

Berkeley Health Care Limited

Newlands Nursing Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection which took place on 24 May 2017. Newlands Nursing Care Centre forms part of and is within a care village. People who live in the care village can be cared for here on a temporary basis or transfer permanently to the care centre when needed. People from outside of the care village are also admitted to Newlands for short-term or long-term care. The service has 17 rooms which can accommodate up to 25 older people. Eight double sized rooms can provide accommodation for couples wishing to live together although the majority of rooms are occupied on a single/suite basis. At the time of the inspection there were 12 people living at Newlands Nursing Care Centre. The service provides nursing care with nurses on site at all times.

There was a registered manager in post. 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.

We carried out an unannounced comprehensive inspection of this service on 19 April 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection on 24 May 2017 to check that they had followed their plan and to confirm that they now met legal requirements in relation to a breach of regulation 17. This report only covers our findings in relation to these issues. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Newlands Nursing Care Centre on our website at www.cqc.org.uk

At our last inspection on 19 April 2016 this service was rated as requires improvement overall. We asked the provider to take action to make improvements to:

- maintaining accurate and relevant care plans to guide staff about people's care and treatment and these actions had been met.

We also recommended improvements were made to the way in which people's capacity to make decisions about their care and support was assessed and recorded. Guidance was also given about ensuring evidence was available in the home with respect to the dealing of complaints. These actions had also been met.

People's capacity to make decisions about their care and treatment was considered in line with the Mental Capacity Act 2005. Records had been maintained which confirmed when decisions had been made in people's best interests. People's care records were personalised and reflected their individual preferences and the way they wished to be cared for. People's care records were amended, when there were any changes in their needs, to make sure they reflected the care and treatment being provided. People's complaints were thoroughly investigated and copies of these were kept in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

We found action had been taken and the service was effective. People's consent was sought and recorded in line with the essence of the Mental Capacity Act 2005.

Is the service responsive?

Good ●

We found action had been taken and the service was responsive. People's care and treatment was personalised and reflected their individual preferences and routines. Their care records mirrored the care they were receiving and were kept up to date with changes in their needs.

People's complaints were recorded and responded to, with all information being kept in the home.

Newlands Nursing Care Centre

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 focused inspection took place on 24 May 2017 and was unannounced. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 19 April 2016 inspection had been made. One inspector inspected the service against two of the five key questions we ask about services: is the service effective and is the service responsive? This was because the service was not meeting some legal requirements.

Before this inspection we reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with three people using the service. We spoke with the registered manager, the new manager, and care staff. We reviewed the care records for four people including records relating to their capacity to make decisions and consent to their care. We also looked at complaints. We received feedback from the commissioners of the service who had recently visited the home.

Is the service effective?

Our findings

At our inspection of 19 April 2016 we found people's care records did not always demonstrate people's consent had been sought for decisions about their care and treatment in line with the principles of the Mental Capacity Act 2005 (MCA). We recommended the service seek further advice, from an appropriate source, on the principles of the MCA, about how best to demonstrate they were following these. The provider sent us an action plan telling us how they would address these issues.

At our focused inspection on 24 May 2017 we found the provider had followed their action plan to address these issues. The 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. There was evidence, when there were concerns about people's capacity to make decisions about their care and treatment, their mental capacity had been assessed. These assessments identified if people had fluctuating capacity and what might affect their capacity to make decisions such as illness. When people were unable to make decisions about aspects of their care, for instance taking medicines to keep them well or using equipment to keep them safe, best interest decisions had been made on their behalf. Relatives had been involved in this process. There was evidence people's capacity to consent and any best interest decisions were being regularly reviewed.

People were observed being offered choices about their day to day living and lifestyle choices. Staff did not assume people would not change their minds because a person had always chosen the same drink or declined part of their meal. For example, people were offered a choice of drinks and staff confirmed with them their meal choices before serving their food. People's care records prompted staff to give people choice about their clothes and jewellery. Their care plans were reviewed and kept up to date with their changing needs to make sure there had been no changes to their capacity to consent to their care and support. The registered manager described how one person was unable to make decisions about their care when they moved into the home because they were unwell and their care records reflected this. However, once their health had improved they were able to make decisions and choices and their care records were amended.

Is the service responsive?

Our findings

At our inspection of 19 April 2016 we found accurate and relevant care plans had not always been maintained in order to provide guidance to staff about people's care and treatment. The provider sent us an action plan telling us how they would address these issues.

At our focused inspection on 24 May 2017 we found the provider had followed their action plan to meet shortfalls in relation to the requirements of Regulation 17 described above. An individual profile described people's preferences, likes and dislikes and routines. These had also been included in their care records. The care records reflected the support being provided to people by staff. For example, people's preferences about the brand of soap, toiletries and toothpaste had been identified. People's individual requirements in relation to how their personal care was delivered were clearly described including their wishes about the gender of staff helping them. Commissioners commented care records were "person centred" and there had been an improvement in the recording of person centred care.

People's care records had been amended and updated in response to changes in their needs. For example, after a fall, a risk assessment and care plan were changed to reflect new equipment which had been provided to keep them safe when in bed. People's care records were amended to reflect changes when they were unwell or if they had increasing care needs. For instance, staff were directed to use a hoist if a person was tired to prevent the risk of falls. Staff confirmed care records were kept up to date and they were informed of any changes at handovers. They said "communication is really good" and "if we see changes we pass this on and care plans are updated". People told us they were "looked after well" and "brilliantly".

People's care records had been reviewed each month and a summary provided an overview of the care and support delivered to them and their general health and wellbeing. Any changes were clearly highlighted and it was evident care records and risk assessments had been amended in a timely fashion in response to these. People and those important to them had been involved in the annual review of their care.

At our inspection of 19 April 2016 we were unable to locate information about one complaint which had been made to head office. A copy had not been kept in the home. The provider sent us an action plan telling us how they would address this. At our focused inspection on 24 May 2017 we found the provider had followed their action plan to keep copies of complaints whether raised to head office or to the home. Two complaints had been received and thoroughly investigated and responses provided to the complainants.