

Berkeley Health Care Limited

Newlands Nursing Care Centre

Inspection report

Evesham Road
Stow on the Wold
Gloucestershire
GL54 1EJ

Tel: 01451870077
Website: www.newlandscare.org

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

We inspected Newlands Nursing Care Centre on the 12, 16 and 17 July 2018. Newlands Nursing Care Centre is registered to provide accommodation and personal care to 26 older people some who require nursing care. The service is also registered to provide personal care to people living in their own accommodation, including apartments and cottages based on the grounds of Newlands Care Centre. While we inspect both aspects of the service, we do not inspect people's own accommodation, therefore evidence in relation to the environment is based on people living in the care home aspect of Newlands.

At the time of our inspection, 12 people were receiving accommodation and nursing or person care. Nine people were receiving personal care in their own accommodation. Newlands is based in Stow on The Wold in the Cotswolds, a rural area of Gloucestershire. The care home is split over three floors with communal spaces on the ground floor, including a dining room, drawing room, restaurant, library, salon and café. Attached to the home is Newlands House with people freely moving from the apartments to the home. A number of cottages are also in the grounds of the service. The service has large gardens for people to enjoy with views overlooking the countryside. This was an unannounced inspection.

We previously inspected the home on 24 May 2017 and inspected the following areas 'Is the service effective?' and 'Is the service responsive' and rated the service as "Good". The service had met all of the required regulations at this time.

At this inspection we rated the service as 'Outstanding' overall.

There was a registered manager in place at Newlands Nursing Care Centre. 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.

The service was outstandingly caring. The registered manager and staff were committed to providing the best possible care. There were excellent relationships between staff and people with staff putting people at the centre of their care.

Staff worked creatively to enhance people's enjoyment of life; including tailoring activities to people's needs and creating opportunities for people to be involved in their local community. The provider ensured staff had sufficient time to provide compassionate and attentive care and people experienced that they were supported with the things that mattered to them. People were supported to attend family holidays.

The service was outstandingly responsive to people's changing needs. People were supported by care and nursing staff who were attentive to their needs and knew when they were feeling unwell. The service had worked with healthcare professionals to reduce unnecessary hospital appointments and ensure people's health and wellbeing were maintained.

People were safe living at Newlands. There were enough staff deployed to ensure people's needs were being met. People received the support they required to meet their health and wellbeing needs.

People received their medicines as prescribed. The risks associated with people's care was managed well and people were supported to take positive risks and maintain their independence.

Care staff treated people with dignity and ensured their nutritional needs were met. Hospitality, nursing and care staff were aware of and met people's individual dietary needs. Staff spoke positively about the support and communication they received. Care staff felt they had all the training and support they required to meet people's needs.

The service was highly responsive to people's needs. People were supported to live their life to the fullest and enjoyed a wide range of activities and events. People benefitted from engagement and activities which were tailored to their individual needs and preferences. People were extremely happy living at Newlands. Care, nursing staff and the registered manager took effective action to ensure people's changing needs were met and that people received exceptional person-centred care.

Care staff were caring and were aware of people's health needs. People were heavily involved in the day to day running of the home. People and their relatives concerns and views were listened to and acted upon. Relatives told us the management team was incredibly responsive and approachable.

The registered manager and provider had implemented systems to monitor and improve the quality of service people received at Newlands. The registered manager had a clear vision of how they wanted the service to develop and improve, with a focus on providing people with varied and personalised activities.

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. People felt safe living at Newlands. Care and nursing staff understood their responsibilities to report abuse and protect people from harm.

There were enough staff deployed to meet people's personal care needs. People received their medicines as prescribed.

The risks associated with people's care were managed and people were supported to take positive risks.

Is the service effective?

Good ●

The service was effective.

Care staff had access to the training and support they needed to meet people's needs.

People were supported to make day to day decisions around their care. People were supported with their on-going healthcare needs.

Is the service caring?

Outstanding ☆

The service was outstandingly caring. People told us that care staff were excellent and went the extra mile to meet their care needs.

The service was organised to ensure people experienced kind and compassionate care. Staff had sufficient time to spend with people and people had the opportunity to sensitively transition from independent living to nursing care.

People's dignity was promoted and care staff assisted them to ensure they were kept comfortable.

Is the service responsive?

Outstanding ☆

The service was outstandingly responsive. People's individual and personal well-being needs actively promoted. People were supported to enjoy holidays and activities which improved their wellbeing.

People enjoyed their life in the home and were supported to live their life to the fullest. People had access to a range of activities, excursions and events which were tailored to their individual needs and preferences.

People and their relatives were heavily involved in day to day changes at the service and their concerns and complaints were listened to, respected and acted upon.

The service responded to people's changing needs and worked with healthcare professionals to reduce any unnecessary hospital admissions.

Is the service well-led?

Good ●

The service was well led. The registered manager and provider had a clear vision for the service.

People, their relatives and staff spoke positively of the registered manager and felt the home was well led.

People and their relative's views were sought and they felt the provider and management were responsive to their concerns.

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 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.

This inspection took place on 12, 16 and 17 July 2018 and it was unannounced. The inspection team consisted of one inspector. At the time of the inspection there were 12 people living within the care home part of Newland House. Nine people were living in their own accommodation contained on the site of the Newlands Care Centre. While we inspect and regulate the premises of the care home, we do not regulate people's individual accommodation. Where we refer to the premise we solely refer to the premises of the care home.

We requested and reviewed a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, which included notifications about important events which the service is required to send us by law. We spoke with a local GP during the course of the inspection.

We spoke with seven people who were living in the care home and four people who were receiving personal care in their own accommodation at Newlands. We also spoke with one person's relative. We used the Short Observational Framework for Inspection (SOFI). 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 nine staff members; including four care staff (which included the domiciliary care lead), two chefs, a registered nurse, the registered manager and a representative of the provider. We reviewed nine people's care files and associated records. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Is the service safe?

Our findings

People felt safe living at Newlands. Those people who lived in their own apartments felt safe at all times, especially when assisted by care staff. Comments included: "I'm okay, it's good here and I am safe"; "very safe with staff here"; "You feel safe within your own home"; "Oh I feel safe here" and "We are looked after and safe." One person's relative told us, "Without a doubt I have peace of mind." Information regarding the provider's safeguarding processes including the provider's safeguarding contacts were available for people and their relatives to access on noticeboards within Newlands.

People were protected from the risk of abuse. Care and nursing staff had knowledge of types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to their line manager or the registered manager. One staff member said, "I would go to the home manager". Another staff member told us what they would do if they were unhappy with the manager's or provider's response. They said, "If I felt someone was at immediate risk I would intervene and call the police if it was criminal."

The registered manager raised and responded to any safeguarding concerns in accordance with local authority's safeguarding procedures. Care and nursing staff were supported to learn from incidents and accidents and to make improvements to people's care and support. Accidents or near misses were reviewed and guidance was provided to staff to ensure people's health and wellbeing needs would be maintained. For example, clear guidance was provided to care and nursing staff regarding one person's nutritional needs, the support they required and possible interventions needed.

Where people were living within the care home they could be assured the home was safe and secure. Safety checks of the premises were regularly carried out. Fire safety checks were completed to ensure the home was safe. Fire exit routes were clear, which meant in the event of a fire people could be safely evacuated. Equipment to assist people with safe moving and handling were serviced and maintained to ensure they were fit for purpose.

Newlands House was kept clean. Housekeeping and care staff followed and recognised safe practices in relation to infection control. People and their relatives felt the care home and communal areas shared by people living in the home and their own accommodation was always clean. Care staff wore personal protective clothing when they assisted people with their personal care. One person told us, "It is always kept very clean, spotless."

People had been assessed where staff had identified risks in relation to their health and well-being. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information about the support they needed to assist them to be safe. For example, one person was supported by care staff with all aspects of their care due to a progressive condition. Nursing and care staff understood the risks associated with their care and took appropriate action in accordance with their risk assessments. Where risks had been identified equipment was sought and provided. Nursing staff had identified the person was

acquiring bruises on their ankles from hitting bed sides. Action was taken to prevent this risk reoccurring to which the person consented. Care staff understood how to support this person with their mobility and the support they could provide to maximise the person's wellbeing.

People were supported to balance their personal wishes with their care and risk assessments. For example, people were free to walk around the home environment including staircases within the care home and the attached Newlands House. Where people chose to use the stairs, risk assessments were in place. People had access to the grounds of Newlands House Care Centre and were supported to enjoy the grounds. People informed staff of risks in their environment. For example, one person told us concerns had been raised regarding a loose paving slab. This was fixed immediately.

One person living within their own accommodation had been assessed at risk of developing pressure ulcers. The person chose to spend time and sleep in a recliner chair. Care staff discussed this risk with the person and how this could be prevented. The person's views were respected and care staff had clear guidance on assisting the person to stay safe whilst respecting their individual wishes.

People and their relatives told us there was enough staff available to meet their needs. Where people were supported in their own accommodation, they told us staff came when they expected and when they requested assistance which was provided in a timely manner. Comments included: "The staff are definitely attentive, you don't go without"; "If you need the staff, they come quickly. If they're busy they let you know, you're never just left"; "The staff act on my requests, its immediate" and "They are always around and really supportive."

Care and nursing staff told us the staffing levels had improved and there were enough staff deployed to ensure people's needs were met and to support them to enjoy one to one time and activities. Comments included: "Staffing works well at the moment. We work on the dependency of people living here"; "Staffing is pretty good, we have the time to spend with people and do their care well" and "We have the staff to provide care which is tailored to their needs."

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. The registered manager had full control of this process, which enabled them to ensure that new staff had the skills, experience and the character required to meet people's needs.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were kept, were monitored and recorded to ensure people's medicines were kept as per manufacturer guidelines. Where needed nursing staff took effective action to maintain the ideal temperature of the room during hot weather. Where people required controlled drugs (medicines which required additional management and control measures) these were stored and administered in accordance with the proper and safe management of medicines.

People received their medicines as prescribed. Nursing and care staff kept an accurate record of when they had assisted people with their medicines or where people had refused or not had their medicines. Nursing and care staff maintained a clear record of people's prescribed medicine stocks and when they had opened people's medicines.

We observed a nurse assisting people with their medicines in a person centred manner. For example, they assisted a person with their medicines in a patient, kind and compassionate way. They clearly

communicated what the medicines were for and asked if the person wanted to take them. They gave the person plenty of time and support to take their medicines. The person was in control throughout, offered choice by the staff member and given a drink with their medicines.

People's care plans documented how they liked to take their prescribed medicines. This included if the person wished for medicines to be provided on a spoon or in their hand. Where people were able to self-medicate, there were clear support plans on how the person should be supported to maintain the stock of their prescribed medicines. People agreed and consented to these care plans and were able to discuss the level of support they received with their prescribed medicines. One person told us, "They support me with my tablets every morning and every evening." Another person said, "They support me with my medication, the way I choose."

Is the service effective?

Our findings

People and their relatives felt care and nursing staff were skilled, dedicated and knew how to meet their daily needs. Comments included: "The staff are caring and they're professional"; "The staff are fantastic. They look after us"; "The staff are charming, they put up with a lot" and "The staff know what to do, there isn't one bad egg." A GP spoke positively about the commitment and skills of care staff employed at the home. They said, "The carers are excellent. They look after them like they're their own family. They all (staff) work really hard."

Care and nursing staff told us they had access to the training they required to meet people's needs. Comments included: "We have all the training we need and can always request more training. We've asked for dementia training which they are organising. We had dignity and respect training, it was helpful, it helped me to understand and treat people with full respect. It made me question my actions"; "Honestly its brilliant. I don't have to worry. No one works outside of the expected level of competence" and "We have the time and quality in our staff team to provide people's care." A clinical lead provided in house moving and handling training to care staff. The registered manager kept a record of the training staff had been provided with and completed and ensured all staff accessed the training they required.

Care staff were supported to carry out additional qualifications in health and social care and develop professionally. For example, care staff told us they were supported to complete qualifications in relation to health and social care and hospitality. One member of staff explained how training and development helped them continuously learn. Another member of staff discussed how the provider had put them on a health and social care level five management course. They said, "We did a level five course, they want to develop us and help us progress."

All staff had access to regular and scheduled supervision (one to one meeting with their line manager). Comments included: "I have supervision every two months, or more if I need it. It's always been helpful" and "(Registered manager) responds to everything, it's very good." Staff supervision records showed concerns and areas of development were discussed and followed up at future supervisions. For example, one member of staff was provided support regarding an unexpected death, a clear plan was documented which would be used to support all staff.

Nursing and care staff had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice when supporting people. 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff understood and respected people's rights to make a decision. Staff explained how they embedded the principles of the MCA into their practice. Comments included: "We ask them, do what they want, we can't just make decisions for them. One person's speech is deteriorating, however they can communicate their

choices using verbal indicators" and "Everyone here (living in their own accommodation) had the capacity to make their own decisions. Even if they are not the wisest of decisions they have the capacity to make them."

People's mental capacity assessments to make significant decisions regarding their care at Newlands House had been clearly documented. Additionally, where best decision meetings were carried out there was a clear record of people involved and the decisions made. For example, one person was supported in a best interest decision meeting with their family, healthcare professionals and staff from Newlands. This meeting was arranged to discuss their future treatment including the use of eating aids. The person was given the support they needed to make a decision which they were happy with.

At the time of this inspection nobody was being deprived of their liberty within the home. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body.

People's care plans reflected their diversity and protected characteristics under the Equality Act. People's sensory needs had been identified and staff were prompted to make sure people had access to equipment to ensure their continued independence. Where people had specific language, cultural or religious needs these had clearly been identified and guidance provided to staff.

People had access to health and social care professionals. Records confirmed people had been referred to a GP, continuing healthcare professionals, occupational therapists and physiotherapists. Additionally, people were supported to attend appointments through a concierge service which was provided by the provider (such as when families were unable to escort their relatives to appointments). People's care records showed relevant health and social care professionals were involved with people's care. A visiting GP told us, "People are very well cared for and attentively looked after. They (staff and people in their own accommodation) will ring us if needed."

People spoke positively about the food and drink that was provided at Newlands Nursing Care Centre. People living in the home had access to a varied menu which was based on their needs and preferences. People living in their own accommodation at Newlands also enjoyed eating in the home's restaurant, however also had their own cooking facilities. Comments included: "I'm a bit greedy, I do like the food here"; "The food is of a very good standard. I wouldn't grumble" and "The food is really good."

People had access to hospitality services who operated a bistro and café service for people living on the Newlands site and their relatives. Throughout our inspection people enjoyed coffee, tea and other drinks in the home and on the home's terrace. People had a list of wine and additional services they could access at cost, such as a picnic hamper. These services were clearly advertised for people. People spoke positively about these services and felt they had as much food and drink as they required. One person said, "We really do enjoy the wine."

People received diets which met their dietary and cultural needs. The registered manager ensured the chef, nursing and care staff were aware of any changes in people's weights or nutritional needs. The chef had a clear profile for each person which stated the dietary support they required, including pureed meals. People were supported to pick options off a daily menu, however if people did not like or feel like an option they had access to alternatives which could be arranged with kitchen staff.

The premises of the care home were suitable to meet people's needs. People could move freely around the home and all communal areas including shared gardens. Lift access was available for people inside the home and to access the garden, if they were unable to, or did not wish to use stairs. There was a number of communal areas people could enjoy, including a library, café, restaurant, dining room, salon and drawing room. People's rooms were en suite enabling them to receive their personal care in the comfort of their room.

Is the service caring?

Our findings

People and their relatives spoke extremely positively about the caring nature of all staff and the registered manager at Newlands Nursing Care Centre. Comments included: "I really don't think we could do much better"; "There is nowhere else we would be happy with"; "It is very good here, it's a happy place"; "This is a splendid place" and "I'm delighted to have pitched up here. It is an extraordinary place." One healthcare professional told us, "I'd quite like to put myself in here. The personal care is excellent. Very driven by the patients wants and needs. Individually tailored care."

We found the registered manager and staff promoted a very strong person centred culture and had developed a service that strongly maintained people's independence, freedom of choice and went the extra mile to enhance people's enjoyment of life. This was evident in the design and implementation of the care model at Newlands Nursing Care Centre. The care model was an extension of the service's caring approach and the provider understood the emotional impact moving to a nursing home could have on people. The provider had developed a service which allowed people to make a gradual transition from home to a care and nursing facility to minimise the anxiety of moving home and managing their decreasing independence.

People could move to the Independent Living Cottages, Assisted Living Apartments or the nursing home as their needs changed. We heard how this had enabled people to manage the transition as their needs increased with sensitivity and compassion. Staff developed strong relationships with people before they needed nursing care. This enabled them to continue shaping people's nursing care around their preferences and to strongly advocate for people to remain independent and engaged in the activities they enjoyed when they moved to the Independent Living Cottages and Assisted Living Apartments. This care model had also enabled couples to remain together when one partner became increasingly frail and required nursing care.

The registered manager explained that a number of people stayed at Newlands for respite care. They informed us that some people used the respite facility to identify if they would like to reside permanently at Newlands, whilst others had multiple respite stays and treated the stay as a break. They said, "Respite gives us the ability to get to know people. Recently two respite residents had decided to move into Newlands permanently for residential care. We have a couple from London who like to come and think it's a holiday." One person who had decided to stay at Newlands told us, "I am very happy here, I wouldn't wish to leave."

People benefitted from continuity of care at Newlands Nursing Care Centre. Some people told us they had moved to their own accommodation at Newlands, which contained cottages and apartments as well as the nursing home. One person explained how this gave them comfort as they would be supported by the same staff they were used to. They told us, "It is good to know that the support will be there when I need it." Another person discussed how they moved into a cottage at Newlands with their husband. They explained how their husband was supported in the apartment and then within the care home. They said, "We started in a cottage, then moved to an apartment. When my husband was unwell he moved into the home. This is my home now, I wanted to stay here. If I need more support they can provide it. It's the little things they pick up and help with."

The registered manager ensured staff were available and deployed to develop positive relationships with people. Staff were given sufficient time and knowledge to keep people company and to support with the detail that were important in their lives people. For example, one nurse told us they were "supported to be free during meals (to assist the person with their meal and monitor any changes in needs)." They understood what was important to the person, including having a bottle of their favourite beer with their lunch, which helped maintain their choice and wellbeing. The person spoke of the nurse and said, "I have everything. She's my favourite." A healthcare professional told us, "They (nurse) work closely supporting (person) and helping them make decisions well in advance.

One nurse and one member of care staff told us how they used their knowledge of a person's life creatively to help promote their independence during personal care and support. This included using engineering terms that the person was incredibly familiar with, by using these terms this placed the person in control and promoted their wellbeing and independence as it enabled them to complete mobility exercises with minimal support. The person's care plan documented how support should be provided. The person told us, "They use terms I am aware of. I think it's helpful." For another person who used to play golf, staff used golfing terms to support them to remain engaged with their mobility exercises.

Another person liked all the events they wanted to attend to be detailed in their diary. Staff had the time to sit with them to do this with them and answer any questions. Two members of care staff and the registered manager told us how they supported one person with their personal choice. The person wanted to watch the recent royal fly by on television. Care staff set up a place for the person to have their dinner in the drawing room. The person told us, "It was something I wanted and they made sure it happened. I enjoyed it."

Staff had a 'can-do' attitude and went out of their way to ensure people maintained their independence and enjoyed life. Any potential barriers to people experiencing a meaningful life were considered and resolved. For example, one resident wanted to join in a wine club to be social, but they did not really enjoy drinking. Staff creatively sourced a number of non-alcoholic wines and supported the person to try these and choose the ones they liked so they could join in every week.

Staff were aware of the risk of people becoming isolated from their families and the wider community due to the very rural location of the services. The service had worked creatively to build links with the community to enable people to part take in activities in their local community. People attended a lot of the local events and the home held many fund-raising events for local charities such as bake sales, plant stalls and coffee mornings. The local community also used the home for their own knitting and crochet groups in which people were welcome to join in and there was also a local history club that used the home's library.

Even when off duty, the activities co-ordinator was continually on the lookout for new activities that people may enjoy, they collected flyers for car shows, football matches, summer fetes; anything that was going on in the local community. If the event looked like it would be suitable and popular to at least one person, the registered manager sent a staff member to check the area to ensure it was suitable for example if there were lifts, wheelchair friendly and disabled toilets.

People were supported to maintain their personal relationships with people who were important to them. For example, people and their relatives told us that visitors could visit at any time and there were no restrictions in the visiting times. One relative spoke positively about the service and the welcome they received when they came to Newlands. They said, "I am always made to feel welcome, nothing seems too much trouble, I feel like they care for me too." One person told us, "There is plenty of space for us to meet our relatives in private. We have a separate dining room where we can have lunch with our relatives in private, and we can use the terrace too."

People were also supported to stay in touch with family and friends through digital technology. The activities coordinator held technology classes to help people learn to email, text, and make video calls and also provided individual training and support when needed.

The service's caring approach extended to staff as well. Care staff told us the registered manager and provider promoted their wellbeing and the need for a positive work life balance. One member of staff spoke to us about how the registered manager and provider supported them with their healthcare condition, assisting them to attend work in a way which promoted their wellbeing as well as the wellbeing of people living at Newlands. They expressed the benefit this support had on them. Another member of staff told us, "We focus on the body and mind for staff. We think about work life balance. We all respect and care for each other. This then has a positive impact on the residents." Another said "I think we provide something different here. We all respect and care for each other (staff). If we work like that it filters through to the residents."

People enjoyed positive relationships with care and other staff. The atmosphere in the home and in shared communal areas was friendly, inviting and lively. People enjoyed using the home's terrace particularly during the fine weather. We observed many warm and friendly interactions where care and hospitality staff clearly demonstrated the care and respect they had for people, such as ensuring they were comfortable in hot weather and ensuring they had all the drinks they needed.

Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. Staff told us "They (people) are all individuals, there is no routine. They get up when they want to, they do what they want."; "I absolutely love working here. I like it as they are all individuals (people). They can have exactly what they want, that's what I like about it here. They can have a pot of tea when they want, some get up at 03:00 and if they like a pot of tea, then why not. We respect them".

People's dignity was respected by care staff. For example, when people were assisted with their personal care, staff ensured this was carried out in private. People living at Newlands Nursing Care Centre felt they were treated with dignity and their wishes were respected. We received comments such as: "There is always a knock before they come in" and "I feel they treat me with respect." We observed care, nursing and hospitality staff assist people with dignity and respect. One person had an accident. Staff assisted the person with minimal fuss and ensured they had everything they required.

People were able to personalise their bedrooms. For example, people displayed decorations or items in their bedroom which were important to them or showed their interests. For example, one person's room contained pictures and pieces of art which were important to them. Another person had pictures of a car they owned, which they talked about proudly.

People were supported to make decisions around their care and treatment. For example, one person's care plan clearly documented their views and also their wants and wishes regarding their ongoing care and treatment and end of life care. This person had also made a decision to refuse resuscitation in the event of cardiac arrest. This decision was clearly recorded in the person's care plans, detailing the preferences of the person. People's care plans documented how they should be involved in all decisions and aspects of their care. One person told us, "The plan is about me and what I need and want. That's why I came here."

Is the service responsive?

Our findings

Systems have been put in place to ensure outstanding health responsiveness as the provider was aware that due to the service being in a very rural area (Cotswold) access to timely health services were at times difficult. The provider had responded to this by building good links with local GPs and upskilling their clinical staff to prevent hospital admissions. Where people's needs changed, staff were responsive to these concerns and provided high quality care. For example, one person was admitted to the home with a necrotic (skin tissue which is decaying) toe. A nurse told us that at admission there was a realistic probability that the person would lose their toe. Through effective care and treatment, the person has been supported with this need and the skin was healing. The person was now able to wear matching shoes which greatly increased their wellbeing, the person was also able to move independently and pain free. Staff assisted this person to attend a podiatry (foot care) appointment at short notice, as a letter of appointment had not been provided to the home. The registered manager ensured support was provided by staff to assist this person to attend this appointment. The nurse informed us, "There was a last minute podiatry appointment, the letter was redirected. (person) no longer has necrosis, they will not lose their toe."

The registered manager informed us a culture of hyper vigilance had been establish that covered all staff roles to ensure they were always on the lookout for signs that people were not well so that prompt treatment could be sourced before they needed to go to hospital. All staff were aware of the challenges this could bring. For example, one person had no temperature or visible symptoms that they were unwell. The nurse noticed this person was unwell and called the doctor who prescribed antibiotics immediately as they had identified the beginning of an infection. By being observant and picking this up in such early stages, staff ensured this person received prompt medical care.

Staff worked hard to ensure people were supported and their independence promoted and maintained. One person living in their own accommodation was being supported to make adjustments to their apartment to promote their independence. For example, one person was visited by a healthcare professional to arrange for adaptive aids to enable them to make using use their chair more comfortably. The person was sat enjoying their day when a member of care staff informed them the professional was visiting. They were comfortable for the member of staff to assist the visitor to their apartment and confirmed the changes they wanted. The person expressed their pleasure that the changes were happening very quickly. They said, "My chairs aren't high enough, so they're sorting it out for me. Staff act on my requests, I mentioned it about four days ago staff dealt with it, they are on the ball."

People were supported to enjoy family holidays. The registered manager informed us when people had planned holidays, they were supported to manage their medicines whilst away with a "holiday package management system". The GP was informed of the holiday and where the person was going and the pharmacy was contacted to order medicines for the weeks away plus one extra week just in case a holiday was extended. Relatives were made aware of the person's medicines and how these should be taken and risk surrounding these. Contact details for the local hospital (even if the holiday was abroad) was found so that they could be contacted in case of emergency. This had enabled one person with complex needs to enjoy a family holiday with their loved ones away from Newlands, this gave the person memories and

greatly increased their wellbeing.

The service took the initiative when responding to people's changing needs and ensuring their wellbeing was maintained. For example, nursing and care staff identified one person was struggling with taking a drink as they were finding it difficult to tip their head back. A new adapted cup had been trialled for the person which enabled the person to drink without struggling. The registered manager had ordered more adapted cups to ensure the person had consistent access to these cups.

Staff knew people well and the actions they should take to help reduce their anxieties. People received person centred care which reduced their anxieties. For example, staff explained that one person had worked in the military and preferred routine and structure. The person enjoyed helping staff to clean and organise the home. Staff told us they were aware of the things which could upset them or make them anxious. This included ensuring food and crockery was not left around after meal times and to ensure these were removed discreetly.

One healthcare professional praised the responsive needs of the service and felt referrals for assistance were timely and appropriate, which helped to reduce hospital admissions and inappropriate referrals. They told us, "They're appropriately responsive. If someone is poorly, we know what they're talking about. They work closely with people supporting them to make decisions. (Registered manager) and nurses will flag up concerns about patients. They have good facilities here to assist people to move from the cottages to apartments to the home. They are good at responding to and pre-empting people's needs, this has really helped to prevent admissions to hospital. They are really receptive to rapid response, observations are being done appropriately, this reduces the burden on services."

At the time of our inspection, no one was receiving end of life care, however nursing and care staff explained they ensured people received constant support. They also explained how the registered manager and provider ensured staff were also supported during this time. Comments from staff included: "They're (registered manager and provider) are reactive, we would get more staff. No one is left alone, end of life care is not just about supporting the person, it goes beyond that" and "We never leave anyone alone at end of life, they ensure we have the staff we need. We have full support. We have a talk or a little meeting afterwards. If there is anything we need or support."

People's needs were assessed before moving to the service, regardless if they moved into the care home or received personal care support in their own apartments. Care and nursing staff ensured people's care records were extensive and detailed, which ensured if people moved from their own accommodation at Newlands to the care home, their care plans would follow their journey. These assessments were detailed and showed that people's physical and mental health needs had been assessed. Assessments included information in relation to people's nutritional needs and needs around their anxieties and mobility needs. The care plans provided staff with guidance on the person's dietary preferences and how they should be supported with day to day choices. Care and nursing staff told us that the care plans provided them information on people's health needs. One member of staff said, "We get to know people so well and this goes into their care plans, they're detailed."

People's care records were current and reflective of people's needs. People's individual records provided guidance which care staff followed to meet their health and wellbeing needs. Care and nursing staff kept a record of the support they provided people in relation to their personal care. Care and nursing staff told us that the care plans provided them information on people's health needs. One member of staff said, "We get to know people so well and this goes into their care plans, they're detailed."

People enjoyed an active and engaging life at Newlands Nursing Care Centre. People living in the home and in their own accommodation told us they were rarely bored and had access to activities which were tailored to their needs. People told us they enjoyed living at Newlands. Comments included: "I am never bored with all the things we can do here"; "I am very happy here, I am never bored"; "I enjoy our trips out" and "There are lots of things to do, they really give us a tremendous amount to do."

The home employed activity co-ordinators who arranged events and activities within the home, with the support of other staff employed by the provider and external staff. They explained the activities arranged for people were tailored to their individual needs and interests. For some people this included playing games such as scrabble. They explained that some people living at Newlands were focused on the Wimbledon tennis at present and an afternoon activity had been arranged.

People living in the home and in their own accommodation on site could access the activities. The activity co-ordinator told us that two people enjoyed motor cars and they supported them at the weekend during our inspection to attend a local motor show. Both people enjoyed this activity and the activity co-ordinator explained it was important to act on people's preferences as this improved their wellbeing. People enjoyed a range of activities such as crochet, reading the paper, enjoying walks in the home's ground and puzzles. Some people liked their own space and spent time in their own rooms. These people were supported to follow their own interests. People were encouraged to spend their days as they wished. Due to the fine weather experienced at the time, people enjoyed spending time on the terrace, drinking tea and coffee, reading papers and enjoying conversation. One person told us, "This is a happy place, there is a lot of character here."

The chef arranged a monthly evening supper, with a menu tailored to people's preferences. People's relatives could attend these suppers as well as people living on the site. Every month people received a 'what's on list', which detailed activities within the home, including gardening clubs, movies, speeches from visitors (including a professional jockey), excursions and additional services people could access at cost such as trips to local attractions and areas of interest, in addition to complimentary shopping trips to local towns. The activity co-ordinator and registered manager explained how they also engaged the local community and local amenities in coming into the service. They explained that the community were invited to open days and a summer event at the service.

People's relatives were informed of any changes in their relative's needs. For example, one person's relative told us staff always kept them updated and informed of their relative's needs and wellbeing. They said, "They let me know any changes. (Registered manager) is approachable and responds quickly". People's care records showed where staff had contacted family members to ensure they were updated on their relative's wellbeing.

People had a significant say in how the service was run with no expenses spared by the provider to develop the service in accordance with people's needs and preferences. For example, the registered manager told us some maintenance work was taking place on an outdoor shelter in the grounds of Newlands. This work had been scheduled because people had requested to use this shelter in the evenings. Lighting was being installed to enable people to enjoy the shelter. An outdoor lift had also been installed to enable people who were not able or confident to use stairs, to access the grounds independently. People were happy with this lift, however had expressed some concerns regarding requesting for assistance if there was a problem whilst using a lift. The registered manager and provider were responsive to people's concerns and installed a call bell on the lift so in the event of an emergency people could call for assistance. This provided people with reassurance and encouraged their use of these facilities.

People knew how to raise any concern if they were unhappy with the service being provided. One person said, "I have no concerns, however I would go to the manager." One relative told us, "(registered manager) addresses everything, she will fix it." Information on how to make a complaint and key contacts were available throughout the home. The registered manager kept a record of complaints and compliments they had received about the service. They had clearly investigated these complaints and discussed the outcomes with people and their relatives. For example, one complaint had been made by a person about damage caused to their furniture. The registered manager had responded to the complaint and implemented actions to drive improvements and avoid a repeat of the concerns.

Is the service well-led?

Our findings

People and their relatives felt the service was well led and that the registered manager was approachable. Comments included "I would say it's definitely well run here"; "Everything is really well organised, things are sorted very quickly" and "(Registered manager) is pivotal. If she were to leave it would break my heart. They're incredibly responsive and supportive." A healthcare professional told us, "They work hard to make sure its excellent."

Nursing and care staff felt the service was well led and that they received effective support from the registered manager. Comments included: "We have full support. We can always talk to (registered manager). If there is anything that concerns you, you can comfortably go to (registered manager)"; "Absolutely supported. (registered manager) is great as a manager, their door is always open. When I need extra support, I get it" and "They are so approachable, lovely and kind."

The registered manager and provider had effective quality assurance systems to monitor the quality of care provided and drive improvements when shortfalls had been identified, this included audits of support people received in the home and those in their own homes. These audits covered areas such as the environment, management of people's medicines, incidents and accidents, health and safety and infection control. Where shortfalls had been identified there were clear actions recorded. For example, medicine audits in January 2018 had identified omissions in recordings made by staff on people's medicine administration records. Where actions had been completed these had been signed off. This had led to improvements which had been identified through subsequent medicine management audits.

Incident and accident audits were carried out to ensure adjustments could be made to people's care and treatment where necessary. Additionally, the registered manager used these audits to identify any trends or concerns in relation to these incidents. Audits identified that there were no trends and no remedial action was required to reduce the risk to people.

The registered manager and provider acted on people's views of the service and communicated the actions they had taken through "you said, we did" boards. Where possible, actions had been taken forward from people's views to help improve the service. For example, people had discussed cake being made available in the coffee shop and addressed how they wished for their vegetables to be presented at mealtimes. Both of these views had been acted upon.

People and their relative's views were sought through surveys and residents' meetings. Where concerns had been raised or potential ideas of improvement discussed this informed an action plan. This action plan was available alongside meeting minutes and surveys in the entrance hall of Newlands. Actions had been taken in relation to people's views regarding laundry, mealtimes and visitors access (including those people who live in cottages on the site) to Newlands. The registered manager had employed a laundry assistant which had improved the laundry service. Access to Newlands was agreed with people and their relatives and a clear protocol was in place which balanced access to the service to people's needs for safety. People told us they were happy with this arrangement and felt their views were always respected and valued.

The registered manager ensured people living in the care home or their own accommodations received a monthly newsletter. These newsletters provided information on staff changes and accomplishments, events, activities and an update from key members of staff such as the chef.

A representative of the provider carried out monthly monitoring quality checks of the service. These checks were used to ensure the service was meeting the providers expected level of care and service. These checks provided the service with an internal rating and were based on audits in relation to people's care plans, the environment and people's medicines. These checks showed the provider was confident in the quality of care provided at Newlands.

The registered manager ensured care staff had the information they required regarding people and the home. Meetings discussed people's needs and where concerns had been identified, such as through incident and accident audits, and discussed. Communication between staff was discussed and there were clear discussions around the expectations of staff when working at Newlands.

The provider and registered manager acted on guidance from external professionals. For example, the provider had welcomed monitoring visits from the local authority and the food standards agency. The food standards agency had made some recommendations which had been acted on.