

Ms Lynda Martin

The Newlyn 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Newlyn Residential Home was providing personal care to 10 people aged 65 and over at the time of the inspection. The service can support up to 13 people in one adapted building.

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

People told us they felt safe at the service and were comfortable and content. One person described The Newlyn as, "A home from home". The manager had developed a person-centred culture and people received care and support to meet their individual needs and preferences.

Staff had not been recruited safely and this posed a continued risk to people using the service. Following our inspection, the provider took action to address the shortfalls.

People's needs had been assessed and care had been planned with them. People's care plans and risk assessments had been reviewed and rewritten. Most reflected people's needs but some were not up to date. This had not impacted on people's care because staff knew people well.

Medicines management had improved and medicines were now stored and administered safely. Records in relation to some medicines had not been maintained and this posed a risk to people.

People were protected from the risk of abuse. Staff knew how to identify risks and were confident to raise any concerns with the manager and provider. Any concerns had been shared with the local authority safeguarding team so they could be investigated.

Staff supported people to remain as healthy as possible. People told us they enjoyed the food at The Newlyn and were involved in planning the menus. Meals reflected people's needs and preferences.

The culture in the staff team had improved. Staff were motivated, felt supported and worked as a team. They now met regularly with the manager to discuss their role and completed regular training.

People, staff and professionals had been asked for their feedback on the service and this had been positive. People were supported to share their views and make suggestions and these were acted on. They were confident to raise any concerns they had and these were acted on. The manager and provider worked with others to share opportunities, best practice and learning experiences.

The service was clean and the risks of Covid 19 were managed. The layout of the building had been designed to meet people's needs. Checks on the building were completed to make sure it remained safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

Accidents and incidents were analysed to check for any patterns and trends.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 18 December 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvement had been made but the provider was still in breach of three regulations. The service remains rated requires improvement.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Newlyn Residential Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe staff recruitment, medicines and care records and some checks and audits at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Newlyn Residential Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by two inspectors.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with three members of staff including, the provider, manager, cleaner and the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three care staff and looked at training data and quality assurance records. We also looked at two further staff recruitment files, minutes of staff and resident meetings, staff supervision records and feedback from people, their relatives, staff and professions about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection we found safe recruitment processes had not been followed to ensure staff were of good character and had the qualifications, competence, skills and experience to fulfil their role. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had not been made at this inspection and the provider continued to be in breach of regulation 19.

- People continued not to be protected by robust recruitment checks. Where staff had previously worked in care roles, checks on their conduct had not been completed. For example, one staff member had worked in several care services before beginning work at The Newlyn. Checks on their conduct in these care roles, such as obtaining and verifying references, had not been completed. Employment references had not been obtained for other staff.
- Applications had not been checked to ensure candidates had provided all the information the provider required to recruit staff safely. The provider required candidates to provide a full employment history with any gaps in employment explained. We found a Discloser and Barring Service (DBS) check for a staff member which had been requested by another employer. The staff member had not included this employer in their employment history. The provider had not identified this and checked the staff members conduct in the role.
- Criminal record checks with the DBS had not been applied for or received before staff began working with people. The provider could not be assured that staff were of good character and did not pose a risk to people before they began working at the service.

The provider had failed to complete robust checks of staff's character and experience before they began working at the service. This placed people at risk. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosures on DBS checks had been risk assessed to ensure staff did not pose a risk to people. When concerns were raised about staff's conduct the provider followed their disciplinary process and suspended staff while an investigation was completed.
- Staff were deployed to ensure people's needs were met. Two care staff supported people during the day and at night. They were supported by cleaning and catering staff. The provider or manager covered staff breaks to ensure there were always two staff available to support people during the day. We observed staff

spending time with people on a one to one basis, chatting, dancing and playing games. People enjoyed this.

Using medicines safely

At our last inspection the found effective procedures were not followed to store, administer and record of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement has been made at this inspection however, there remains a breach of regulation in relation to medicines records.

- Records of people's medicines were not fully completed. The provider had recently introduced a new electronic medicines records system but these did not include records of patch or cream application. Paper records had previously been kept for the application of creams and pain relief patches but had stopped when they new system was introduced. Pain relief patches need to be applied to different areas of the body to prevent skin damage. Keeping records of where they have been applied supports staff to ensure the application area is changed each time. Records of cream application help health care professionals check creams are effective. Other medicines were recorded accurately.

The provider had failed to ensure medicines were recorded accurately. This was a continued breach of 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had worked with the community pharmacist and medicines were now supplied in their original packaging in line with best practice. A record of the stock levels was maintained and audited by the manager. Stock balances we checked were correct. Medicines were stored securely.
- Guidance had been put in place for staff about people's 'when required' medicines. Guidelines included all the information staff needed to administer the medicines safely and effectively. This included what the medicine was prescribed for and the maximum dose in a 24 hour period.
- Staff had completed training in medicines management and their skills had been assessed by the manager. We observed medicines being administered safely. People told us they received their medicines regularly and when the needed them.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people had been identified and action had been taken to keep people safe. The provider had acted on our recommendation at the last inspection. Risk assessments had been reviewed and rewritten and now included guidance related to the person and their needs.
- The risk of people falling, including falling out of bed had been assessed. Action had been taken to keep people safe, such as using bedrails. Risks relating to bedrails had been assessed, including the risk of entrapment and action had been taken to manage these. When people no longer needed to use bedrails, they were removed and other safety equipment was used.
- Detailed guidance was in place and followed by staff about how to assist people to move safely. Care plans included information about people's fluctuating needs and included guidance on how to support them if their needs increased. For example, one person usually moved with the support of one staff member and a slide sheet. However, when they were unwell staff moved them using a hoist.
- Plans were in place to respond to emergencies. People's personal emergency evacuation plans (PEEPs) had been reviewed. Changes had been made where required and consistent information was now available to staff and the emergency services. Regular checks of the fire system had been completed.
- A process had been put in place following our last inspection to analysis accidents and incidents. Accidents and incidents were rare and no patterns or trends had been identified.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at The Newlyn. Staff had completed regular safeguarding training and knew how to blow the whistle to the local authority safeguarding team and the Care Quality Commission.
- Staff were confident to raise any concerns they had with the manager and provider. One staff member told us, "If I have any concerns, they always act on it straight away". When necessary action had been taken to keep people safe and the local authority safeguarding team had been informed.
- People held money where they wanted to. Where people lacked capacity or chose not to, the provider kept it safe for them. One person told us their liked to keep a small amount of money with them and preferred the provider to look larger amounts. They told us they always had access to any money that wanted and were confident their money was safe. Effective systems were in place to manage money on people's behalf. Detailed records were kept and the balance held was correct.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found the provider had not planned people's oral care to make sure they received effective care to keep them as well as possible. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since our last inspection everyone had been registered with a domiciliary dentist. The restrictions of the Covid pandemic had prevented them visiting to complete checks ups for everyone. The manager has completed oral health assessments and people's oral care needs were now included in their care plans.
- The provider and manager had worked with local health care professionals to put anticipatory care plans in place for people. This included the action to take if people's needs increased. Anticipatory end of life plans had been agreed and where people wanted, they were supported to remain at home, with staff they knew, at the end of their life.
- When people had lost weight, they were referred to the dietician. The dietician's advice was followed and people had stopped losing weight.
- People were supported to attend regular health checks, including the optician. Following the first national Covid pandemic lock down the podiatrist had begun to attend the service again to check and treat people's feet.

Staff support: induction, training, skills and experience

At our last inspection we found staff had not been supported to develop the skills and knowledge required to fulfil their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- New staff had completed an induction which included shadowing experienced staff to get to know people and the needs. New staff were required to complete online training which included a competency assessment.

- Staff completed regular training in a variety of skills including dementia care, infection control and moving and handling. Some staff held recognised qualifications in health and social care. We observed staff had the skills to communicate with people and support them safely.
- The manager continually monitored staff skills and competence. This included their performance of care and administrative tasks, such as contacting people's GP.
- The manager had introduced a new supervision and appraisal process. Staff now met regularly with the manager to discuss their practice and development. Meetings were planned and a variety of topics were discussed including training needs and upholding people's rights. Staff received compliments on how they performed their role. Any areas for improvement were discussed and strategies to address them were agreed.

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

- The provider or manager met with people and their loved ones to discuss their needs and wishes before they began to use the service. They completed a detailed pre-admission assessment to ensure staff had the skills to meet people's needs. The assessment included what people were able to do for themselves and the assistance they required from staff.
- The manager was in the process of introducing an updated assessment process which included more information about any protected characteristics under the Equality Act 2010, such as race and gender.
- People's needs had been assessed using recognised assessment tools. These included assessments of skin health and malnutrition. Care had been planned to meet people's needs based on the outcomes of the assessments.

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

- People were supported to eat and drink enough. People told us they liked the food at the service. A new menu was being planned following a consultation with people about their preferences.
- Food was prepared to reflect people's individual needs and preferences, including low sugar meals for diabetics. When people were at risk of losing weight, their meals were fortified with high fat foods, including cheese and butter. This was effective and people's weight remained stable.
- The day's menus were displayed in the dining room and people were offered a choice of meal. When people did not want the meals planned, they were offered an alternative. We observed several different options being prepared for people's tea.

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

- The building had been designed and decorated to meet people's needs. Some areas of the building had been redecorated and plans were in place to redecorate other areas. People were involved in choosing paint colours and other decorations.
- All areas of the building and garden were accessible to people. People enjoyed spending time in the garden in warmer weather.
- People were encouraged to decorate their bedrooms with personal items, such as pictures and ornaments. One person told us, "I brought some things in with me from home and they have put them up in my room for me".
- Changes had been made to the building to allow people to see their relatives at a social distance in a well ventilated area. Another area had been set aside for staff to change their uniform and put on personal protective clothing when they arrived at work.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Applications for DoLS authorisations had been made in line with MCA and the outcomes were awaited. When planning care the manager looked for the least restrictive option to ensure people had freedom and remained as safe as possible.
- Everyone had capacity to make day to day decisions. People's capacity to make some specific decisions, such as to have a Covid test, were completed each time a test was offered. Records of the assessments had not been kept but people's decisions had been respected.
- Information about how to support people to make decisions was included in their care plan. Such as showing people a limited number of items to choose between. Other strategies were successfully being used to support people to make decisions. These included an agreed time to do things and a clock to check the time. People told us this reduced their anxiety and helped them make decisions.
- The manager knew who had the authority to make important decisions on people's behalf. Processes were in place to make decisions in people's best interests when they were not able to make the decision for themselves.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the provider had not ensured a robust quality assurance process was not in operation to continually understand the quality of the service and ensure any shortfalls were addressed. Records about people were not complete. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had introduced a number of new checks and audits since our last inspection. These had not always been effective in highlighting shortfalls and driving improvements. Audits of staff files had been completed every two months. However, high risk shortfalls in the recruitment of care staff had not been identified.
- Records relating to people's care were not always accurate. For example, one person's care plan stated they used bedrails to reduce the risk of them falling out of bed. The person's needs had changed and they no longer used bedrails. The inaccurate records had not impacted on the person's care but there was a risk agency staff who did not know people well may act on out of date information.

The provider had not ensured all quality assurance checks were effective. Some records about people were not accurate. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other checks and audits had been effective and action had been taken when shortfalls had been found. For example, chefs had been reminded to ensure the menu was on display each day. The menu was on display when we arrived at the service.
- The provider now countersigned audits to demonstrate they had been completed and they had oversight of the shortfalls and any actions taken to address them.

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

At our last inspection we found people, their relatives and staff had not been asked for their views of the service to drive improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 17.

- People had been asked for their views of the service at residents' meetings. They had been involved in planning the menu and had made suggestions for outings once the Covid 19 restrictions had been lifted and the weather was warmer. Some people chose not to attend the meeting and the manager met them in private to discuss their views. People were confident to raise concerns with the manager and provider and told us any concerns they raised were addressed.
- Relatives had been asked for their feedback in May 2020 and were complimentary about the staff and care people received. One relative had commented, '[My relative] enjoys all the meals and has put on weight'. Another relative had said, 'I really don't have to worry about [my relative] at all, as they are very well looked after'.
- Visiting professionals were asked for their views and their feedback had been positive. One professional had commented, 'The manager knew everything about the patients I was visiting, excellent communication skills' and, 'residents are very well cared for'.
- Staff were able to make suggestions to the manager and provider who worked alongside them. They told us their suggestions were considered and put in to operation where they were practical and reflected the ethos of the service. People were also able to make suggestions, a staff member told us, "The manager is always talking to the residents, and asking them if they are happy or if they want anything changing. As soon as they say something, it's put in place".

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

At our last inspection we found the provider had failed to notify us of three deaths that occurred at the service. This was a breach of regulation 16 (Notification of death of service user) of the Care Quality Commission (Registration) Regulations 2009.

At our last inspection we found the provider had failed to notify us about the outcome of a Deprivation of Liberty Safeguards application. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16 and 18.

- The provider and manager knew when to send notifications to the Care Quality Commission. This is so we can check appropriate action had been taken. We had received notifications when they were required and there had been no delay in the information being sent.
- The provider and manager had been open and honest when things had gone wrong. Action had been taken to rectify mistakes and keep people safe. Following our inspection, the provider stopped staff from working with people until comprehensive recruitment checks had been completed.

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

- Since our last inspection a new manager had been employed with the skills to develop and lead the service. An action plan had been put in place which had led to significant improvements. The provider and manager knew further improvements were needed to ensure people always received a good service.
- The manager had worked hard with the staff team to develop a culture which centred around people and their needs and wishes. Any staff not demonstrating the culture and ethos of the service were challenged by the manager and other staff.
- Staff were clear about the new culture and ways of working. One staff member told us, 'It's homely, not regimental, they are all made to feel individual'. Staff were proud to work at the service and told us they would be happy for a member of their own family to live at The Newlyn.
- Relationships between staff had improved and this created a positive and relaxing atmosphere for people to live in. Staff now worked as a team. Their comments included, "We are a great team. We all get on with each other" and "The night staff do all they can to make things easier for the day, and likewise, I would say it's really good teamwork here". This was a significant improvement in the culture in the staff team.
- Previously staff told us they were demotivated and did not feel appreciated by the provider and management team. At this inspection staff were motivated and told us they were supported by the provider and manager, who were approachable. One staff member told us, "They are very approachable, I don't feel awkward going to them". Staff were thanked for their hard work regularly.
- Changes had been made to the layout of communal areas. There was now a dedicated dining area and a separate lounge area. This helped people living with dementia differentiate between meals times and other times. One relative had commented, "All the residents can sit together and eat. The residents seem to like this'.
- New communication systems had been introduced to ensure staff had the information they needed about people and processes at the service. Staff now completed a hand over between each shift and staff meetings were held. Staff told us they were informed of changes and updates.

Working in partnership with others

- The manager and provider worked in partnership with local healthcare professionals to ensure people's needs were met. The joined weekly discussion with a practitioner from the local clinical commissioning group and raised any concerns they had. They acted on the advice provided to ensure people received the support they needed.
- The manager was an active part of the local managers group. Members shared problems and offered advice and support. For example, the manager had let other home managers know when they were sending off Covid 19 tests, so other managers could drop off any tests they had. This prevented a delay in the processing of tests for people and staff showing symptoms of Covid 19.
- The provider had put contingency plans in place for emergencies. These included arrangements for people to go to another local care home to keep safe and warm.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure medicines were recorded accurately.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured all quality assurance checks were effective. Some records about people were not accurate.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to complete robust checks of staff's character and experience before they began working at the service. This placed people at risk.