were happy living at Newlands and to see if they had any concerns or ideas to improve the service. People's views were listened to and acted on. For example, in one recent meeting a person had said that they 'liked the food and had no complaints at all but maybe a bit more variety would be nice, especially pasta'. We saw that spaghetti bolognese had subsequently been added to the menu.

Staff told us that teamwork was really important. Staff told us that there was good communication between the team and that they worked closely together. Our observations showed that staff worked well together and were friendly and helpful and responded quickly to people's individual needs. Staff told us that they were happy and content in their work and that the manager was supportive.

Staff were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and were kept up to date. When we asked for any information it was available and records were stored securely to protect people's confidentiality.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 5 Registration Regulations 2009 (Schedule 1) Registered manager condition</p> <p>The provider had failed to have a registered manager in post.</p> <p>This is a continued breach of Regulation 5(1) of the Care Quality Commission (Registration) Regulations 2009.</p>

### The enforcement action we took:

Cancellation of registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that the premises were safe.</p> <p>This is a continued breach of regulation 12(1)(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated.</p> <p>This is a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

### The enforcement action we took:

Cancellation of registration

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The registered person had not ensured that the</p>

premises were properly maintained.

This is a continued breach of Regulation 15(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

**The enforcement action we took:**

Cancellation of registration

**Regulated activity**

Accommodation for persons who require nursing or personal care

**Regulation**

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider failed to send CQC a written report or plan for improving the standard of the services provided to people with a view to ensuring their health and welfare.

This was a continued breach of Regulation 17(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

**The enforcement action we took:**

Cancellation of registration

**Regulated activity**

Accommodation for persons who require nursing or personal care

**Regulation**

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person had not ensured that staff had the appropriate training to enable them to carry out the duties they were required to perform.

This is a continued breach of Regulation 18(1)(2)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

**The enforcement action we took:**

Cancellation of registration