

Bupa Care Homes (AKW) Limited

Newton Court Care Home

Inspection report

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Middlewich
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection visit took place on 19 July 2016 and was unannounced.

Newton Court Care Home is a purpose built care home located close to Middlewich town centre and is part of the Bupa Care Homes group. The home provides nursing care. All bedrooms are single with en-suite toilet and washbasins. Parking is available within the grounds. The home is registered to provide care for up to 60 people. At the time of the inspection visit there were 55 people who lived at the home.

A registered manager was in place. 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.

At the last inspection on 15 December 2013 we found the provider was meeting the requirements of the regulations inspected at that time.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Staff told us and records seen confirmed safeguarding training had been completed by staff and they understood their responsibilities to report any unsafe care.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We looked at staff recruitment files. We found required checks were in place. They included an application form that required a full employment history and references. Recruitment records also included evidence of qualifications and criminal record checks.

We found sufficient staffing levels were in place to support people who lived at the home. We saw the registered manager and staff members on duty could undertake tasks supporting people without feeling rushed. A staff member we spoke with said, "If we had more people the manager would increase levels. At the moment I feel we have enough staff."

We found medication procedures in place at the home were safe. Nursing staff responsible for the administration of medicines had the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Staff had received training and were knowledgeable about their roles and responsibilities. Staff told us access to training courses and opportunities to develop their skills was good. Records we looked at confirmed this.

People who lived at the home were happy with the variety and choice of meals available to them. We found cooks employed prepared homemade meals and comments were positive about the quality of food. Regular snacks and drinks were available between meals to ensure people received adequate nutrition and hydration. One person who lived at the home said about the quality of meals, "Food is very good, always a choice and you can eat where you want."

Comments we received demonstrated people were satisfied with their care. One person who lived at the home said, "A very good home with caring staff around."

The management team and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people who lived at the home.

A complaints procedure was available and people we spoke with said they knew how to complain. Staff spoken with felt the management team were accessible, supportive, and approachable and had listened and acted on concerns raised.

Staff knew the likes and dislikes of people who lived at the home and delivered care and support in accordance with people's wishes. During the inspection we observed people were supported to carry out activities which they enjoyed.

The registered manager and organisation used a variety of methods to assess and monitor the quality of the service. We looked at a number of audits that had taken place. This ensured the service continued to be monitored and improvements made when they were identified. People who lived at the home and relatives had opportunities to feed back to the management team. This was about the quality of their care through surveys and meetings.

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.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill of nurses and care staff to meet the needs of people who lived at the home.

Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

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

Is the service effective?

Good 

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had the knowledge of the procedure to follow if applications were required to be made.

Is the service caring?

Good 

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities that were on offer at the home.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home.

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

This inspection visit took place on 19 July 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection visit we reviewed the information we held on Newton Court Care Home. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also checked to see if any information concerning the care and welfare of people who lived at the home.

We spoke with a range of people about the home eleven people who lived at the home and five relatives, the area director, registered manager, unit manager and eight staff members.

We looked at care records of three people who lived at the home, training and recruitment records of staff members and records relating to the management of the service. We also contacted the commissioning department at the local authority and the 'Clinical Commissioning Group' (CCG). This helped us to gain a balanced overview of what people experienced accessing the service.

Is the service safe?

Our findings

People who lived at the home and relatives told us they felt safe with the numbers of staff around to support them. One person said, "I like a lot of people around it makes me feel safe." A relative we spoke with said, "The place is not that big and staff are around all the time. That is what makes us feel [relative] is safe."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records looked at confirmed the registered manager and staff had received safeguarding vulnerable adults training. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. One staff member said, "I am aware of the drill and would report any abuse straight away to [registered manager]." The organisation also had a whistleblowing 'Speak up' policy and a dedicated number for staff to report their concerns. The contact numbers were available in leaflets around the reception area. This enabled staff to remain anonymous should they wish to report any concerns. Staff we spoke with knew the process to follow.

Records were kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following events that had happened. The registered manager had fulfilled their regulatory responsibilities and submitted a notification to the Care Quality Commission (CQC) about a serious injury suffered by a person who lived at the home.

The registered manager had completed risk assessments to minimise the risks of harm or injury to people who lived at the home and staff. Risks assessments included falls, equipment use, pressure area care and bedrails. Records we looked at were detailed to manage risks, personalised to individual needs. If any changes occurred risk assessments were updated. This was confirmed from documentation we looked at.

Staff spoken with had received mandatory moving and handling training and they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems. For example we observed two staff members use a hoist to help a person from one room to another. The person was relaxed and the process was done with care and assurance from the staff members. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

The registered manager had policies and procedures in place relating to infection prevention and control to make sure people who lived at the home and staff were not at risk. Staff also received mandatory training on infection control measures. On a daily basis a staff member undertook a 'daily walkabout' to identify any infection control issues in the building or equipment. Any issues found action would be taken immediately. A staff member we spoke with confirmed this.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and was safe for use. Equipment including moving and handling equipment (hoist and slings) was safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. Fire records we looked at were up to date. For

example testing of fire alarms and fire drills were undertaken regularly. We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these were delivering water at a safe temperature in line with health and safety guidelines.

We discussed staffing levels with the registered manager and looked at staffing rotas. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who required nursing support. We observed people who called for help were responded to in a timely manner. People we spoke with felt there were sufficient staff deployed around the building to keep people safe. One person who lived at the home said, "I feel safe I press the buzzer and they come along quickly. I feel plenty of staff are around." A staff member said, "If numbers go up [registered manager] recognises that and will increase levels."

We looked at staff recruitment files. We found required checks were in place. They included an application form that required a full employment history and references. Recruitment records also included evidence of qualifications and criminal record checks. We found the disclosure and barring check (DBS) was obtained prior to any staff commencing employment at the home. This demonstrated safe recruitment checks were carried out by the management team to ensure suitable staff were employed.

We checked how medication was dispensed and administered to people and observed this was done in a safe, discrete and appropriate manner. The nurse concentrated on one person at a time and explained the purpose of each medicine.

There were controlled drugs being administered at the service. This medication was locked in a separated facility in the medication room. We checked the controlled drugs register and correct procedures had been followed. Records looked at showed the correct record keeping for the amount of tablets left in stock were accounted for. This meant medicine processes were undertaken safely.

The registered manager carried out regular audits of medicines to make sure they were correctly monitored and procedures were safe. We were informed only nursing staff were allowed to administer medication. This was confirmed by talking with staff and the management team.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. A registered nurse was on duty 24 hours a day to make sure people who required nursing care had access to trained staff. We found the majority of staff had worked at the home for many years. We confirmed this by talking with staff members. Comments from staff included, "We have a good team spirit I think it is because the core staff have been here a while that helps."

We looked at the schedule for staff training. Each staff member had a training programme for attendance to relevant courses to their role. Staff we spoke with confirmed access to training was good. Comments from staff included, "Training events are frequent, never a problem about attending courses." Also, "Very good training here."

Staff undertake induction training when they start their employment. This included the completion of mandatory training in relevant areas. For example, shadowing more experienced staff, fire training and safeguarding people. This was so staff had appropriate knowledge and skills to carry out their role effectively. Talking with staff and documentation we looked at confirmed this. To encourage staff to undertake a professional qualification the management team offered training in more specialist areas to support individual staff development. One staff member said, "The organisation are good at helping people to obtain professional qualifications to help our career."

We looked at staff supervision records to check staff were supported to carry out their duties effectively. Staff told us these supervision sessions took place on a regular basis with the management team. Staff also had annual appraisals. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities.

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 registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed she understood when an application should be made and how to submit one. Where an application was made to deprive a person of their liberty, this was completed in order to safeguard them. Records included evidence people and their representatives were involved throughout the various stages. Staff had received related training in the MCA and DoLS to underpin their understanding. They had documented clear decision-making processes, mental

capacity assessments, best interest decisions and application forms. We did not observe people being restricted or deprived of their liberty during our inspection.

We looked at kitchen hygiene and food safety. We found staff had documented when required checks and cleaning tasks had been completed. The kitchen was clean and staff had recorded food and appliance checks to maintain effective food safety management.

We observed lunch served and found staff supported people in a discrete and respectful manner. People who lived at the home told us they enjoyed their meals. One person said, "Food is very good, always a choice and you can eat where you want." People also told us staff consistently offered an additional alternative if they did not like what was on the menu. Care records we looked at contained nutritional risk assessments and meal support requirements to protect people from the risk of malnutrition. Other assessments included fluid and food charts, regular weighing of individuals and special diet plans.

We were told the organisation introduced the 'principal menu' in the summer of 2014. This initiative was introduced following discussions with stakeholders and advice from nutritional experts. The menu catered for people with different nutritional requirements such as gluten free food, low sugar meals for people with diabetes and blended meals. This was to make sure peoples nutritional needs were met and provided choice. The feedback from people about the quality and quantity of meals and snacks available was good.

Where people's health needs had changed, staff worked closely with other health providers to ensure they received support to meet their ongoing needs. For example evidence in care records confirmed visits from the doctor and dietician when people required treatment. Documentation was updated to reflect the outcomes of professional visits and appointments. The registered manager told us they had good links with health professionals. For example the local general practitioner (GP) practices and community nursing services. This supported people to gain access to specialist healthcare when required.

Is the service caring?

Our findings

People who lived at the home and relatives told us they experienced high standards of care and support from all who worked at Newton Court Care Home. No person we spoke with had a negative comment about the care they received. We were also told staff and the management team were always kind, patient and respectful. One person who lived at the home said, "Staff are patient, kind and respectful. They have to be with us lot."

Staff told us the registered manager was liked by people who lived at the home and their relatives and friends. They said she was caring and committed to provide high standards of care. We confirmed this by everyone we spoke with and our observations during the day. Comments from relatives included, "A good person [registered manager] is, always puts residents first." Also, "She is not shut away and everybody knows her which is good for the residents."

The provider worked closely with the local authority contracts team in providing quality care for people who lived at the home. The local authority told us Newton Court Care Home was a good service because they worked well in improving lives and provided good nursing care. They said the registered manager was transparent and worked closely with them.

Staff built up supportive relationships with the people who lived at the home, their family and friends. For example they operated a named nurse / key worker system. This provided the person and their relatives with a familiar point of contact in the home should they need any information. Staff told us it also helped build relationships with people.

We looked at care records of three people. We found evidence where possible they had been involved with and were at the centre of developing their care plans. Care records contained information about people's current support, any nursing care needs as well as their wishes and preferences. Daily records completed were up to date and maintained. These described the daily support people received and any nursing care. Individual records were informative and enabled us to identify how staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. For example care records had been signed by people who lived at the home and/or relatives. This helped ensure staff had up to date information about people's needs. One relative said, "They do keep us in the loop about [relatives] care and we give our opinions."

Throughout the day we saw people were able to make decisions for themselves. For example people who were able moved around the premises freely to different lounges and rooms. We also observed when people needed help to mobilise staff made themselves available.

We observed staff had an appreciation of people's needs and support around privacy, respect and dignity. For example staff spoke with people in a respectful way, giving people time to understand and reply. They sat and talked with people at the same level giving eye contact and holding hands when people were anxious. One person who lived at the home said, "Staff are kind and they settle me down when I feel a bit

out of sorts."

During the day we noted staff took care to respect people's privacy. For example we observed bedroom and bathroom doors were closed when nursing care was delivered. We observed staff knocking on people's doors prior to entering their rooms. One staff member said, "We always respect people as individuals and wait to be invited in by them." People who lived at the home told us staff were patient and kind.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed. Details of how to contact advocacy services were available in the reception area.

Before our inspection visit we received information from external agencies. They included the commissioning department at the local authority. They had expressed no concerns in the way the home provided care for people.

Is the service responsive?

Our findings

People who lived at the home and relatives told us they felt care provided met their individual needs. People also told us they responded to any changing needs that may occur. Comments from people who lived at the home and relatives included, "They do care well for [relative]." Also, "They are good at responding to [relatives] when their health changes, like they will not hesitate to contact the doctor if there is a problem."

We looked at care records of three people to see if their needs had been assessed and consistently met. They had been developed where possible with each person and family, identifying what support they required and how it would be delivered. Any nursing needs had been identified and what nursing input was required. Care records contained information about each person's interests and life histories. For example each person had a 'my day, my life, my story' booklet. This document discussed people's history including their employment, family, where they lived and any other points of interest. Staff told us they were good documents and supported them to get to know people better and help develop relationships. One staff member said, "They are very good it is interesting to know what people have done in their lives and they enjoy chatting about their history."

Personal care and nursing needs had been recorded along with fluid and nutritional intake where required. People had their weight monitored regularly. Care records contained action plans that would be followed in the event of people losing or gaining weight. For example we found where people had lost weight the staff had responded by contacting health professionals such as the dietician.

An 'activities co –coordinator' had been employed at the home. They had introduced a planned activity programme that was available to both residential and nursing people who lived at the home. Everybody we spoke with were complimentary about the entertainment and activities provided. They all spoke highly of the 'activity co- coordinator'. Comments included from people who lived at the home, "She is wonderful always puts lots of effort into it." Also, [Activity co- coordinator] has been a breath of fresh air."

People who lived at the home told us they were encouraged to participate in a range of activities that had been arranged. On the day of the inspection visit, games were taking place and an arts and craft session in the afternoon. We observed people taking part in activities and talked with them. One person who lived at the home said, "I do like painting."

We found people had choices to join in with events or any games that were going on, or sit in other areas of the home. One relative said, "Nobody is forced to join in it is the residents choice." A summer fair had been organised for July 23 and people we spoke with were looking forward to the event. One person who lived at the home said, "I hope the weather is nice I am looking forward to it."

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. Relatives we spoke with told us they were always made welcome at any time. One relative said, "We come at any time they don't mind."

At the time of the inspection we were informed no formal complaints had been made. We confirmed the complaints process was available to all people in the reception area of the building. Also information was given to people when they came to live at Newton Court Care Home. Relatives we spoke with confirmed they knew the process for making a complaint. One relative said, "No complaints at all but I would speak with [registered manager] if I had a concern." And, "We were given documentation about the complaints process when we arrived here."

Is the service well-led?

Our findings

Comments received from relatives, staff members and people who lived at the home were positive about the way the home was run. For example people said, "[Registered manager] is very good. If we are short any time always helps out." A relative said, "What I like about the manager is we know her; She always comes and has a chat about [relative]."

We observed during the day the registered manager was part of the staff team and provided care for people when staff were busy. We saw the registered manager sat talking with relatives and people who lived at the home. Comments from people who lived at the home included, "We have a good manager who is part of the furniture." Also, "Yes a good manager who is always visible."

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. For example one staff member said, "We have a unit manager who is so nice and will listen to you at any time." Also, "[Registered manager] is a good manager she doesn't just shut herself away. She always helps out."

There was good visible leadership shown by the registered manager. They had a good knowledge of staff roles and responsibilities. We discussed people's care with the registered manager and unit manager. We found they demonstrated an understanding and an awareness of people's needs. One relative we spoke with said, "The manager will come and discuss [relatives] care. She knows all the history and we feel better the manager has a hand on things here."

We discussed with the area manager and registered manager how they monitored the way the home was run. They told us audits were completed to identify if improvements were needed and what they were doing well. For example audits were completed for care records, the environment and medication. Staff we spoke with confirmed they were informed of any information from completed audits that would improve the service. One staff member said, "A recent medication audit identified where improvements could be made which was followed through." The management team informed us audits were an essential part of the running of Newton Court Care Home. This showed they were committed to continue to develop and improve the quality of care for people.

The staff had daily handover meetings to discuss what had happened during the day and any issues oncoming staff should be aware of. These meetings were known as 'take 10' meetings and nurses and staff discussed the day's events and pass on any important information. For example these meetings discussed people's care needs. One staff member we spoke with said, "We feel these meetings are important and provide us useful information on the care needs of residents."

Staff and resident meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. The last 'resident' meeting was held on 20 June 2016. We found a suggestion from a previous meeting a person who lived at the home requested more variation of snacks and drinks. The latest meeting

minutes confirmed this had been actioned and 'smoothies and yogurts had been provided. A person who lived at the home said, "Yes we do have more choices I like the yogurts."

Other ways to seek the views of relatives and people who lived at the home the registered manager had in place included annual satisfaction surveys. We looked at recent surveys from 2015 returned from people who lived at the home and their relatives. All returned surveys showed no negative comments were recorded. The registered manager informed us any negative responses they received would be analysed and addressed.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with healthcare professionals and services involved in people's care and support.