

Huddersfield Nursing Homes Limited

Newsome Nursing Home

Inspection report

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Newsome
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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Newsome Nursing Home is a residential care home providing personal and nursing care for up to 46 people, including people living with dementia. At the time of inspection there were 19 people living at the service.

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

Risks in the service to individual people and in general were not always known, robustly assessed, mitigated or managed. There was no one with any oversight of clinical risk when we arrived on the first day of the inspection. Care records had improved but they still did not always contain enough detail to enable staff to support people safely.

Initially, there were insufficient staff; people living with dementia in an adjacent part of the building were without sufficient staff to support them. Staff were not always supported with supervision and role specific training, to ensure they had the knowledge and skills to support people safely. The service had experienced a recent large turnover in the staff team. Staff morale was low and staff were actively leaving the service on the first day of the inspection.

We had urgent discussions with the provider and the local authority and found by day three of the inspection, there were enough care staff and ancillary staff on duty and they were working well together. Staff were better supported and deployed more effectively; there were two staff working in the adjacent part of the building and care was being provided much more safely.

On the first day of the inspection, there was a lack of clear leadership in the service. There was a new manager in post, not yet registered, and the regional manager had recently left without notice. There was no clear clinical leadership or oversight of risks in the service.

We raised concerns with the provider, who took swift action to mitigate the risks identified. The new manager had been in post only a short time at the point of inspection but was getting to know the people and staff very quickly.

People were not routinely using the living areas, and the management team was continuing to consider how this could be improved. There was evidence of work being done to make the environment more homely. The provider had ensured improvements to infection prevention and control procedures. The premises were clean, with regular cleaning taking place.

By day three of the inspection, feedback from staff was overwhelmingly positive and staff morale had significantly improved. They reported feeling well supported and valued, mostly they said because of the new management team being involved and helpful. Staff who had left were back in post with some new enthusiasm. There were identified responsibilities agreed, clear direction and a cohesive management team.

At the last inspection, staff did not always use respectful terminology when speaking with or about people. People were spoken to in respectful ways and the staff used appropriate language.

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 improvements had been made to address the breaches of regulation, but there had been a recent deterioration due to changes to management in the service. The provider responded swiftly to the initial inspection feedback and took steps to address the concerns before the inspection was complete.

Rating at last inspection and update

This service has been in Special Measures since September 2021. During this inspection the provider demonstrated that sufficient improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

The overall rating for the service has changed from Inadequate to Requires improvement. This is based on the findings at this inspection.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 COVID-19 and other infection outbreaks effectively.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Newsome Nursing Home

Detailed findings

Background to this inspection

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

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

There were two inspectors and a specialist professional adviser who carried out the inspection.

Service and service type

Newsome Nursing Home 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

At the time of our inspection there was a manager in post, who was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced. We visited the service on the 21, 25 April and 17 May 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority partners, including quality monitoring teams who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the

service does well and improvements they plan to make. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

During the inspection

We spoke with 7 people who used the service, and 3 relatives, to seek their feedback about the service provided. We spoke with eight members of staff, the manager, quality manager, the cook, domestic and maintenance staff.

We reviewed a range of records. These included the care records for eight people, two staff recruitment files, audits and monitoring systems, and health and safety checks. We also looked at the management and administration of people's prescribed medicines.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We had continuous liaison with the local authority partners and the provider in order to gain assurance about ongoing actions being taken to ensure people's safe care. We reviewed further records relating to the management of the service, including policies, procedures, training data, health and safety and quality assurance records. The evidence review was concluded on 22 June 2022.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

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

At our last inspection the provider had failed to ensure systems were robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued 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. We have reported our findings in these areas under the well-led section of this report.

The provider had also failed to ensure premises were safely maintained and had not fully assessed the health and safety of service users. This placed people at increased risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made at this inspection, the provider remained in breach of regulation 12. This was because not all aspects of identified risk were fully addressed to ensure improvements were sufficient and sustained. Whilst the provider gave assurances about actions being taken, these were not embedded.

- Care plans and risk assessments had been updated since the last inspection, although some risk assessments still lacked detail. Staff did not always know the clinical risks to people receiving nursing care and there was a lack of clinical oversight on the first day of this inspection. For example, care staff did not know which people had nursing care needs and none of the staff knew who was responsible for people's nursing needs. Staff were not all confident with some procedures, such as stoma care, wound care and PEG feeds.
- Where people were at risk of pressure damage to their skin, or of malnutrition, their support was not always consistent or appropriate. Pressure relieving equipment, such as mattresses, were in place, although not always set to the correct weight setting for each person. Records of people's food and drink were inconsistently completed and weight monitoring was not systematic.
- For people with specific health conditions, such as seizures, information in care records was not detailed enough for staff to fully understand the risks.
- The provider took swift action following the concerns we raised and brought in a quality manager to offer clinical support. A clinical lead was also appointed and prompt reviews of each person's needs took place, along with risk meetings to appraise staff. Champion roles were being delegated to individual staff for them to take on specific areas of responsibility. A risk information system was introduced for all staff to

understand people's key risks at a glance. The provider gave assurances people's risks had been fully identified and were being mitigated with a more knowledgeable staff team.

- People had up to date personal emergency evacuation plans (PEEPs) in the event of an emergency. Staff told us they knew how to evacuate people safely.
- The premises had been improved in places of significant concern highlighted at the last inspection, and there was evidence of ongoing refurbishment. However, there were still aspects of the building and equipment which needed to be addressed, such as leaks to some of the ceilings and repairs to a laundry machine. The maintenance staff were attending to repairs and an engineer had been called out to the laundry machine. The provider's action plan showed how matters would be addressed with timescales.
- Equipment and premises checks were carried out regularly using external contractors when required.
- People told us they felt safe and relatives said the service provided safe care. One person said, "They look after me in here. I feel I'm in safe hands." Another person said, "Yes, I'm really safe, I know I'm not living alone." One relative said, "It's a good thing my [relative] is in here. They keep [them] safe; safer than if they were at home alone."

Using medicines safely

- Medicines were managed safely overall with clear procedures for ordering, storage and disposal. Clear recording was in place when medicines were given, although some prescribed dressings were not always recorded.
- Clear directions were in place for short term medicines or medicines to be given 'as required'. Where these types of medicines were given, there was a separate record sheet explaining the reasons.
- Some medicines were not always given at the right time. For example, a laxative to be given at night was given in the daytime, although the clinical decision for this was recorded.
- Staff were confident in supporting people with medicines, although it was not clear whether they had all had recent relevant competency checks. The provider gave assurances this had been addressed following the inspection.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to safeguard people from the risk of abuse. Staff were trained in safeguarding and knew how to protect people.
- One member of staff said, "The people who live here are someone's family. I would always report any concerns, we are here for them." Another member of staff said, "Without a doubt, I would contact the managers or CQC and tell straight away if I saw any poor practice."

● Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient staff with the right skills to care for people safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the beginning of the inspection, there were concerns around the staffing levels and staff deployment. There were some agency staff checks not recorded. The provider took swift action to address this and provide assurances. Enough improvement had been made by the conclusion of the inspection and the provider was no longer in breach of regulation 18.

- Staff were doing multiple roles on the first day of the inspection; sometimes as carers and sometimes as ancillary staff to cover cleaning or kitchen duties. There was a lack of accountability and direction, a very high staff turnover and agency staff use, all of which contributed to low staff morale and high absence levels.
- We raised concerns with the provider and they responded swiftly to address the areas of concern. They

actively recruited further staff and encouraged those staff who had recently left, to return. A clinical lead was appointed and support from a senior manager was enlisted for the new manager. Documentation to show agency staff had been checked was sent to CQC.

- We had concerns only one member of staff was deployed to work in the adjoining building. The provider redeployed staff to ensure two staff would work together at all times.
- On the third day of the inspection, there was a full staff team working well together and staffing levels ensured people's needs were safely met. Clinical staff were supernumerary and able to provide additional support where it was needed.
- Staff told us things had significantly improved by day three. One member of staff, who had previously left the service said, "I've come back and it's so much better. We have the staff we need, it's like a different place."
- Staff training needs had been identified and support for individual staff members was being developed. The new manager was developing a structured system to ensure staff were supported through training and supervision.
- Recruitment processes were satisfactorily followed for new staff, with improved staffing levels in the service allowing for more thorough induction and shadowing opportunities.

Preventing and controlling infection

At our last inspection, the provider had failed to ensure safe infection prevention and control measures. This was a breach of regulation 12 (Safe care and treatment) 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 12

- The home was visibly clean with regular cleaning regimes. Domestic staff who had been unhappy in their role on day one of the inspection, had been offered full support by day three with improved staffing levels, enabling them to focus on their main role.
- IPC information was available for staff and practice was in line with guidelines. At the start of the inspection, inspectors were not asked for proof of a COVID-19 test. However, the provider addressed this before the inspection was complete.
- Staff were consistent in their wearing of PPE and hand hygiene.
- Information was available to remind staff of expected standards and to prevent the spread of infection.

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 inadequate. At this inspection this key question has now changed to requires improvement. 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; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to ensure systems were robust enough to demonstrate good governance. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made at this inspection, the provider remained in breach of regulation 17. This was because not all aspects of the concerns raised were fully addressed to ensure improvements were sustained. Whilst the provider gave assurances about actions being taken, these were not embedded.

- The action plan from the last inspection had not been fully implemented and this inspection initially identified some repeated concerns around management of risks, staffing levels and governance. Systems and processes were in place to check the quality of the service, but these were not always consistent or accurate. Significant recent management changes had created gaps in audits.
- At the start of the inspection, there was a poor culture in the home, where staff felt undervalued and unsupported. There was a lack of direction for staff and they did not have clearly defined roles and responsibilities. Teamwork was initially seen to be challenged and there was low staff morale. By the third day of the inspection, the provider had acted on initial feedback and taken significant steps to address concerns, prioritising staff morale.
- Care was not person centred; many people remained in bed for much of the time and there were no clear reasons for this. One person did not have much clothing on admission to the home from hospital, but nothing had been done about this. We discussed these concerns with the manager and the provider and they provided assurance when action was taken. By day three of the inspection the service was considering ways in which to encourage more people into the communal areas. They accepted this was an area they needed to make significant improvements in and included this in their action plan.
- Daily recording of people's care was inconsistent and lacked detail. For example, where staff told us they closely monitored people, such as for weight loss, there was no evidence to support this. One person was approaching the end of their life and there was no associated care plan to support their needs or reflect their wishes.

- The management team and staff had addressed some of the concerns identified at the last inspection, as well as acting swiftly to address matters of concern raised on the first day of this inspection. By day three, there was a happy atmosphere in the home, staff motivation had noticeably increased and they told us improvements had been immediate. One member of staff said, "It's like a different place. I am motivated and want to come to work. Things have dramatically changed in such a short time and I'm confident about the improvements." Another member of staff said, "I would have never believed things could change so much this fast, but they have. We are working together and we will make this work for the people who live here; they deserve the best care."
- Improvements had been made with the appointment of a confident clinical lead to assist with support to the new manager, as well as providing skilled, practical support for people's nursing and care needs.
- More robust governance systems were being considered and introduced to improve staff practice and maintain an overview of risk, as well as addressing shortfalls in care records, which were being further updated. The management team was cohesive and there was clear direction for staff. Handover and risk meetings were detailed, person-centred and informative.

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; Working in partnership with others

- The management team understood the duty of candour, to communicate when things went wrong.
- The new manager understood the need to submit notifications in line with the Health and Social Care Act 2008. Relatives told us they were promptly informed if their family member had an accident, incident or health concern. One relative said, "I always know immediately if there's a problem. They tell me straight away."
- During the inspection, the provider accepted and took steps to address the concerns raised, along with feedback from local authority partners. Following the inspection, they engaged in regular meetings with CQC and partners to provide assurance of the measures they were taking to ensure people received safe care.

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

- There was evidence of partnership working with other professionals involved in people's care and nursing needs.
- Staff initially told us they did not feel consulted or informed about how the service was run. Once we identified concerns with the provider, they took steps to meet with staff and listen to their views. The provider had begun to work alongside staff to develop champion roles, so they had more involvement in helping to drive improvements. Staff told us they were hopeful things had begun to change for the better.
- People and relatives told us the service took their views into consideration. One relative said, "If I want to talk about how [my relative] is, or if I'd like any changes, they listen. They always tell me how [they've] been when I visit." One person said, "I'm independent and I do most things for myself. If I don't like something I tell them and they listen. They are making me a nice room on the lower floor and I've picked the colours for it."
- The newly appointed clinical lead told us they worked alongside the staff and the manager, to help to understand the individual needs of the staff team, as well as the unique characteristics of each person living in the home. The activities staff had taken the role of well-being champion, to help to understand better the individual needs of the people living at Newsome Nursing Home.

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
Treatment of disease, disorder or injury	Although some improvements had been made at this inspection, the provider remained in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not all aspects of identified risk, including safety of the premises, were fully addressed to ensure improvements were sufficient and sustained. Whilst the provider gave assurances about actions being taken, these were not embedded.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes were not fully robust or embedded to ensure quality monitoring of the service.