Barchester Healthcare Homes Limited

Newlands

Inspection report

Newlands Park
Workington
Cumbria
CA14 3NE

Tel: 01900872257
Website: www.barchester.com

Date of inspection visit:
17 November 2016
21 November 2016

Date of publication:
09 February 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This comprehensive inspection took place on 17 and 21November 2016 and the first visit was unannounced. We last inspected Newlands on 29 June 2015. At that inspection we checked to see that the provider was compliant with a regulation that we had found them previously to be in breach of at the comprehensive inspection in December 2014.

During this inspection we found a breach of Regulation12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 this was because some risks associated with people's care had not been managed effectively.

Newlands is a purpose-built nursing home. The home is divided into three units. The Lakeland unit providing care for men with complex mental health needs and dementia, whose behaviour can be of a challenge to the service. During this inspection we did not find any concerns on this unit and found there to be a calm atmosphere and the unit was well run. There is also a unit with 12 beds for people living with dementia called the Lonsdale unit. The third unit caters for people who are physical frail and have nursing needs.

We found some risks associated with the delivery of safe care and treatment including swallowing difficulties and the safe use of some equipment had not always been recognised. Even when these risks had been identified they were not always recorded accurately or managed safely.

The provider was in the process of recruiting more staff. On the day of the inspection there were deemed to be sufficient numbers of staff but we observed they were not always available at the time people most needed them.

Medicines were being administered and were being kept safely but records relating to stock control had not always been consistently completed.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions taken by the home to protect people.

All of the people we spoke with living at Newlands and the relatives we spoke to commented favourably on the food provided in the home.

Decisions made in people's best interests and the consent required about the use of restrictive measures that may deprive people of their liberties had not always been obtained appropriately.

We have made a recommendation that the provider review their best interest decision making process to ensure it follows guidance outlined in the Mental Capacity Act 2005 in order to gain the appropriate authority for consent.

We observed good humoured and supportive interactions between staff members and people living at Newlands.

Some care records lacked vital information about peoples individual care needs. Care was not always provided in a person centred way.

We have made a recommendation that records relating to care and treatment are consistent in providing accurate information to enable staff to follow the most appropriate plan of care.

We received very positive comments about the registered manager from people who lived visited and worked at Newlands.

'You can see what action we told the provider to take at the back of the full version of the report.'

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not always safe.

Not all risks associated with people's care had been managed safely.

Medicines were administered and stored safely but stock records were not always completed.

The number of staff on duty was sufficient. The recruitment of new staff was done in a safe way.

Is the service effective?

Requires Improvement

The service was not always effective.

We made a recommendation to the provider because consent to care and treatment had not always been obtained involving, where required, appropriate others.

Staff had received the relevant training to fulfil their roles.

People said they thoroughly enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

Is the service caring?

Good

The service was caring.

People told us they were very happy with the care at Newlands.

People were encouraged to be independent.

People wishes for how they wished to be cared for at their end of life had been planned for.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not always person centred. Information in

people's care records did not always accurately reflect people's needs.

Staff knew people's individual likes and dislikes and supported them in pursuing activities they enjoyed.

People and relatives felt able to speak with staff or the registered manager about any concerns they had.

Is the service well-led?

Requires Improvement

The service was well always not led.

Systems were not always effective in quality monitoring and identifying the safety of the service provision.

Staff told us they had felt supported and listened to by the registered manager.

Policies and procedures had not always been followed to prevent serious incidents happening.

Newlands

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 was 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.

The inspection was over two days on 17 and 21 November 2016 and the first day was an unannounced visit. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service including information from the general public, staff, community nurses and the local commissioners of the service.

During the inspection we spoke with the registered manager, the regional manager, five care staff members, and three ancillary staff, four people who used the service and seven relatives or visitors to the home. We observed how staff supported people who used the service and looked at the care plans and medication records for 13 people living at Newlands.

We looked at the staff files for three people recently recruited these included details of recruitment, induction, training and personal development. We were also given copies of the training records for the whole care team.

We looked at records of maintenance and repair, the fire safety records, food safety records and quality monitoring documents. We also looked at how medication was managed and stored.

Inadequate

Is the service safe?

Our findings

A member of staff we spoke with told us, "The current staffing levels on the unit (Lakeland) are good, although this has not always been the case, this has helped and reduced the level of agitation amongst the residents''. Staff on the Lakeland unit also told us about how risks had been managed for their work. They also told us they could rely on sufficient information being shared by the unit manager and other nurses and with the presence of sufficient staff this ensured that everyone was kept safe.

The unit manager on Lakeland had been in post for eight weeks and we did not see that there had been any designated management time set aside. We discussed this with the registered and regional manager who told us that the staffing levels had recently improved on the unit and designated management time could now be factored in on the rota.

On the day of the inspection staff told us that they felt the elderly frail unit was short staffed. We saw that the numbers of staff available around lunchtime meant some people did not get their needs met in a timely manner. The registered manager arranged that all the staff stopped their routine work and they made themselves available to support people with their meals. We discussed the level of staffing available with the regional and registered manager who told us that there was sufficient staff but they could be better deployed at key times through the day.

We looked at the rotas for the other two units and saw, at times, the core numbers of staff available were not always sufficient and this shortfall was covered by the use of agency staff. The provider was still in the process of recruiting and staff that had been recently recruited were due to commence working once all the checks of suitability had been completed. The numbers of staff on duty was determined by the dependency needs of people living in the home. The registered manager collated information about people's needs and used a tool to depict the numbers of staff required on each shift.

All of the staff spoken with expressed positive views of Newlands as a good and happy place to work. This was also confirmed by the length of time some of the staff had worked there: 22 years, 18 years, 12 years and another for 11 years. One member of staff referred to a high turnover of staff, commenting that although it seemed the home could recruit new staff, often they did not stay long however they could not offer any explanation for this. Information about turnover was provided from company data. In November and December the turnover of staff was 22% and turnover peaked in October to 24%. Staff leavers were identified over the last 10 months of there which there were eight. We discussed on going recruitment with both the registered and regional managers who spoke of the difficulty in recruiting good quality staff.

Two staff members told us they often worked extra hours to ensure people received their care by familiar staff. We were also told that the registered manager had frequently worked as part of the care team because there had been a shortfall in staff due to unexpected sickness. We deemed that there was sufficient staff at the time of the inspection. We requested that the provider submit regular information to the CQC about staffing levels in the home to confirm sufficient numbers were on duty.

During the inspection we found three bedrails in use without the added protection of bumpers pads to prevent potential injury to limbs that might become trapped. The registered manager took immediate action to rectify this. Bedrails in use were not always managed safely.

We also found that a person with an identified swallowing difficulty did not have an accurate care plan or risk assessment in place to inform staff on how to manage any risks associated with choking. New policies and procedures to manage choking incidents that had been implemented by the registered provider in January 2016 following a death in the home associated with choking had not been followed. The above findings are a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 this was because risks associated with the delivery of safe care and treatment including the safe use of some equipment had not always been recognised and when risks had been identified they were not always recorded accurately or managed appropriately.

We looked at how medicines were managed. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We found that suitable care plans, risk assessments and records were in place in relation to the administration of medicines. We saw that medicines were stored correctly. Storage was clean, tidy and secure so that medicines were fit for use. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and the safe disposal of medicines however records that confirmed running stock balances were not always completed. This meant that auditing and checking of stock balances was not easily completed. The registered manager took immediate action to complete all the records in full.

Staff we spoke with had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to a senior staff member. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made.

Requires Improvement

Is the service effective?

Our findings

We observed the lunches served during our visit were freshly cooked, hot and looked appetising. There was a choice of two main courses, or other choices from a supplementary menu. A food photo album was available that could be shown to people to assist them with making choices. We spoke to the kitchen staff who explained that dietary needs are established on admission, and a form is completed with likes and dislikes. In addition they spoke with family members and catered for families coming in to have a meal with their relatives. People we spoke with told us they were very satisfied with the food and options available.

The physical environment at Newlands was clean, well designed, spacious and attractively decorated. In the all-male Lakeland Unit the corridors were wide, with a number of open communal areas, imaginatively themed to appeal to different interests such as a music area, café area and a "man cave" with a pool table and a wall of interesting memorabilia. Both people living at Newlands and visiting relatives commented on the cleanliness of the environment. We were told the first thing one family member had noticed on coming to look round the home was "the smell of furniture polish".

Staff we spoke with felt that they were receiving appropriate training to assist them in their job, and could name a number of different training courses they had completed. However due to the loss of an in-house training manager we were told by staff that most training was currently done on line. We saw from records that staff had completed training when they started working at the home but some staff had not completed refresher training in the recommended time frames. We were told by the registered and regional managers that the registered provider had taken action in recruiting a new trainer. We observed on the second day of inspection that in house training on topics such as moving and handling took place. We saw that there was a training plan in place to cover the topic areas that some staff needed to be refreshed in.

The care staff we spoke with told us that they had regular team meetings and could speak openly with the registered manager to discuss any concerns. Staff said that they knew who they could contact should they require support out of hours. Staff also told us that they felt very supported by the management team through formal systems such as supervision and appraisal.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called 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 were being met.

The management team and care staff demonstrated a good knowledge and understanding of the Mental

Capacity Act 2005 (MCA), which applies to people aged 16 or over. Best interest meetings had been held to assist people who were not always able to make difficult decisions for themselves. However we did not see that the best interest decision process had always been recorded consistently for people living in the home. We also found that consent to care and treatment was not always obtained appropriately. Checks had not always been made to confirm if those people consenting had the legal rights to make decisions.

We recommended that the provider review their best interest decision making process and the obtaining of consent to ensure it follows guidance outlined in the Mental Capacity Act 2005.

Where people were living with dementia there was some signage to show people what different areas in the home were for. This was to help people with memory problems to be able to move around their home more easily and more independently. We saw that people had been able to bring personal items into the home and their bedrooms had been personalised with people's own furniture and ornaments to help them feel at home. We saw that a lot of people chose to spend time in private in their bedrooms if they wished or chose to.

Good

Is the service caring?

Our findings

We observed interactions between staff and people living at Newlands and caring attitudes by staff towards the people living there and towards their relatives. One relative we spoke with described what they thought was an excellent standard of care she had observed where the needs of their family member were both complex and very demanding. We were told, "Nothing is any problem here. I feel they have a lot of time for my relative here. They try their hardest and don't give up for example with encouraging them to eat and drink." We were also told that staff were "kind" and "supportive".

Another person living at Newlands told us that she felt she was looked after "Very well indeed". Staff were always polite and knew about her preferences we were told, "They (staff) give me two separate small teapots for breakfast because they know I like my cup of tea". Another person told us that, "They (staff) do look after me well, they ruin me". She gave an example of staff getting her cold spring water, because they knew she liked it.

One member of staff told us they particularly enjoyed the end of life care that was part of the job, because of the opportunity to provide a personal approach and continuing to show respect to the individual even after their death. We saw that people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

We observed staff knock before entering people's rooms. Staff took appropriate actions to maintain people's privacy and dignity. We saw that people were asked in a discreet way if they wanted to go to the toilet and the staff made sure that the doors to toilets and bedrooms were closed when people were receiving care to protect their dignity.

We saw, where appropriate, that the staff promoted independence in the people they were caring for. We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion.

Requires Improvement

Is the service responsive?

Our findings

We observed the atmosphere in the Lakeland unit during our visit was calm and positive, with a number of people engaged in an interesting craft activity and also being invited to have their hair cut by a visiting hairdresser. A person living on Lakeland Unit talked to us about the garden that was being developed at the unit, in response to his special interest in gardening, and about a trip out to a garden centre. There was an activities programme in place on this unit whereby once a month a person receives special attention for the day, being encouraged to make additional choices and being taken out by a member of the unit staff and the activities coordinator to somewhere they particularly enjoyed such as in this case, a garden centre.

However some people living on the other units and some staff expressed the wish that there could be more time available for activities, for trips out, and for time to sit and talk one to one with people. One staff member remembered that when they first started work at the home, "You could sit with one resident at a time". Another person living at Newlands told us they thought that the trips out used to be more frequent.

All of the people living at Newlands that we spoke to appeared confident in speaking out and described themselves as able to say whatever they wanted to the staff caring for them. One person said, "If I don't like a thing I'll tell them, they know me, I'll say what I want and what not." The home had a complaints procedure in place and we saw that a recent complaint had been recorded as being dealt with appropriately by the registered manager. People who we spoke with also told us they usually resolved any concerns directly with the registered manager. A relative told us they had made a complaint to the registered manager and felt that their complaint had been well handled and fully resolved. They had received a formal letter, a personal apology from a member of staff and an assurance that it would not happen again.

One relative who told us that their family was "In and out of the home all of the time" and told us, "I can't see any reason ever to complain about the care being offered. The only thing is sometimes they could do with another pair of hands because of how many people need two staff to help them."

Care plans were not always written in a person centred way. Person centred care planning is a way of helping someone to plan their care and support taking into account their individual preferences and what is important to them. We did not see that people had always been involved in their care planning. Where people could not easily make decisions for themselves we did not see that consistently relevant others had been consulted. Some care records did not contain relevant and appropriate information relating to current health and social needs. For example where someone's ability to swallow had changed. This meant that information recorded did not always provide staff with accurate and up to date information about how to support individuals.

We recommend that records relating to care and treatment are consistent in providing accurate information to enable staff to follow the most appropriate plan of care.

We could see in people's care records that the home worked with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). All of the staff we spoke with said that they enjoyed working at Newlands and that it was a happy place to work and that staff relationships were good. Staff also told shared examples of the senior management showing commitment to the home, such as coming in on days off to get care plans up to date, or working extra hours to cover staff shortage.

Relatives and staff expressed great confidence in the registered manager. One senior staff member told us that the registered manager is, "A manager who wants to be involved with residents and with visitors". Another member of staff told us that they felt confident in going to the registered manager with any concern and that, "She resolved things and listens to what you say".

A relative told us that although they knew there were family meetings said, "If I want to talk about anything I just go and see the registered manager".

Staff who we spoke with on the Lakeland Unit also expressed confidence in their unit manager who had only been in post for the last eight weeks. Comment form staff included, "She is someone who gets things done" and "She's brilliant in supervision sessions".

Although there were comprehensive internal systems in place to assess the quality and safety of the service provided in the home these had not been consistently effective when looking at the management of some areas of safety in the home. We saw from the quality monitoring checks done in the home that areas requiring actions to improve had been appropriately identified. However it was not always made clear in what time frame that those areas need to be improved by. We discussed this with both the regional and registered managers who assured us that this would be addressed to improve the current systems in place.

The regional manager for the provider also visited the home on a monthly basis to do service checks and monitor quality.

There were processes in place for reporting incidents and we saw that these were being followed. There was monitoring of incidents and these were usually reviewed by the registered manager to identify any patterns that needed to be addressed. However one incident of choking had not been fully reviewed by the registered manager at the time of the inspection and it appeared lessons had not been learned from a previous serious incident in the home as the procedures for choking incidents in the home had not been followed.

Where required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.

As well as informal discussions with people and their relatives about the quality of the home, we also saw that regular resident and relatives meetings had taken place. These were for the service to address any suggestions made that might improve the quality and safety of the service provision.

The premises were very well maintained. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning schedule and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

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 risks associated with the delivery of safe care and treatment including the safe use of some equipment had not always been recognised and when risks had been identified they were not always recorded accurately or managed appropriately.