

Genesis Homes (Essex) Limited

# Newstead Lodge Nursing Home

## Inspection report

Warwick Road  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Newstead Lodge is registered to provide accommodation, nursing and personal care for up to 26 older people, including people living with dementia. At the time of our inspection visit there were 23 people living at the home. Bedrooms were across two floors with communal areas and a main dining area on the ground floor. People had their own bedrooms and access to an outdoor area.

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

People told us they felt safe living at the home and staff understood how to protect people from abuse. People and relatives raised no concerns about staffing. On the day of our visit, there were enough staff to meet people's needs. Staff followed safe principles for infection control. Staff practice meant the potential for cross infection risk was minimised. Some people in the home had experienced coughs and cold symptoms and the registered manager reported this outbreak to the relevant agencies.

Staff knew people well, what their preferences were and staff understood how their approach needed to be tailored to each person. Staff told us they were trained and staff training included refresher training alongside an induction for new staff. One to one and group supervision meetings were used as discussions to share best practice about certain topics, such as safeguarding and promoting good nutrition and hydration.

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. However, there was extensive use of continuous CCTV monitoring of internal and external communal areas. Although signs were displayed, there was limited evidence to show people's feedback and consent had been sought and that the on-going use of CCTV had been considered and reviewed. We signposted the registered manager to our website and other agencies responsible for such imagery as well seeking people's feedback about its continued use.

People told us and we saw, staff were respectful, kind and caring. People had individual care plans and assessments that met their health and social needs and they were supported by other health professionals and agencies.

People were involved in pursuing their interests and hobbies. People's life history information was used to inform staff about their interests. Regular activity sessions were not always planned. We were told spontaneous and one to one activities worked well for people at Newstead Lodge.

Care plans were clear and they provided staff with the information and guidance they needed to support people in line with their individual care needs. Staff could support people who were at end of life and people's advanced wishes and preferences were discussed and followed.

People and relative meetings provided opportunities for feedback on the service. The registered manager had an open-door policy and because they worked 'on the floor', frequent opportunities were taken to seek and act on feedback.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (published 20 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Newstead Lodge Nursing 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.

#### Inspection team

On 20 January 2020 one inspector carried out this inspection visit, an assistant inspector and one specialist advisor. The specialist advisor was a nurse experienced in supporting older people.

#### Service and service type

Newstead Lodge is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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. This included statutory notifications sent to us by the provider and information received from the public, the local authority and health agencies. The provider completed 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 and six visiting relatives to get their experiences of what the quality of care was at the home. We spoke with the registered manager, one nurse, six care staff and a maintenance person.

We reviewed a range of records related to six people's care such as care plans, risk assessments, medicines administration records and daily records. We reviewed audits and checks, complaints and how people's feedback led to providing good care outcomes.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People's risks had been assessed, recorded and reviewed. Staff supported people to maintain their safety and knew the type and level of assistance each person required to manage known risks.
- People's identified risks included information to help minimise the risk of falling, skin breakdown and to manage people with distressed behaviours. Risk assessments formed part of their long-term care plan and were kept under review.
- Environmental, health and safety, fire and infection control risks were completed and regular checks ensured the home remained safe for people and visitors.
- One person identified at risk of falls was assessed as requiring a sensor alarm mat to be placed in front of them when seated or in bed. This would alert staff to the person's movement. We found the sensor mat was under the person's bed. Staff told us the person kept kicking the mat away. Although the person had not fallen since the introduction of the sensor mat, the registered manager told us they would remind staff of the importance of using alarm mats or investigate whether a sensor beam would be better.

### Using medicines safely

- People received their medicines safely.
- For medicines that needed to be applied via a patch, patch medicines were documented to show where on the body the patch was applied and when. This followed manufacturers guidance.
- Medicines were administered safely by trained staff. Medicine administration records (MAR) showed staff had correctly signed MAR's when medicines had been given.
- As and when required medicines were administered in conjunction with safe protocols that explained when to give these medicines, why and maximum dosages.
- Medicines were stored safely and within manufacturers guidelines.

### Systems and processes to safeguard people from the risk of abuse

- People were safe. One person told us why, "The staff check on me and they check on me twice through the night."
- Staff knew how to protect people from poor practice. Staff had no concerns raising any allegations of poor practice to the registered manager and provider.
- The registered manager was clear about their responsibilities and how to safeguard people.

### Staffing and recruitment

- Staffing levels met people's needs although some people and relatives told us staff were very busy. Our observations during our visit, showed there were enough staff to respond when required, such as preventing

an altercation from escalating.

- The registered manager assessed people's dependencies and changing health conditions which helped them to continue to provide safe staffing levels. In some cases, one to one support was provided. The registered manager had a good knowledge of people's needs which helped inform their staffing levels.
- We did not look at staff recruitment files, however the registered manager said all new staff continued to have pre-employment checks, such as criminal record checks, references and a right to work in the UK check.

#### Preventing and controlling infection

- People were satisfied with the cleanliness of the home. However, some relatives told of us occasions when cleanliness standards dropped, such as spilt drinks were not always cleaned up quickly.
- Staff told us, and we saw, they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection such as wearing aprons and gloves. To manage virus outbreaks, additional measures were put in place to protect the person as well as staff and visitors.

#### Learning lessons when things go wrong

- The registered manager knew what to do to investigate any issues and to learn from them. For example, falls and incidents were analysed for any emerging trends. Analysis showed what action had been taken, for example referral to the falls team or sensor mats put in place.



# 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 Good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people required authorisations to be made under the Deprivation of Liberty Safeguards these were completed and followed.
- Staff followed the principles of the MCA by seeking consent and offering choice to people. Staff explained what they were going to do and waited for people to decide and agree, before providing assistance.
- Staff told us when they needed to act in people's best interests to maintain their overall health and wellbeing. Best interests' decisions and family support was considered when supporting people with any care interventions. Records showed why these decisions needed to be made.
- Sixteen CCTV cameras were used throughout communal areas of the home. Signs informed people of CCTV. However, consent had not always been clearly sought, recorded and regularly reviewed. The registered manager had not seen our guidance or was aware of how this could impact on people's privacy as well as those who may not consent. We signposted the registered manager to our website for guidance as well as other agencies and discussed how their records needed to be clear to show people's consent had been sought and any impacts on their privacy considered.

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

- People were supported to personalise their bedrooms as much as they wished. However, six rooms had an external latch on the outside of their door, at the top. Staff explained it was only on occasional nights, those doors were locked to prevent other people accessing people's rooms. We were told by the registered manager that relatives had requested this. There was no consideration to increasing staffing levels further or using other methods to alert staff to other people's movement. We asked the registered manager to review this promptly to prevent people's freedoms being unnecessarily restricted.
- The home was adapted to meet people's needs, such as hand-rails along corridors and people could use a passenger lift. People could freely access a secure garden area.

- The home was maintained and when rooms became available, refurbishment was planned.
- Use of colours and large print and picture signage helped guide people through the home.

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

- Pre-assessments formed plans of care for staff to learn and follow. Assessments included people's care needs, life histories and individual preferences. This ensured people's needs could be met and protected characteristics under the Equality Act 2010 were considered.

Staff skills, knowledge and experience;

- Staff training records showed training was completed and refreshed when needed. Staff told us they were trained to meet people's needs and refresher training helped them keep up to date with current practice.
- One to one and group supervision meetings were used as discussions to share best practice about certain topics, such as safeguarding and promoting good nutrition and hydration. Staff told us they found these useful.

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

- During our visit fresh fruits and groceries were delivered. Drinks and snacks were regularly provided throughout the day.
- People had their drinks provided to them in cups or beakers which helped support their needs whilst promoting some independence.
- Food and fluid monitoring was completed for those assessed at risk of malnutrition or dehydration. Where needed, dieticians and speech and language therapists were involved in people's care.

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

- People had access to GPs and mental health teams when concerns were identified by staff.
- The registered manager told us arrangements were in place with other health professionals to ensure people received oral care, foot care and eye tests.
- Staff told us they communicated well and if they noticed people needed support from other professionals, they discussed this with the nurse and registered manager.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated sensitively and staff were kind and considered in their approach and responses.
- Staff supported people at their own pace so they did not feel rushed. Staff referred to people in their preferred names and people were supported by staff of the gender they preferred. Staff recognised people were individuals.
- One relative was so pleased with the care provided, they would recommend the home. They said, "I know my (relative) is loved here. They are clean, tidy and happy. I am happy if they are happy. It's amazing the difference and I feel welcomed here." They also said, "I think it is fantastic, since moving from the previous home, (relative) has a new demeanour."

Supporting people to express their views and be involved in making decisions about their care

- People told us staff supported them to be involved in making decisions about their care.
- Relatives felt involved and were made aware of any changes in their family members health condition. Relatives were kept informed, one relative said, "They will contact me if there was an accident, they will keep us updated if anything changes."
- Planned meetings and reviews sought people and relative feedback so this could be incorporated into the support they received.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be independent where possible. Individual care plans explained the levels of support each person needed and what aspects of their care they could complete themselves, or with encouragement.
- People told us staff were respectful of their privacy and dignity.
- Our observations showed staff were respectful and discrete when talking with people. People's important and confidential information was held securely. Some staff accessed care information on their own mobile telephones however when they left the service, access was restricted.
- People were dressed in a way that reflected their own individuality, such as wearing a hat, a suit, dressed formally or people dressed in clothing they found comfortable.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised and staff supported people in line with their care needs and personal wishes.
- Electronic care plans were clear to guide staff in how to meet people's needs. Plans also included how many staff were needed to provide safe care. However, during our visit, we struggled to access care plan records because of poor internet signal. Up to date paper copies were not available so it was difficult to read about people's care needs when we needed to. Staff told us this was an isolated issue. The registered manager said there was no contingency plan in place if this happened again.
- People's care records contained important information such as their preferences and their life history before they moved into the home. Staff said this helped them get to know people.
- Reviews took place on a regular basis and more frequently when people's health conditions changed. Relatives told us they were included in these reviews.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Families remained involved in care decisions and their visits to the home were unrestricted.
- People and relatives gave us mixed feedback about activities within the home. Comments ranged from, "I like my own company", "I haven't been out since coming here four years ago. I think once a carer did ask if I wanted to go out, but I said no," and "New Year's Eve they done karaoke, at Christmas there was a Christmas party. (Relative) had her nails painted for Christmas and on a Tuesday, there was music exercise. (Relative) loved it. They have music on all the time,"
- The registered manager was trialling a 'Magic table' from the local authority. This was an audio and interactive light box which provided interactive sensory stimulation with lights and sounds upon movement. Staff used this throughout our visit to entertain people, although not everyone participated.
- The registered manager said activities were not always planned in advance and in groups as it didn't work for those people in their care. Activities were ad hoc and spontaneous. Staff told us they knew about people's life histories and they used that information to engage people. The registered manager said, "We live in the moment." During our visit, staff chatted with people, danced with people and helped people choose their favourite music to listen too. Some music was aimed at people's cultural backgrounds.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- Information about how people communicated was included in their care records. From our observations, staff knew who wore glasses, hearing aids and who needed to be given visual cues.
- Signage throughout the home was clear, large and pictorial to help people navigate around the home.

Improving care quality in response to complaints or concerns

- The provider had a formal complaints procedure. Although some people shared some less than positive experiences to us on the day, no one we spoke with had raised a formal complaint. People and relatives knew who and how to raise their concerns.

End of life care

- At the time of our visit, nobody was receiving end of life care although one person received palliative care. Some people had life limiting illnesses.
- Where people had made decisions about the care they wanted should a medical emergency occur, this was recorded in their care plans. One end of life wishes included specific personal care routines, religious wishes and the type of music they wanted to be played.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on duty of candour responsibility

- The registered manager completed regular and timely audits. Where audits and checks were delegated to others, the registered manager retained oversight. As well as health and safety checks, care records and clinical checks were completed to ensure people received good care.
- Audits highlighted actions to drive improvement.
- Staff knew their roles and who was responsible for which area of the service. Staff said communication was effective which helped and reduced unnecessary work.
- The registered manager understood their responsibilities to us. They understood when to send us statutory notifications for notifiable incidents. The registered manager had displayed their rating in the home.
- The registered manager said they had a good staff team with promise. They said, "Staff are caring which comes from the heart...I think if they are not, they find themselves out (of a job). They said they encouraged staff to treat people like their own family which worked.
- The registered manager was aware of their duty of candour. Duty of candour means the organisation has a duty to be open and transparent in relation to care. People and relatives said the registered manager was always open and honest with them.

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

- Staff told us they felt valued and they all felt they worked well as a team. Agency staff were consistent which staff said helped them as a team to meet people's needs.
- Staff were not afraid to challenge each other to improve the service. One staff member said if poor practice was seen, they would report it. The nurse and the registered manager said they cared for people so could tell if people were not themselves, they would enquire further. Talking with the registered manager, we found their knowledge of people was very thorough.

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People, relatives and records showed they were involved and kept up to date about developments within the home, for example through regular planned meetings.
- Incident and accident analysis included a 'root cause analysis' to identify any patterns or emerging trends. The local clinical commissioning group told us they were very detailed to help look for any cause, and to

minimise chances of reoccurrence.

- The registered manager told us they met registered managers from the provider's other homes which they found useful to learn and share good practice.
- During our visit, the registered manager worked well with us and other visiting health professionals. They split their time between us and others, so they could support us as well as ensuring people continued to get the support and advice they needed.
- The registered manager had reflected on our conversation about CCTV and the use of external latches on some people's doors during our visit. They said, "You have made me question it now, why do we need it." They agreed to speak with the provider and review latest guidance.