

Bupa Care Homes (AKW) Limited

Newton Court Care Home

Inspection report

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Middlewich
Cheshire
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15 November 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection took place on the 14 and 15th November 2018 and was unannounced. At our previous inspection 18th and 20th September 2017 the overall rating was 'requires improvement.' We had found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to, the need for consent, improvements needed for safe care and treatment and improvements needed for governance systems within the service. Following the inspection in September 2017 the provider implemented an action plan to show what they would do and by when to improve the service. At this inspection we found that the actions had been met and the provider was no longer in breach of these regulations.

Newton Court Care Home is a purpose built care home located close to Middlewich town centre and is part of the Bupa Care Homes group. All bedrooms are single with en-suite toilet and washbasins. The home is registered to provide care for up to 60 people, at the time of the inspection there were 52 people in receipt of a service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided.

The service has a registered manager in post. 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.

Some areas needed continued oversight and improvements with the management of records and paperwork. There were various systems and audits in place to monitor and support the quality and safety of the service.

Staff supported people to take their medicines safely and as prescribed. Supplies of medications were recently out of stock which is inappropriate. Staff took appropriate actions with changes to their suppliers so they reduced further risks to people being without necessary medications due to issues with suppliers. The provider had taken appropriate on-going actions to show continued improvements to supplies of medications and staff training and competencies in managing people's medications.

People were protected from potential harm and abuse by trained staff who were knowledgeable of local safeguarding procedures. Risks to people's safety were identified and where necessary, appropriate action taken to keep people safe. There were systems in place to help make sure staff employed at the home were suitable to work with vulnerable people.

There was mixed feedback regarding staffing levels. Senior staff were confident that staffing levels were increased when they identified a need to do this to meet the needs of people at the service. Trained nurses were recently provided with extra hours to help them in managing their paperwork and management of medications.

The service was clean, tidy and well maintained. We recommend the service reviews all areas of the building and refers to published guidance in developing services and their environments to meet people's needs with dementia.

People who used the service and most relatives had a positive attitude about the service being delivered and about the standard of care and support provided by the staff team. People were treated with respect, consideration and kindness. Most relatives, staff and people being supported acknowledged improvements since the registered manager had commenced working at the service.

Stakeholders and members of multidisciplinary teams shared positive feedback about the care provided to people living at the service.

People were referred to appropriate health and social care professionals when necessary to ensure they received treatment and support for their specific needs.

People were supported by a team of staff that had received training and support to maintain their skills and knowledge in order to meet the needs of the people they supported. Some records for staff training needed updating to show accurate dates for when staff attend training.

Information and arrangements were in place for the staff team to respond to concerns or complaints from people using the service and their representatives. Records needed further review to show updates to complaints regarding the outcomes of actions taken.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible. Staff had followed the Code of Practice in relation to the Mental Capacity Act 2005 (MCA).

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 were safeguarded from the risk of potential abuse because staff understood their role in protecting vulnerable people.

People's medicines were continually reviewed and monitored by senior staff.

Recruitment procedures were robust to minimise the risk of unsuitable people being employed to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People's needs were met by a suitably trained staff team.

People gave their consent to care and their rights were protected because the staff acted in accordance with the Mental Capacity Act.

People enjoyed their meals and the food and snacks on offer.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and kindness.

We observed positive interactions between staff and people who used the service. The atmosphere in the home was calm and relaxed.

Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care and support.

A complaints procedure was in place and people were aware of how to make a complaint if needed.

People's care plans were centred on their individual needs and preferences and were kept under regular review.

Is the service well-led?

The service required improvement in being well-led.

Most people we spoke with were complimentary about the overall management of the service.

Some aspects of auditing and record keeping needed continued review to show improvements in areas such as, the management of medications, complaints, development of the environment and activities within the service.

Requires Improvement ●

Newton Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 14 and 15th November 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection, we reviewed the information we held on the service. This included checking if we had received any notifications. A notification is information about important events such as accidents or incidents, which the provider is required to send to us by law. We also invited the local authority and stakeholders to provide us with any information they held about the service. We received a Provider Information Return (PIR) submitted by the provider. A PIR 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 used this information to help us populate our planning tool which we then share with members of the inspection team to describe how the inspection is to be carried out.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with the registered manager, the regional support manager, the regional Quality Support Manager, the clinical services manager, two trained nurses, maintenance person, activities organiser, ancillary staff and six support staff. We also spoke with eight people being provided with support and three relatives speaking on behalf of their family members. This gave us a wide insight into their views across all areas of the service.

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 reviewed a range of records about people's support and how the service was managed. These included looking at support records for four people; medicine records; we reviewed four staff recruitment files; staff duty rotas; staff training and supervision records; a sample of minutes of meetings; complaint and

safeguarding records; policies and procedures and a variety of records in relation to the management and governance of the service including health and safety and quality assurance audits.

Is the service safe?

Our findings

Relatives and people living at the service offered lots of positive feedback about people receiving safe support. The comments validated the staff approach in supporting people to feel safe and happy. One person told us, "My room is always kept clean and tidy" and one relative told us, "I visit weekly and I've never noticed a problem. I always check the care charts and they are always completed to show the care given."

At the last inspection we found that the service was not meeting the required standards. We had found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment for shortfalls in recording and maintaining medication administration records and in managing risks. The provider was no longer in breach of regulation in relation to safe care and treatment.

People received appropriate support with their medications by staff. The clinical services manager provided regular oversight and auditing of records to make sure people's medications were safely administered. They provided ongoing auditing and support to her staff team to address improvements needed for some staff with competencies in improving their practice. The registered manager acknowledged they needed to continue working to support their staff with improvements of medication records. Staff told us they had received regular medication training to support people with their medications. Although audits showed occasional issues with medication records, the detail of the audits over recent months showed great improvements in the standards provided by the staff team. The monitoring and overview helped to make sure the service had safe systems in place whilst standards were being addressed.

We noted there had been a recent issue of some medications not being in stock. The registered manager and staff had taken appropriate actions to address this serious issue with their suppliers. They changed suppliers to help them to always have access to people's medications and recognised immediate actions to address the shortfalls with a previous supplier.

Relatives and people being supported shared positive opinions about the support provided with medications. Where people did not have the capacity to consent to the use of some medicines best interest meetings had been held. The outcome of these meetings had identified where staff would be responsible for the administration of people's medicine as being in the person's best interest.

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to safeguard people from abuse. Our discussions with the registered manager and staff confirmed they were fully aware of the local authority's safeguarding adult's procedures and the action to be taken to report incidents.

Staff demonstrated a good understanding of the different types of abuse, how to recognise abuse and how to respond. They told us they would not hesitate to report any concerns. Staff told us what action they would take should they suspect someone was at risk of abuse and confirmed they had received training in this subject. They also said they had full confidence in the registered manager that anything reported to

them would be responded to immediately with appropriate action being taken.

Care plans provided enough information to help support staff to identify and safely manage potential risks to people living at the service. Prior to a person choosing the service, staff arranged assessments to look at the person's needs and any known risks that could compromise the person's safety. This included supporting people to maintain their safety if they were at risk of falls or pressure sores.

We saw that accidents and incidents, along with any pressure ulcers and weight loss or gain were monitored to help reduce risks to people being supported. Staff recorded accidents and incidents which was then reviewed by the registered manager and provider. The registered manager and provider undertook regular audits to identify any themes or trends and to implement actions to reduce risks.

Staff recruitment was well managed and checks were in place to recruit people suitable to work at the service. Staff personnel files were very organised and detailed showing thorough checks and records such as reviews of any gaps in employment history, a minimum of two references and enhanced Disclosure and Barring Service (DBS) checks. The DBS carry out criminal record checks on people who apply to work with vulnerable adults or children. Such checks help employers to make safer recruitment decisions. In trained staff files there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration.

We received a mixture of comments about the staffing levels. Some staff felt the increase of levels had helped, some staff felt they needed more staff in place. Staffing levels were regularly reviewed by the provider and the registered manager to make sure the service had enough staff each day to appropriately support people at the home. We reviewed the dependency levels of people and looked at the staffing rotas with the registered manager. We noted that the dependency of people living in the care home was kept under regular review. Current vacancies were being managed with recruitment processes and agency staff were employed until vacancies were filled. The registered manager had recently increased care staffing levels on the first floor and introduced supernumerary hours for nursing staff. Nursing Staff felt the recently implemented supernumerary hours would help them to improve and manage their paperwork and also with the management of medication records. The registered manager felt that they were always able to respond to the need for staffing levels to be increased and had confidence in the provider to meet those needs.

The registered manager ensured that the building was safely managed and fully accessible. The environment was accessible for people with disabilities. Staff showed us relevant liability insurance certificates, maintenance certificates and detailed risk assessments including fire risk assessment for the premises.

Areas viewed during the inspection were well managed, clean and hygienic. Staff had access to suitable personal protective equipment. Appropriate policies and auditing systems for infection control were in place.

Is the service effective?

Our findings

People receiving support were positive in their feedback regarding the service. People told us that they felt that their care needs were met within the home. Relatives offered positive feedback and told us the staff were very good and very well trained in supporting their family members. One relative raised some queries in regard to their relative's care. The registered manager took actions to meet with the family to discuss their feedback to make sure their queries were addressed. Some people supported at the service offered positive feedback and told us, "The care staff here are very good" and "The staff are very helpful."

At the last inspection we found that the service was not meeting the required standards. We had found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to the need for consent. The registered provider had not ensured that staff always acted in accordance with the Mental Capacity Act 2005. The service had shown improvements to show compliance at this inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The manager had developed a check list that acted as a reminder to seek DoLS renewals in advance of the expiry date. This ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the service.

We found the provider had developed policies and procedures to protect the people they cared for. Staff told us they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was done to ensure a person was not deprived of their liberty. The Care Quality Commission (CQC) had been formally notified where authorisations had been granted. Staff, showed a good understanding of the importance of the MCA and gaining consent from the people they were supporting. Support plans demonstrated how people's rights and support needs were met, especially with supporting people with their medications.

Relatives and people receiving support told us the staff were very well trained and knowledgeable about their needs. Staff had a detailed induction. Training included a diverse and varied range of topics to meet the needs of people within the service including clinical areas of need to help people with nursing care needs. Most training records were up to date and some needed further review to reflect accurate updates to their training records. Staff told us there had been improvements with training and they were happy with the different types of training on offer. Two staff told us they were waiting for training on 'End of life' which they

were due to attend. One staff member wanted to attend more advanced training around people with dementia specifically to learn how to better support people with behaviour that was challenging. .

Regular supervisions, annual appraisals and regular unannounced competency checks were used to develop good standards of care and support. Supervision and appraisals provided staff with an opportunity to speak with senior staff about their training and support needs as well as being able to discuss any issues in relation to their work. Staff acknowledged that improvements had been made with providing this support and continued to make sure that staff had this support on a regular basis. Most of the staff on duty told us that since the manager commenced working at the service they had noted improvements and felt very well supported. One staff member told us, "I feel the manager supports me, I feel supported." A small minority of staff were not happy with the support provided. These opinions were shared with the provider and registered manager to review with their staff teams.

Health care practitioners validated the positive comments about the care provided by staff to people living at the service. One professional that spoke with us was positive about the care and support provided to people. There were good links with healthcare professionals such as the speech and language therapist and the tissue viability nurse.

People's needs were assessed before they received support from the service to make sure the care home could effectively meet the person's needs. Staff we met had very good knowledge of people's individual needs, preferences and knew their likes, and dislikes to help support them. Care plans included any allergies, special diets and specific requirements a person had. Healthcare professionals and stakeholders told us they had noted improvements in the wellbeing of people. People's nutrition and hydration was monitored to ensure their nutritional needs were being met. Staff were aware of the need to follow the speech and language therapist (SALT) instructions.

Relatives were confident that their family members received good support to maintain their nutritional needs. People told us they had good food and enjoyed the meals on offer. We observed the breakfast and lunchtime meals being served and saw that food looked and smelled appetising and was attractively presented. People had a drink of their choice and additional refreshments and snacks were provided throughout the day. A large proportion of people were supported to eat their meals in their rooms if they wished and given one to one support where needed to help access their meal. Staff told us they had worked at trying to encourage more people to go to the main dining areas for meals to help them to socialise more with other people at the service.

Staff told us they operated an initiative called 'protected meal times' which helps them to provide an atmosphere where staff concentrate on supporting people to enjoy their meal. We observed a relaxed atmosphere and people received one to one support where necessary to enjoy all of their meals.

The kitchen area was clean and well managed providing a varied amount of choices for meals. We spoke with the cook on duty during the inspection and looked at the kitchen. The most recent inspection from the food standard agency for the home awarded a rating of five stars. This is the highest rating that can be given and highlighted good management of the catering facilities.

People were involved in identifying the assistance they would like including recognising any needs in relation to protected characteristics as defined by the Equality Act 2010. This included areas such as support with their physical and social needs and religion. The service had policies to support the principles of equality and diversity.

When we walked around the home we saw the design and layout of the home was suitable to accommodate the number of people living at the service although storage was limited for the number of equipment needed to be stored. There was sufficient suitable equipment in place to promote people's mobility such as, wheelchairs and handrails. We noted that that all doors and communal toilets and bathrooms were signed with the use of pictures or large print. Specific adaptations can help orientate people to their environment with the use of large pictorial signs and calendar and weather posters. The registered manager advised they were reviewing plans to look at developing the environment with people's needs in mind. We recommended the service review the environment to access published guidance in developments to meet the needs of people with dementia.

Is the service caring?

Our findings

People receiving support told us staff were always caring and kind towards them. Comments from relatives recognised the values displayed by staff and the benefits and positive outcomes. They told us "The girls are lovely here", "The staff come in to me regularly to give me a hug", "I'm always welcomed by the staff" and "The staff are very kind, they are really helpful." Relatives and people living at the service told us they liked the new manager's "open door" policy where they felt they were always listened to and liked that he walked around the home each day to chat to people.

In our discussion with the staff it was clear that they had a good understanding of the individual needs of each person and were able to demonstrate how they supported and cared for people in a dignified way, respecting their privacy when providing and supporting them with personal care tasks. One member of staff told us they always closed the doors when providing support to protect peoples' privacy and they supported people with lots of choices such as choosing their clothes to wear and what toiletries they'd like.

During our observations of care and support we saw staff treated people in a dignified and respectful manner. Staff provided discreet support protecting people's dignity when using hoists and wheelchairs to manoeuvre people around the service.

We observed people chatting to staff and it was apparent they were comfortable and happy with the staff supporting them. During our SOFI we noted the majority of people stayed in their own bedrooms and a small number of people sat in the communal lounge/dining area. Staff were very positive and respectful engaging and interacting well with people. People living at the service, told us the staff were very caring. We observed staff welcoming visitors and offering drinks during their visit.

We observed staff patiently sat with individual people they were supporting, offering reassurance maintaining good eye contact, they spoke quietly and sensitively to the people they were supporting. People being supported looked relaxed and happy in the company of the staff sat with them.

Confidentiality of information was safely and appropriately maintained. Records and documents were kept securely. No personal information was on display. Records showed people and their relatives were involved in decisions about their care and support plans were regularly reviewed. These records showed that appropriate people had been involved in the decision-making process and were involved in their care planning process.

Senior staff carried out regular care plan audits and checks with people and their relatives to make sure that they were receiving care they wanted and to a good standard. Information was present in people's care files about their individual likes and dislikes, hobbies and interests and religious beliefs. This personalised information helped staff to provide care and support based on people's personal preferences and helped staff better understand each person.

Is the service responsive?

Our findings

People living at the service told us about some of the activities they liked, such as, the hairdresser each week, getting their nails manicured, going to shows, trips out to places such as Blackpool and in house parties, some people were looking forward to the Christmas party. One person told us they liked to go to the lounge and watch the television but didn't think there were many people they could chat with. Two people told us, "We like it here, we can go out when we want but we don't really get involved with the activities."

Staff discussed the activity programme planned however some people living at the service were not aware of what was on offer. We discussed plans with the staff to review how they communicated and shared this information to people, including positioning posters at eye level for people in wheelchairs. The service employed an activity organiser who was able to describe and demonstrate a programme of activities, both group and individual sessions on a weekly basis and included one to one sessions. The activities coordinator told us that she consulted with people and their relatives about their interests and discussed the activities programme within resident's meetings. Staff told us they felt the activity programme had improved. One person told us, "I feel it's a lot better now, we have a lot more staff, we have a good team." The service had some good features including a hairdressing salon on site. People told us they liked to go and have a chat and get their hair done there each week.

Staff knew people's needs and individual preferences with their care. People who lived at the service and where appropriate, their relatives were encouraged to be involved in developing their individual care plan. Plans included details about people's life stories, their preferences likes and dislikes, family life, and hobbies and interests. Such information helped staff to better understand the personal characteristics of the person. The plans also helped staff to engage with people in meaningful conversations in getting to know them.

Care plans were well maintained and regularly reviewed and audited to make sure they reflected the care needed for each person. Any actions noted within the providers audits were shared and discussed with staff to help improve their record keeping. During our discussions with the registered manager and staff we found they were aware of people's individual needs and the importance of this. They knew the needs of the people they supported very well and showed great insight into the needs of people with dementia. Care plans included relevant information to identify the person's care and included reference to the equipment needed to meet people's needs safely, mitigating any associated risks. For example, they identified when specialist equipment such as a pressure relieving mattresses was needed. This helped to make sure people's health and wellbeing was appropriately responded to and maintained. The service had policies and training on end of life care to provide guidance to staff.

The majority of visitors and people we spoke with told us they did not have any complaints but felt certain that any issues raised would be listened to and action would be taken. They were confident they could go to senior staff and the registered manager to discuss anything. Everyone knew the registered managers first name and told us they he was very approachable and visible throughout the service. Following the inspection one relative contacted us to discuss their concerns. We referred their concerns to the registered manager who took action to communicate direct to help address these concerns.

The complaints policy was displayed in the service to make sure it was accessible to everyone. Staff told us that any concerns or complaints raised by a person using the service would be taken directly to the registered manager. We reviewed a selection of complaints the service had received in the last year and noted some records were better than others as they showed clearly how they had been effectively investigated and managed. We discussed one complaint and noted it was difficult to ascertain a full audit trail regarding investigations taken. The registered manager advised they would review all records to reflect on the record keeping and management of complaints.

The provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

Staff were well trained in communicating to people in different ways to meet their needs. Staff were very knowledgeable and positive in their interactions when supporting people. They had access to a training and written guidance and policies to help them to support people's communication needs.

Is the service well-led?

Our findings

People who used the service and their relatives spoke positively about the management of the service. They told us they had noticed improvements to the home since the new manager had started working at the service. They told us that both the registered manager and senior staff were approachable and always available to discuss any issues that may arise on a day-to-day basis. One relative told us, "I recently went to speak with the manager about a couple of things he was very good and listened."

People were provided with the opportunity to comment on the service they received by way of questionnaires. Comments received indicated that people felt positive about the service being provided.

At the last inspection we found that the service was not meeting the required standards. We had found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to the need for good governance. The registered provider had not operated effective systems and processes to make sure they assessed and monitored their service. The service had shown improvements to show compliance at this inspection.

We found improved systems in place to monitor the quality of the service people received was very detailed and thorough. The provider continued to support the service in improving the management and records by providing supporting staff and managers to assist the registered manager. These systems were used by the management team to monitor that the service was being maintained to a good standard and enabled action to be taken where improvements could be made. We noted some areas needing continued review to show on-going improvements with record keeping, management of complaints and management of medications. The supporting managers and the registered manager had extensive evidence to show improvements to the service and acknowledged their ongoing input would continue to help develop the service further.

The registered manager advised they were looking at further developments in the service and the environment. We discussed potential benefits in adapting the building to meet the needs of people with dementia. Further developments were also needed in sharing plans and opportunities for activities with everyone in the building. Some people had been unaware of what was on offer socially.

The registered manager shared with us copies of the service's policies and procedures that covered a diverse range of topics. Staff were also issued with lots of relevant information such as staff handbooks which reiterated good practice and the standards expected of them. The policies and procedures reflected best practice and were accessible to everyone.

There was a clear management structure in place. The registered manager was supported by their clinical services manager which was a newly appointed post. They described a lot of work that had taken place that continued to help them to provide a stable team with their active recruitment programme for more staff. They aimed to have a stable work force and worked with other supporting roles such as their regional quality managers and managing director to continue their developments of the service.

Most of the staff were very positive about improvements noted within the service and were supportive of their registered manager. The majority of the staff told us they would recommend the home to others. Some staff told us they noted a lot of positive changes since the manager came including increased staffing levels, increased activities, better communication and management of the service. However, a small number of staff were negative of the management of the service and not fully supportive. We referred the mixed views to the registered manager and provider for their attention to address with their staff teams.

Periodic monitoring of the standard of care provided to residents funded via the local authority was also undertaken by the local authority's contracts and commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations.

The registered manager had a good understanding of the requirements of their registration with the Care Quality Commission (CQC). All necessary notifications had been made to the CQC and we saw that the duty of candour had been adhered to following any incidents. Where necessary, the registered managers had undertaken investigations into incidents, accidents and complaints. Some areas of improvement were needed in the recording of some events. The registered manager and provider responded positively and took actions to improve their oversight of such records.