Care Quality Commission

Newlyn Court Limited

Newlyn Court

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

Our inspection took place on 15 and 21 April 2015 and was unannounced. We last inspected the service on 20 November 2013 and we did not identify any areas where the provider was not meeting the law at this time.

Newlyn Court provides care and nursing care for up to 80 older people who live with dementia or a mental illness.

The service had a registered manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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. People told us that the service was well managed and the registered manager was approachable. People and visitors to the service described positive outcomes for people living at there. We found there were still some areas for improvement that commissioners had identified that the provider was yet to address. Timescales for these were however in place and the

Summary of findings

registered manager gave us a commitment that they were working towards addressing these, for example improving people's care plans so that they were easier for people to understand.

We have made a recommendation about how the environment could be improved so it supports the needs of people living with dementia.

We found that staff did not consistently know how to respond to people that presented challenges to them in a way that calmed them and prevented them challenging other people. We also saw people were sometimes not supported by staff to stand or transfer between chairs in accordance with their individual risk assessments. We saw people did not always look safe when transferred in this way. On other occasions we saw staff supported people safely to transfer between chairs.

While people told us they thought staff were skilled and well trained there were some areas where training could be better embedded in day to day practice, for example in respect of how they responded to people that challenged them.

People said they were enough staff to meet their needs and keep them safe but we saw some occasions where people were kept waiting for assistance.

People received their medicines in a way that ensured they were given to them as prescribed and in a safe way.

People told us that they were safe. The registered manager and staff demonstrated awareness of what could constitute abuse and knew how to report issues so that any allegations of abuse would be investigated.

The provider ensured that people's rights were upheld, and any restrictions considered their best interests as to how their safety was managed.

The provider had systems in place to monitor people's on going health and people told us they experienced positive outcomes regarding their health. Where equipment was needed to support people's healthcare needs people told us this was made available.

People told us they enjoyed their meals. The provider had systems in place to monitor the risk to people from poor nutrition and involved external healthcare services where appropriate.

People received kind and compassionate care and staff respected their dignity. Staff were aware of people's preferences, likes and dislikes.

People or/and their representatives were involved in planning their care prior to and after they came to live at the service.

The provider had methods in place for gaining people's views about the care they receive and any issues or concerns they may have.

People's ability to pursue their interests or take part in social activities was mixed, but staff where able promoted people's stimulation.

Summary of findings

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.

Occasions where people challenged staff were not always well managed. We saw some people were not supported to transfer between chairs or stand in accordance with their risk assessments. People said there was enough staff to keep them safe although we saw some occasions where people waited for support. People told us the service protected them from harm and potential abuse. People's medicines were managed safely.

Requires Improvement

Is the service effective?
The service was not always effective

Improvements could be made to the environment to support people living with dementia. People told us that they had confidence in staff who they felt were skilled and well trained. The provider ensured that people's rights were upheld, and any decisions considered their best interests. People's health care needs were promoted. People told us they enjoyed their meals and the provider had systems in place to ensure people at risk of weight loss were monitored.

Requires Improvement

Is the service caring?
The service is caring

People told us that staff were consistently kind and caring. We saw that staff spent time explaining people's care at the point it was provided and they respected people's dignity. Staff were knowledgeable about people's needs and what people's preferences were. People's independence was promoted.

Good

Is the service responsive?
The service was responsive

People or/and their representatives were involved in planning their care. Staff were knowledgeable about people's needs and preferences. The opportunities for people to pursue their interests varied, but staff did try to promote these. The provider had methods for gaining people's views about the care they receive and any issues or concerns they may have.

Requires Improvement

Is the service well-led?
The service was not consistently well led

We identified areas where the management could make improvement, some of these previously identified by commissioners prior to our inspection. The

Requires Improvement

Summary of findings

registered manager did express a commitment to address these issues and was honest about areas that could be improved. People did tell us that the service was well run though and described positive outcomes for people. The management were said to be approachable by both people and staff.

Newlyn Court

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.

The inspection took place on 15 and 21 April 2015 and was unannounced.

The inspection team consisted of three 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.

We looked at information we held about the service since our last inspection in November 2013, for example statutory notifications. These are events that the provider is required to tell us about in respect of certain types of incidents that may occur like serious injuries to people who live at the service. We considered this information when we planned our inspection. We observed how staff interacted with the people who used the service on a number of occasions during the inspection. We also used the Short Observational Framework for Inspection (SOFI) over lunch time in the service's communal living areas. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people who used the service and eight relatives. We also spoke with the registered manager, the provider and eleven staff which included nurses, carers, cleaners, a cook, activities organiser and maintenance person. We also spoke with two health care professionals who had regular involvement with the service.

We looked at eight people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We looked at three staff recruitment files and records relating to the management of the service, including for example quality audits.

Requires Improvement

Is the service safe?

Our findings

When people behaved in a way that may upset others, staff did not consistently manage these challenges in a way that protected people's dignity. We saw one member of staff attempted to calm a person who was being verbally abusive to another person. Staff tried to calm the person but their actions and communication made the person more upset, rather than placating them. These staff told us they had not received any training in the management of behaviour that may challenge. When we looked at the person's care records we were not able to find any information that would tell staff what triggers may give rise to challenges from the person and how to respond appropriately to these challenges. We saw reports describing earlier incidents similar to the one we saw. We did see some occasions however where staff did respond appropriately to instances where other people expressed anxiety.

People were not always safe when they were supported to transfer between chairs, or walk by staff. We saw staff supported people to walk on a number of occasions with some people seen to be inappropriately assisted, by being held in a way that could cause risk of injury to the person. Two people we saw supported to walk by staff became visibly distressed. We looked at some people's risk assessments as to how they were to be supported to stand. We saw the most up to date risk assessment for one person who we saw assisted to stand by staff without a hoist stated, 'Needs the hoist to transfer and assistance of two care assistants'. This showed the information in this assessment was either not up to date, or that staff had not followed the risk assessment. Based on verbal explanation from the registered manager the risk assessment needed to be reviewed. When we saw other people transferred with hoists this was done by staff in a safe way. We spoke with the registered manager about what we saw and they told us all staff had received moving and handling people training but they would review their practice.

People told us that there were enough competent staff who had the right mix of skills to make sure the care provided was safe and staff were able to respond to people's needs. A relative told us, "There are always enough staff to help", another relative saying, "Always someone allocated to watch the floor and plenty of other staff in and out". We did see some occasions where people's needs were not always addressed promptly. For example, we saw one person had to wait in excess of 15 minutes for staff to respond to their request for support. We saw the person become distressed whilst waiting. There were also occasions at lunch time where we saw some people were waiting to be supported with their meals for up to an hour after staff began serving lunch although they did not appear distressed by this. We asked the registered manager how they reviewed staffing levels so these were adapted to meet people's changing needs. The registered manager said they ensured staffing levels were safe but they did not have a formal staffing tool in place to demonstrated sufficient staff based on people's dependency.

We looked at the systems in place for recruitment of staff and found these were robust and made sure that the right staff were recruited to keep people safe. The provider verified professional registration of any nurses who worked at the service.

People said the provider protected them from harm and potential abuse. One person told us, "I feel safe here; if I am not happy with something I say so". Another person told us, "I feel safe here, the buildings nice and secure". One relative told us, "I feel my relative is safe, the staff are always kind". Another relative told us, "I don't see anything that makes me worry about [the person's] safety". Both relatives told us how the provider had reduced the risk to the people concerned by providing appropriate equipment. The registered manager and staff had a good understanding of what potential abuse looked like so they could recognise cases of abuse. A member of staff told us, "If I had any concerns I would report them to the manager or one of the nursing staff. If I the manager didn't do anything then I know we can report to social services or the CQC". The registered manager made us aware of a situation where they felt a person was at risk, and demonstrated what actions they had taken to protect the person where able, as well as escalating their concerns to the local authority.

We found that the provider ensured medicines were managed consistently and safely. People we spoke with told us people had they medicines at the times they needed them. We observed the administration of medicines during lunch time. We saw staff checked medicines so they were given to the right person and as

Requires Improvement

Is the service safe?

prescribed. We found people's care records contained details of the medicines they were prescribed, any side effects, and how people should be supported in relation to medicines.

We found that the provider carried out assessments to identify risks to people due to their health, for example from falls, choking, fragile skin and malnutrition. We found that where equipment was identified as needed to reduce the risk to people, this was available, for example a relative told us how the provider had supplied an appropriate chair in response to a change in the person's needs. Another relative told us the provider had ensured that an appropriate bed was available for a person so as to reduce the risk of their falling out of the bed.

We saw that there were regular checks carried out on the safety of the environment; this confirmed by the maintenance person we spoke with, who showed us records of checks on equipment and the environment. We did see one a person split their drink on the floor. A visitor asked a member of staff for assistance to clean this up but the member of staff said the cleaners would attend to this spillage after lunch. This left a slip hazard around at the time people were starting to leave the dining room. The registered manager said they would reiterate the importance of attending to such spillages promptly when this was raised with them.

Requires Improvement

Is the service effective?

Our findings

People's needs were not consistently taken into account in the way the premises were set out and decorated. The provider had not used up to date research, guidance and developments in respect of dementia friendly environments to influence how people's surroundings were developed; for example we saw that some corridors were long and did not have focal points identified so that people living with dementia would not become disorientated, and would be able to find their way around. There was no use of aids that would provide people with items to reminisce about or trigger interaction with each other and staff. Some of the décor was not appropriate for the needs of people with dementia such as patterned curtains. We discussed this with the provider and registered manager at our inspection.

We recommend that the service finds out more about presenting the environment in a way that reflects current good practice guidance on dementia friendly environments.

We saw that some peoples' bedrooms were personalised and had items on display that were of personal significance and importance to them, for example items that reflected the person's job during their working life. Not all the staff we spoke with were aware of the significance of these items to the person however.

We found that some staff did not demonstrate they had an understanding of working with people that may challenge them and in some instances how to transfer people safely. Some staff we spoke with showed a limited understanding of the needs of people living with dementia. The provider was able to demonstrate that staff had received a range of training that was appropriate to the needs of people that lived at the home which included training in moving and handling people and dementia care, which indicated some training, may not have been effective. People did express confidence in the staff and their knowledge and skills in caring for people in a way that met their needs. One person told us, "I feel the staff have the correct skills to care for me". One relative we spoke with told us, "I think the staff are knowledgeable. They know about my relative's needs and how to care for them". Other people and relatives expressed confidence in the staff team. Nurses we spoke with were knowledgeable about the needs and preferences of people they cared for and health professionals we spoke with told us they had no concerns about nurses clinical practice. We saw that new staff had a thorough induction that the manager was in the process of updating to reflect recent national developments related to staff holding 'care certificates'.

The registered manager and nurses had a good working knowledge of the requirements of the Mental Capacity Act 2005. We saw these were put into practice so as to ensure people's human and legal rights were respected. Applications had been made to the local authority for authorisation to restrict people's liberty. For example, we saw that one person was being supervised constantly by staff to protect their safety and this decision to restrict the person's liberty had been agreed by the local authority. The provider had assessed people's capacity to make decisions. Where people were unable to make decisions for themselves, we saw these decisions were made in the person's best interests with the right people. Where people did not have capacity relatives confirmed they were involved in the decision where this was appropriate. We saw that people were always asked to give their consent to their care, treatment and support, for example we saw staff consistently asked people's permission before they supported them with their care needs, and accepted their decision when this was no.

People told us they experienced positive outcomes regarding their health. One relative told us, "If we have a medical concern we just have to tell staff and the doctor arrives as soon as possible. The same applies to dentist/ opticians etc." A second relative said, "Last year [X] was really ill, [the provider] got her everything she needed pulled [X] through". Another relative told us the response to a person's healthcare needs was, "Absolutely excellent". They told us that a health care concern was identified and referred to the person's doctor very quickly. They told us that staff had kept them informed throughout the process as well. Health professionals we spoke with told us that the staff monitored people's health care needs and ensured they were contacted when they was any change in people's health care needs and their input was needed. They also said that staff responded appropriately to any changes in people's health. Staff we spoke with knew people's routine health needs and we saw that the nurses kept these under review.

People said that the food they received was consistently good. One person told us, "The food is good. We have fish

and chips on Fridays, I like that". Another person said, "Meals are nice, I eat them all up". A relative told us, "The meals are good; my relative has enough to eat and drink". Other relatives confirmed people had enough to eat and drink. We saw there were lists of people's preferred meals, and likes and dislikes that the cook used to ensure people's preferences were met. We saw people were given a choice of meals at lunchtime, with alternatives offered when requested. When people did not like what they were offered staff would get an alternative. We saw some people had difficulty eating with standard cutlery and plates. Use of adapted dining equipment may have promoted their independence. We saw all the plates used were white, which may create difficulties for people living with dementia in understanding what was on their plate, this to be alleviated by using different colours.

We saw that staff promoted people's nutrition where they were at risk of weight loss. Staff were aware of the need to observe people's diets to monitor their intake, and provide supplemented diets to limit the risk of people's weight loss. Where people had choking difficulties we saw staff gave people appropriate soft diets and used thickeners to ensure they would not choke on their drinks. Relatives confirmed that people's food was given to them in a form that was safe for them to eat. One relative told us, "X has pureed food, eats full dinner and pudding". They also said that, "They [the staff] would try her on something else if did not eat". Another relative told us how well the person ate the pureed foods, when it was said they would not eat their meals if they did not like them.

Good

Is the service caring?

Our findings

People who used the service, their relatives and other people who had contact with the service were consistently positive about the caring attitude of the staff. One person told us "[Staff] are nice to me" another person telling us, "I am happy here, they look after me and the staff are kind". Relatives told us there were "Lovely caring staff, sit and watch how treating others then know [X] is alright". Other visitors told us, "Staff are very friendly and approach [X] with a friendly manner and give [X] good explanations" and "Wonderful support, you couldn't ask for better. I visit every day and the staff are very caring".

People were supported to express their views when they received care and staff gave people information and explanations they needed to make choices. A visitor told us, "No concerns regarding nurses, make great efforts to communicate with patients". We saw throughout our inspection that staff provided care to people that showed they were well intentioned, and when interacting with people we observed staff were attentive and compassionate. For example we saw staff talked people through the support they were providing to people, before and during the care process, offering good explanations and reassurances to people. We spoke with staff who understood how some people who may have had difficulty expressing their wishes verbally would indicate their choices. We saw a number of staff communicated effectively with people even when they had complex needs. The registered manager told us about ways they were looking to develop communication techniques with people that were unable to speak, for example with the use of picture boards.

We found the relationships between staff and people that received support showed dignity and respect was promoted. One person told us, "Staff treat me with respect and observe my dignity". A visitor told us a member of staff accompanied their relative to an appointment and they were constantly interacting with their relative in a positive way. Health professionals we spoke with told us that the staff approach was good and people were allowed to, "Be themselves". We saw staff were observant as to whether people were comfortable, for example we saw staff check if people were happy with the way they were dressed, and if they may want their cardigan removed or not. We did see some occasions where staff used colloquial forms of address, for example, 'my love' although we did not see this cause any person any distress and we saw most staff used people's names.

We saw that staff promoted people's independence, for example where people were able to feed themselves staff encouraged them to do so. A relative told us how staff had promoted a person's independence after a period of ill health. We heard how staff had worked with the person to enable them to eat independently, and had discussed this with the relative so that their dependency was not reinforced. We saw the person was comfortable and very able to eat independently. We also saw that people had freedom of movement where wished and we saw people walking around the service without restriction, for example where there were risks of people falling. We saw steps were taken to minimise the risks without unduly restricting people's independence.

Relatives told us that there were no restrictions on visiting and they were made welcome by staff. We saw that relatives were supported to take an active part in the care of people they visited so as to maintain relationships and support people's emotional well-being.

Requires Improvement

Is the service responsive?

Our findings

We looked at some people's individual care records and found that these included goals and actions needed for people's care. We saw some records showed the involvement of people or their relatives in their care planning. We found care plans were at times difficult to follow and it was unclear if they were up to date. We discussed this with the registered manager who told us that people's care plans did need some development and they were working towards using formats from reputable national organisations involved in dementia care. We had however found that information in some people's care records had not reflected the way we saw care was or should be provided on some occasions. This meant that people's changing needs may not have been reflected in their care plans.

People and those that matter to them were involved in developing their care, support and treatment plans. One relative told us, "The manager spoke to me about my relative's needs before they came here. I speak to the staff every day and they let me know how my relative is". Another relative said the provider carried out a full assessment before admission and they were satisfied with the care the person received. Another visitor told us they had regular reviews of their relative's care with the appropriate involvement of external health care professionals. People told us they had been given appropriate information about the service. We spoke with the registered manager and staff about how they involved people who at times may not be able to clearly present their views and they told us how they would observe people to gauge their reactions and responses to enable them to gain an understanding of their likes and dislikes. Care staff told us that this information would be fed back to nurses for inclusion in people's care plans.

The registered manager and staff were knowledgeable about the people they supported. They knew about people's life histories, relatives, likes, dislikes and preferences for receiving care. Some visitors told us that staff knew people well and were able to deliver care that considered people's preferences. One visitor did comment "if [staff] had a better understanding of [X's] past life they would be able to better tailor their care" but went on to say that "We think the home has done wonders for [X's] health, [X] used to be aggressive but has calmed down a lot and even put weight on in the short time has been here and seems to respond well to the staff".

People's ability to pursue their interests or take part in social activities was mixed. Some staff said they would like to have more time to spend individually with people, although we did see that where able they did sit and talk to people. Other staff commented it could be difficult to motivate people due to their dependency. A relative told us, "There is not much to do here, people spend most of their time just sitting". We saw this was accurate at times, for example during late morning many people were seen to be asleep in the lounge. We spoke with people who were cared for in their bedrooms, and saw staff made sure some had stimulation, for example a radio in the background. The provider employed a full time activities coordinator who told us, "I plan activities in advance. We have an entertainer most afternoons". They said, "For people who can't join in with group activities, I spend time with people on a one to one basis", although it was recognised with the number of people living at the home the input for some may be limited. On one afternoon we saw that there were violin players in one of the communal lounges which people enjoyed and we saw a number of people were assisted to have a walk around a well maintained garden area by staff. We were told of examples of individual interests people had such as hand massages, having poetry read to them or looking at photographs from their past. We saw there was a private room where people could spend one to one time in a relaxed and sensory environment. We saw people use this during our inspection.

We found spiritual support was available for one person by visiting members of a local church. However, we found this support was not available for people from other denominations. We discussed this with the registered manager who said they had encountered difficulties arranging for other denominations to visit the service but was still pursuing this with some churches. We saw that one person had items of religious importance available to them in their room; these were positioned so that they were visible to them and a comfort.

The provider used a range of ways for people to feed back their experience of the care they receive and raise any issues or concerns they may have. People we spoke with

Requires Improvement

Is the service responsive?

were not aware of any recent meetings held to gain people's views, although one relative said there used to be meetings. The registered manager said they had arranged these meetings but attendance had been poor. We saw that satisfaction questionnaires had also been used to gain people's views, a relative telling us, "We are sent questionnaires sometimes to say what we think of the service".

People we spoke with told us that they were able to complain to staff. One relative told us, they would use the provider's complaints procedure, "If felt necessary but confident would be resolved". Another relative told us they, "Would go to management first" and were also confident any issues would be resolved promptly. We saw information as to how to make a complaint was available and accessible within the service. There were no recorded formal complaints received in the last 12 months although the provider told us that they would record any if received and investigate them.

Requires Improvement

Is the service well-led?

Our findings

The day to day management of the home was overseen by a registered manager who was also a nurse, meaning they had the clinical knowledge and background to provide support to the nursing staff. We found there were still some areas for improvement, some that commissioners had identified that the provider was yet to address. This included improvement to care records for example how triggers to people challenging staff were to be recognised, and ensuring this was communicated clearly to staff to all staff. The environment also needed to develop to better reflect the needs of people living with dementia, and when asked there were some national strategies the registered manager had not researched, for example dementia friends. There was scope to expand on some management tools, for example the use of a staffing tool to support how staff were deployed based on people's dependency, layout of the environment and times of peak activity.

People and visitors to the service described positive outcomes for people living there. One person told us, "Best place I've been in, like it here". A relative we spoke with said "Very pleased with what they do here", another relative stating, "We see the management quite often around the home and they always make themselves available to residents and/or relatives". Health professionals we spoke with that visited the service said that the registered manager provider had a fair approach to people and their families and they never had any concerns about how the provider ran the service. They also told us that the nursing team knew what they were doing and the registered manager led staff well.

The registered manager said they operated an 'open door' policy and tried to make themselves accessible to people and visitors to allow them the opportunity to discuss their experiences. People we spoke with knew the registered manager and confirmed that they were able to approach them and share their views if wished. A relative told us, "The manager's very friendly". We saw that recent satisfaction questionnaires from some relatives had been completed and presented a positive view of the service. The registered manager showed us one comment that showed an improvement could be made in respect of people's laundry, and told us how this was subsequently addressed.

Staff told us they understood their role, what was expected of them, and were happy in their work. Staff expressed confidence in the way the service is managed. Staff told us the management were available when they wanted to talk to them. One member of staff said that management were supportive and visible, and the registered manager is, "Always around" when on duty. All but one of the staff we spoke with told us they received regular supervision. They told us staff meetings were held to ensure any changes needed at the home were communicated. One member of staff told us, "I have been here a long time. The management are approachable and fair. If we ask for equipment we get it." Another member of staff told us, "I feel supported to do my job effectively, I am confident in approaching the manager about anything if I need to".

There were quality assurance systems in place to monitor care and plan on-going improvements in respect of the care people received. An example of this was audits carried out to monitor the safe administration of medicines. We saw that issues identified from this audit had been addressed.

The registered manager told us how they used the findings from other agencies to inform their learning. They recognised and were honest about areas they had identified for improvement partly based on the findings from commissioners. The registered manager told us they were looking to improve people's care records so they were easier to understand for people but also to ensure they were clear as to what people's current needs, likes and preferences were. They recognised that they did not always document important information about the management of the service which could have an impact if they were not present at the service for any period of time.

We heard that the provider works in partnership with other organisations to support care provision, service development and joined-up care. Health professionals we spoke with told us that the provider was responsive to any comments that they raised in respect of people's care and that the registered manager had a good relationship with the General Practitioners that visited the home. We saw that the provider used frameworks for the management of the service's quality (the safety thermometer) to inform commissioners about any risks to people at the service. The registered manager also told us the local Clinical Commissioning Group's (CCG) and the local authorities action plans (from when they last visited Newlyn Court)

Requires Improvement

Is the service well-led?

were used as a means to develop and improve the way the service was run. We saw that some improvements based on these had commenced but still needed to be progressed, for example ensuring there were care plans in place to inform staff how to respond to challenges from people living at the home where appropriate.