Leonard Cheshire Disability

Newlands House - Care Home with Nursing Physical Disabilities

Inspection report

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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?	Good

Summary of findings

Overall summary

About the service
Newlands House - Care Home with Nursing Physical Disabilities is a residential care home providing personal and nursing care to 35 people with physical disabilities. At the time of our inspection there were 29 people living at the home. It is a purpose built home on one level which is accessible to people using wheelchairs.

People received safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt from when mistakes happened.

People received caring and kind support from staff who respected their dignity and privacy. They were encouraged to be independent and staff understood their needs well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were skilled in understanding the needs of people and engaged them in meaningful activities. Staff knew them well and understood how to care for them in a personalised way. Care plans were informative and regularly reviewed to support them.

People were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The registered manager was approachable and there were meetings in place which encouraged people and staff to give their feedback. People and relatives knew how to raise a concern or make a complaint.

The environment was adapted to meet people's needs. There had been refurbishments in the home which people had been included in planning and implementing. Regular monitoring of the home ensured that quality of care was regularly reviewed, and improvement measures were in place. There was a full team approach to implementing an improvement plan which resulted in good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Requires Improvement (published 27 September 2018)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Newlands House - Care Home with Nursing Physical Disabilities

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 Care Act 2014.

Inspection team
The inspection was completed by one inspector, an assistant inspector and a specialist adviser. The specialist adviser had expertise in nursing and clinical governance.

Service and service type
Newlands House - Care Home with Nursing Physical Disabilities is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We used information we held about the home which included notifications that they sent us to plan this inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-
We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, nurses, a team leader and deputy manager, carers, domestic staff, the chef and the area manager. We reviewed a range of records. These included six people's care records and multiple medication records. A variety of records relating to the management of the service, including audits, were reviewed.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements and the provider was no longer in breach of regulation 12.

• Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
• At our last inspection we found the review of when things went wrong, such as accidents and incidents, was not detailed enough to consider the causes and to learn sufficient lessons. At this inspection a thorough governance procedure had been implemented which meant that every concern, accident or medicines error was thoroughly reviewed and reported upon. We found this had good outcomes for people; for example, a multi – disciplinary approach for one person had altered their swallowing risk assessment to reduce the risk of choking.
• People told us they felt safe with staff who understood their needs. One person told us how staff supported them to move using equipment. They told us, "All the staff have been shown how to support me with it." We saw people being supported in line with their risk assessments.
• Staff we spoke with knew about people's individual risks in detail. For example, they told us about specialist diets for people who were at risk of choking. One person who had recently moved into the home told us about working with staff to review their risk which had increased the range of food they could eat. They said, "I was having meals liquidised at home but now I am having a soft diet." We reviewed the assessments and found, with professional advice, there were plans in place for staff to support the person. We saw staff were aware of the risks and what actions to take to reduce them.
• The environment was checked regularly to ensure that it was safe and well maintained. A new electronic monitoring system had been introduced which meant the member of staff had to scan the item being checked to demonstrate it had been completed. The registered manager told us this gave them the assurance that the item had been physically checked.
• There were plans in place for emergency situations such as fire evacuation and these were personalised.

Systems and processes to safeguard people from the risk of abuse
• Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns. One member of staff said, "I would report to the team leader, nurse or the manager if I had concerns. These people are vulnerable and it our job to protect them."
• Relatives and people who lived at the home told us they trusted all the staff and would be happy to raise

any concerns with any of them.
• When safeguarding concerns were raised and investigated action was taken to protect people from further harm.

Staffing and recruitment
• There were enough staff to ensure that people's needs were met safely. Since our last inspection the staff team had been divided to support people across two teams. One member of staff said, "It means people get continuity from a smaller staff team, that makes a difference to them." Staff also said, and we saw, they had more time to spend with people throughout the day.
• There was mixed feedback about staff responsiveness to calling for help. One person said, "Staff usually come quickly when I press the buzzer" but another told us about some delays. When we spoke with the registered manager they were able to demonstrate how they were using call bell analysis to highlight these times and following up with staff about the reasons why, providing additional support if required.
• There were systems in place to plan staffing levels according to individual's needs. Some people also had some one to one support and this was planned in addition.
• The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Using medicines safely
• Medicines systems were very well organised, and the provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
• We found the electronic medicines management system was now fully embedded and working effectively to support staff to reduce errors. There were clear prompts in the system to ensure medicines were administered as prescribed. Paper copies were also maintained in case of emergencies such as power cuts. This showed us risk relating to medicines were very carefully considered.
• We observed medicines being administered and saw that the staff took time with people and explained what the medicines were.
• Some people were prescribed medicines to take 'as required'. Staff asked some people if these were required; for example, for pain management. There was guidance in place to support staff to know when this was needed.

Preventing and controlling infection
• The home was clean and hygienic which reduced the risk of infection. One person told us, "It's very clean."
• Cleaning schedules were in place and completed daily by the domestic team, covering all areas of the home. Cleaning staff were allocated areas daily by the cleaning coordinator.
• Staff understood the importance of protective equipment in managing cross - infection. We saw staff wearing it and that it was readily available.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs and choices were met in line with national guidance and best practice.
• Their care plans contained detailed information to support specific health conditions, dietary requirements and mental health support needs.

Staff support: induction, training, skills and experience
• People told us staff had the skills and training to support them well.
• Staff told us they had regular training opportunities to develop their skills. Staff had attended fire training on the previous day and shared their learning from this with others. One member of staff told us about person centred working training. They said, "It has taught me not to assume anything or take anything for granted but always ask the person or try to work out why something might not be right for them."
• Some staff were developing skills so they could provide training and support to others; for example, one nurse was studying tissue viability specialism. Other professionals offered ongoing support and training as well; for example, specialists around supporting people who had their food through a tube.
• Staff told us they were provided shadowing opportunities when they first started work at the home to get to know people well. They also said they had regular opportunities for supervision and appraisal. This included clinical supervision for nursing staff and professional support from a clinical lead in the organisation.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to have balanced diets and made choices about the kind of food they enjoyed. One person told us, "The food has improved tremendously; it is much more flavoursome. I enjoy the Indian theme nights. Breakfast has much more choice now as well."
• People were offered a choice of meals; for some people this meant showing them the options and asking them to show which one they wanted.
• As well as introducing theme nights to expand choice and meet people's preferences the chef had also introduced taster sessions. For example, in planning the Christmas meal they were offering people the opportunity to taste three soups, so they could choose what went on the menu.
• The lunch time period had been extended, giving people more flexibility about when they ate and allowing staff more time to support people who required assistance. We saw staff were attentive during mealtimes and support was given patiently with gentle encouragement.
• Special diets were catered for and this included softened or puree food for people who were at risk of choking. This was presented well to stimulate people's appetites. The registered manager told us they had specialist training in this which had included staff tasting the food to understand how to cook it well for

people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• There were good relationships in place to ensure that people saw healthcare professionals when required.
• People told us they had regular contact with a range of health professionals to monitor and manage their wellbeing. We saw evidence of this in their care records. This included dental care and people had oral health assessments in place and regularly recorded support provided to ensure wellbeing.
• Nurses had responsibility for assessing and monitoring people's health. They ensured that care plans were kept up to date and made referrals to other professionals when required; for example, speech and language therapists.

Adapting service, design, decoration to meet people's needs
• People were involved in decisions about the premises and environment.
• Some areas at the home had been refurbished and modernised. There was new lounge furniture to make it more homely and bathrooms had been modernised to include accessible showers and baths. People told us they had been included in choosing these as well as the colour of the décor.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.
• Staff had a good understanding of the MCA and could describe the process they had taken to ensure decisions were made in people's best interest when they were unable to do so.
• They had been provided with small prompt cards describing MCA to refer to if unsure.
• There were records to evidence capacity assessments and best interest's decision making.
• Any restrictions on people's liberty was reviewed to ensure it was the least restrictive possible. Conditions in DoLS were adhered to.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People had caring, kind supportive relationships with the staff who supported them. One person told us, "All of the staff are lovely, and you can have a joke with them." Another person said, "I was anxious about moving in, but I was really welcomed which really helped. It's been great."
• We saw caring interaction between staff and people throughout the inspection. They chatted with people and had time to put people at ease when needed.
• Staff knew people well and talked about the personalised support they provided. For example, one member of staff told us, "One person can be anxious when we try to support them, but if we sing they will sing along and given time they will be more relaxed. You just have to know and understand people."
• Assessments highlighted equality and diversity support requirements; for example, important relationships and religious beliefs.

Supporting people to express their views and be involved in making decisions about their care
• People made choices about the care they received. They chose where they spent their time; for example, people spent time in their rooms. Some people made choices which went against professional guidance they had been given; for example, consistency of food to reduce the risk of choking They were supported to understand the consequences of their decision but ultimately their choices were respected.
• Some people were less able to make their choices known and staff had a good understanding of their communication to understand what they wanted. For example, knowing whether someone was enjoying an activity through their body language.

Respecting and promoting people's privacy, dignity and independence
• Dignity and privacy were upheld for people to ensure that their rights were respected. One relative told us, "The staff are very respectful; for example, I have noticed they always knock on the door before entering the room."
• People were encouraged to be as independent as possible. One person talked to us about therapy they were provided with which enabled them to increase their independence; they were now able to be less dependent on a wheelchair and could use other equipment to walk short distances. People told us, and we observed staff supporting them to do things for themselves when they could. Equipment such as adapted cutlery was provided so people could eat independently. One member of staff said, "We support people to do as much as they can for themselves, it makes them feel more in control."
• People's families and friends could visit the home freely. They told us they were always welcomed and kept informed of their relative's wellbeing.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had improved 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; 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; Meeting people's communication needs

At our last inspection the provider had not planned all care and support around peoples choices and preferences: including communicating with them in an accessible manner and providing meaningful activities. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection this had improved and the provider was no longer in breach of regulation.

• People were supported by staff who knew them well and understood their preferences. They told us staff listened to them and provided the support they wanted. One person said, "The staff are all good and if I ask for anything they sort it out."
• One person told us how they used to enjoy working on cars. The staff team knew this and made sure they were involved in vehicle maintenance now. This demonstrated to us people's previous experience and interests were being built on to ensure they had opportunities to continue to engage in them.
• Other people told us about outings such as sailing and shopping. People said they enjoyed planned activities as well as informal one such as a game of dominoes. They were enthusiastic about volunteers who spent time in the home supporting activities and chatting to people. Volunteers ranged from older, retired people to school children giving people a diverse experience.
• Staff we spoke with could explain how they cared for each person in detail and anybody they felt needed closer monitoring. Daily records were well completed in people's rooms so staff could see at a glance how they were and what support they needed.
• People had care plans which were personalised and detailed. They were regularly reviewed and updated. Some were in the process of moving to a new care planning system and these were particularly easy to follow and find relevant information.
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• People's communication needs were assessed, and it was clear how information should be shared with them. For example, some people communicated using signs, body language and objects of reference.

• There was information displayed in the home in pictures and symbols so that those people who were unable to read could understand it. These included minutes of meetings and information sharing. Photograph albums of activities were kept which people could enjoy sharing with others to show them what they had achieved and enjoyed doing.

Improving care quality in response to complaints or concerns
• People knew how to make complaints and were confident that they would be listened to. One person told us about concerns they had raised about staff response times and when we spoke with the registered manager they told us the action they had taken to improve this.
• We were also told about issues with the hot water and heating in the building. Again, we were assured by recent maintenance visits and a planned building review that these concerns were listened to and responded to promptly.
• There was a suggestions box which was being used by people and visitors and any concerns raised through this were also managed in line with the providers procedure.

End of life care and support
• People's wishes about the care they would like at the end of their lives had been discussed and recorded. For example, people's choices about whether they wanted to be actively resuscitated were recorded.
• One member of staff we spoke with said, "We are developing our approach to this with support from end of life specialists."
• Nursing staff were trained to administer end of life pain relief and worked closely with other professionals to ensure peoples preferences were met.

Good

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Continuous learning and improving care

• At our last inspection we found there was not always an open culture where concerns were promptly responded to and resolved. We met with the provider and asked them to complete and implement an action plan to resolve this. At this inspection people told us of the improvements which had taken place. Staff said they felt more equipped to put peoples wishes at the centre of their care through additional time, training and development.

• At a meeting we saw all senior staff across departments engaged in monitoring and reviewing the action plan. For example, there were staff from catering, activities, care, maintenance and nursing working together to monitor their progress and solve any issues. The regional manager told us this joint ownership was the success in implementing it.

• All the staff we spoke with were invested in the improvements which had taken place. They felt more included and consulted. For example, care staff worked with the registered manager and deputy to complete the dependency tool to ensure staffing levels were correct.

• People we spoke with told us they knew the registered manager well and they were approachable and available. One person said, "I get on well with her and she is always about." We saw the registered manager knew people well and interacted with them throughout the day.

• Audits were regularly completed to measure the quality of the care provided and to set actions to improve it. For example, the registered manager completed infection control audits monthly, and identified areas for improvement were taken forward to the monthly health and safety meeting. Here actions were agreed by all attendees including the lead domestic staff. This demonstrated to us that quality improvement systems were fully embedded.

• There was careful oversight of clinical risk and this was recorded in an accessible format to see patterns at a glance; for example, around falls or hospital admissions.

• The provider completed regular reviews to ensure the assessments were accurate. The regional manager told us there had been very regular reviews of the action plan to measure progress but as more was achieved these now took place every six weeks.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• All staff understood their roles and responsibilities and there were clear lines of delegation. Senior staff

explained their role and the leadership they provided during a shift. This included monitoring and checking records completed for people.
• The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
• The previous rating of the home was displayed in line with our requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• There were regular meetings with people who lived at the home. They were an opportunity to discuss the running of the home and when we checked records we saw previous meetings had highlighted a broken drinks machine. This was now fixed, and one person told us, "I can help myself to drinks from the machine whenever I want; its great."
• Staff felt supported through regular supervisions and appraisals. Team meetings were productive, and staff felt confident their views and opinions mattered and were listened to.

Working in partnership with others
• There were strong relationships with local health and social care professionals, schools, churches and social groups.
• Nursing staff had links with specialist professionals in the community who gave them advice and guidance.