

Berkeley Health Care Limited

# Newlands Nursing Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Newlands Nursing Care Centre is registered to provide accommodation for up to 25 people who require nursing or personal care. At the time of our inspection, 17 people lived in the nursing home.

The service is also registered to provide personal care and nursing to people living in their own accommodation, including apartments and cottages based in the grounds of Newlands Care Centre. The service also provides support to people living in their own homes within a five mile distance of Newlands Care Centre. Where people are not living in the nursing home, the report refers to them as 'living in their own homes'.

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. Eight people were receiving personal care in their own homes.

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

People and their relatives told us they felt safe and that staff responded to their needs. However, people cared for in their own homes did not always have risk and care plans in place. Staff therefore did not have complete and up to date information about the care that had been agreed to keep people healthy and safe.

Safe recruitment practices had not always been followed as all required pre-employment checks had not always been undertaken to gather assurances about staff's previous employment and conduct.

Audits had taken place to monitor the quality of the service. However, these monitoring systems were not always effective in identifying quality concerns and had not identified the concerns we found at this inspection.

There were enough staff deployed to meet people's needs. Staff told us they had the skills, time and support they needed to meet people's needs.

Staff had received training in recognising safeguarding concerns and knew the actions to take to protect people from harm. Nursing staff engaged with healthcare professionals to ensure people received timely care and support appropriate to their needs.

The provider had infection control procedures in place to protect people and prevent the spread of infection. Staff accessed personal protective equipment (PPE) and acted in accordance with government guidance.

We observed positive interactions between people and staff throughout our inspection. People living in the home and in the community clearly enjoyed the time they spent with staff and others. People enjoyed the

engagement and activities they had received from staff and others.

Incidents and accidents were reviewed to reduce the risk of a reoccurrence. Complaints were responded to appropriately and opportunity was made to identify and make improvements.

People and their relatives spoke positively about the management and the caring culture of staff. Staff spoke positively about the support they received from the manager and representatives of the provider.

Staff supported people in the least restrictive way possible and in their best interests. At the time of our inspection no one was living under Deprivation of Liberty Safeguards (DoLS).

The management and provider were providing nursing care to people in their own homes in accordance with people's wishes. The provision of these nursing services had not always been fully scoped with the Integrated Care Board (ICB) (an NHS organisation responsible for developing a plan with partners for meeting the health needs of the population). The management were meeting with the ICB to implement agreements to ensure people continued to receive care in a responsive and timely manner. Whilst the provider's registration was correct, the provider had not updated their statement of purpose to reflect the nursing support they provided people in their own homes.

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

Rating at last inspection

The last rating for this service was Outstanding (published 16 October 2018)

Why we inspected

This inspection was prompted by information received about the administration and management of people's prescribed medicines, cleanliness and staffing. This report only covers our findings in relation to the safe, responsive and well led key questions. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have identified breaches in relation to good governance, statement of purpose and safe recruitment practices at this inspection.

Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Newlands Nursing Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Newlands Nursing Care Centre

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two Inspectors and a pharmacy inspector carried out the inspection.

#### Service and service type

Newlands Nursing Care Centre is a 'care home' which also provides personal care to people living in their own homes. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Newlands Nursing Care Centre is a care home with nursing care. While we inspect and regulate the premises of the care home, we do not regulate people's individual accommodation. Where we refer to the premises, we solely refer to the premises of the care home.

#### The Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection a registered manager was not in post. A manager was in post however they left Newlands shortly after our inspection. The operations director confirmed following our inspection they were applying to register with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We considered feedback from the local authority and professionals who work with the service. We used the information the provider sent us in March 2022 in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven people who lived or were staying in Newlands Nursing Care Centre (the home). We also spoke with three people living in their own apartments who received a regulated activity from the service. We spoke with one person's relative about their experience of the care and support provided by the service.

We spoke with 11 staff including the manager, deputy manager, two nurses, four care workers, the concierge and two housekeepers. We also spoke with an operations director employed by the provider.

We reviewed a range of records. This included seven people's care records and a variety of people's medicine administration records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the management team to validate evidence found. We also spoke with an independent occupational therapist who supported people at Newlands Nursing Care Centre. We spoke with a professional about their views on the service.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- For three people, who were cared for in their own homes there were no care plans or risk assessments in place. Staff therefore did not have guidance and information to follow when supporting people to remain safe and healthy. Staff we spoke with were aware of people's needs and people were able to direct them on their care. However, in the absence of a risk mitigating record for staff to refer to when providing people's care, people might not always receive care in way that met their needs and risks.
- One person did not have a care plan or risk assessment relating to some of their individual needs and risks, including information about symptoms staff should be aware of and the support they required if their health was to deteriorate. Staff we spoke with were aware of this person's needs. However, a record was not available to determine if staff were delivering the health related support and care people had agreed would meet their needs and keep them safe.
- An external organisation identified a "low" risk of legionella in the home's plumbing systems in February 2022. Their assessment recommended "monitoring" of this risk. A comprehensive record was not available to show how the risk to people had been considered and what action the provider was taking to manage this risk.

An accurate, complete and contemporaneous records in respect of each person's care were not always maintained. There was not always a clear record of action taken when risk had been identified and assessed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The deputy manager took immediate action to ensure risk management plans would be put in place for people and explained the action they would take to ensure people's needs and support were documented.
- Following our inspection, the operations director confirmed action was being taken to reduce the risk to people in relation to legionella, which included increasing temperatures in the water system for a short period and arranging for further tests of water sources.
- Staff supporting people in the nursing home understood and were aware of people's care needs and risks. For people living in the care home there were detailed care assessments in place which included the support people needed in relation to diabetes, moving and handling and falls.

### Staffing and recruitment

- New staff were not always comprehensively vetted to determine their suitability to provide care to people. The required pre-employment checks had not always been fully undertaken. Reference checks from staff's previous social care or health employers were not always sought to gather assurances about staff conduct.

- Interview records were in place to support the provider and manager's decisions to employ staff, however recruitment records did not always show that recruiting managers had explored the previous employment histories of staff and their suitability to work at the home. There were gaps in some staff employment histories without explanation.

We found no evidence that people had been harmed however, safe recruitment practices had not always been followed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service (DBS) checks were completed for all staff. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- On both days of the inspection we observed there were enough staff to meet people's needs. Staff had time to assist people with their wellbeing needs, including supporting them with daily activities that were important to them.
- Staff told us they had enough time to support people with their needs. Staff told us there had been some staff shortages around housekeeping, including cleaning, however; were aware that recruitment was ongoing to ensure Newlands cleanliness was maintained. Comments included, "I have enough time to do what I need to do, we do get time to sit with the residents" and "I feel we have enough staff, I feel we're consistently well-staffed."
- People and their relatives told us there were enough staff to meet their needs. Comments included; "There are always staff around, I don't have any concerns" and "I can't fault them, always someone around if I need them."

Using medicines safely; Learning lessons when things go wrong

- People received their medicines as prescribed. People's prescribed medicines were regularly reviewed to ensure they remained appropriate in maintaining their health and welfare.
- Some people preferred their medicines to be given in their food or drink. Nursing staff were seeking authorisation from people's GP and pharmacist prior to our inspection and during our inspection it was confirmed that this authorisation was now fully in place, providing nursing staff with clear guidance.
- People receiving support with their medicines in the community were supported by care staff. Following a medicine error in August 2022, the provider had completed refresher medicine competency checks to ensure all staff working in people's homes were following their medicine policy.
- The provider had also used the medicine error to clarify roles and responsibilities when working with other health professionals when delivering nurse related tasks in people's homes. Until this work was completed the provider was ensuring care staff did not carry out any nursing delegated tasks in the community.
- The management and provider operated systems to learn lessons from incidents and accidents, to ensure staff received the correct information to meet people's needs.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. One relative told us, "I feel the home is clean. The management give me frequent updates on changes, such as [COVID] testing and involve us in decisions."
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff. The home was still carrying out asymptomatic testing, which had been paused by the government. The service had



made this decision and were procuring test kits to support this.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

People and their families spoke positively about their experience of visiting throughout the pandemic.

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

- People and their relatives told us they felt the home was safe. Comments included: "I do feel safe here. I have no concerns"; "I feel the home is very good and safe" and "I have no worries about safety."
- The deputy manager and operations director were visible and regularly worked alongside staff and met people's visitors.
- Staff had read the provider's whistleblowing policy and procedures and felt able to report any concerns about poor practice or inappropriate staff behaviour.
- Staff had been supported by management to reflect on safeguarding matters. This provided staff with support which promoted their wellbeing and understanding of concerns.

#### Mental Capacity Act

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

- One person and their relative had recorded some clear information on the activities which they enjoyed. They had been supported to record this in the person's care plan. Staff were aware of this information and knew how to promote the person's wellbeing. One member of staff told us, "We know they enjoy listening and watching their favourites. We support this."
- Care and nursing staff understood people's personal choices. One person was supported and involved in decisions and assessments to control their environment. This included bypassing window restrictors to control the temperature of their room.
- People were supported with day to day choices and decisions. This included where they wanted to spend their time, what food and drink they wished to enjoy. One person told us, "There is plenty of choice. The food is good."
- People had access to additional services, including physiotherapist support. This support was planned to help maintain people's independence. One person told us they were grateful for this support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person's communication needs had been recorded as part of their care plan. This included the support the person needed to communicate and make choices. Staff spoke positively about how they engaged with people and supported them to communicate.

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

- People were supported with a range of activities provided by concierge, activity and care staff. On the first day of our inspection people were enjoying activities being provided by an external entertainer. Care staff, where possible, supported people with activities, including reading and going for walks in the home's grounds.
- Staff kept a record of the activities and events people enjoyed, this included special activities for events held at Newlands. People discussed how they enjoyed living at Newlands. People spoke positively about the facilities they had access to, including a dining room, bistro, restaurant and library. We observed people

enjoying these areas alongside their family.

- People were supported to maintain their personal relationships. Following the successful use of technology to enable virtual social contact during the pandemic; the provider had implemented a regular social media platform to enable people and their relatives to share personalised content. Relatives spoke positively about how the management engaged with them and kept them informed of changes in visiting.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint to the service and felt their complaints would be listened to.
- The management acted on complaints and concerns in a timely manner. The deputy manager informed us of a complaint about cleanliness which had been made prior to our inspection. They told us the action they had taken in response to the complaint which had resolved the complaint.

End of life care and support

- People were cared for at the end of their life through the service working in partnership with health professionals. Staff spoke positively about end of life care and how they ensured people received the care and support that was important to them, including being visited by their loved ones.
- Where people had recorded their wishes for their end of life care, these were known to the staff. One person had clearly documented their views on the end of their life.
- The service worked with health professionals to ensure people were comfortable at the end of their life. Where relevant, anticipatory medicines had been prescribed by health professionals.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Prior to the inspection we received information that nursing care was being provided for people living in their own homes by nurses or care staff under supervision of nurses employed by the provider. The deputy manager and operations director confirmed nursing staff can and have assisted people in their own homes. This was confirmed at our inspection as nursing staff were assisting with taking blood samples and catheter care under the direction of people's GPs. We reviewed the provider's registration and statement of purpose for Newlands Nursing Care Centre. Whilst the provider's registration was correct, the provider had not updated their statement of purpose to reflect the nursing care they provided to people in their own homes.

The provider had not revised and updated their statement of purpose. This was a breach of regulation 12 (Statement of Purpose) of the Care Quality Commission (Registration) Regulations 2009.

- Audits and management systems had not identified concerns we had found at this inspection in relation to recruitment, legionella risk management, risk assessments and care plans. The management and provider were unaware that people who were supported in their own homes did not always have care plans and risk assessments in place.
- Staff carried out care plan audits for people living in the home. These audits had identified some shortfalls but did not always result in all aspects of people's risk and care plans being updated when their needs changed. This had not been identified by the provider's own monitoring including audits carried out by operation director and external professionals.
- The provider operated a personnel file audit, which had not identified concerns we found at this inspection. The audit was not sufficiently comprehensive to support the manager or provider to ensure they were complying with the regulations around the safe recruitment of staff in a health and social care setting.
- During our inspection we identified information in relation to the risk of legionella at Newlands Nursing Care Centre for February 2022. While action was taken at the time of our inspection, the provider had not through their own monitoring systems identified that management plans had not been put in place to show how the risk to people was being mitigated.

The provider had not consistently operated systems to monitor, assess and improve the service they provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The operations director for Newlands carried out an audit of Newlands on 1 September 2022. This audit focused on people's clinical needs, including people's skin integrity, incident and accidents and weights. Where shortfalls had been identified there were actions allocated to staff to complete.
- The provider sought the views of external professionals who carried out external audits. A 'mock' inspection was carried out by these professionals in March 2022. The provider and operations director used this process to help inform any changes they aimed to make at Newlands Nursing Care Centre.
- The management chaired daily meetings to provide staff with information on key matters such as health and safety and safeguarding.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality.

- Management were visible in the service and approachable. We observed the deputy manager and operations director working alongside care and nursing staff. This included being involved in lunch time service. One resident told us, "I can talk to (operations director) if I have any concerns." One staff member told us; "We can talk to the management. I do feel they listen, and things change when you ask."
- Staff told us they felt able to raise concerns with management without fear of what might happen as a result. The views of staff had been sought through staff surveys. A recent survey had been carried out for staff, however, at the time of our inspection the management had not had an opportunity to analyse the responses.
- People, their relatives and stakeholders' views were sought through surveys and meetings. Areas of development were recorded, and action was taken. For example, actions around complaints procedure and the garden were acted upon. People and their relatives provided positive feedback on the care and support they or their loved one had received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management understood their responsibilities to be open, honest and apologised if things went wrong. Records showed relatives were contacted appropriately to inform them of incidents or near misses affecting their family member. Where learning had been taken following incidents, this had been shared with people's relatives and their views sought.
- The deputy manager and operations director were open and transparent during our inspection. They were focused on providing effective care, tailored to people's needs and took immediate actions to any shortfalls we had identified.
- The registered manager made sure CQC received notifications about important events so we could monitor that appropriate action had been taken.

Working in partnership with others

- The service worked closely with people's GPs. A GP visited the service weekly and engaged with nursing and care staff to provide responsive care and treatment. The provider and management were meeting with other health professionals to discuss and plan the delegation of nursing tasks outside of the nursing home.
- People were supported to attend their medical appointments and where required staff booked appointments and sought advice of professionals.
- One professional spoke positively about the service. They told us, "I think they're good. They do follow guidance and they contact us appropriately."

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 Registration Regulations 2009 (Schedule 3) Statement of purpose
Personal care	The provider had not reviewed and revised their statement of purpose to reflect services they provided.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	The provider did not always operate effective systems to monitor, assess and improve the quality of service they provided. Accurate, complete and contemporaneous records in respect of each person's care were not always maintained.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Personal care	Safe staff recruitment practices were not in place to reduce the risk of unsuitable staff from being employed.
Treatment of disease, disorder or injury	