

Angel Care plc

Newlands Care Home

Inspection report

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Date of inspection visit:
30 March 2023

Date of publication:
12 May 2023

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 Care Home is a care home with nursing operated by Angel Care plc located in Salford. Newlands Care Home is registered with CQC to provide care for a maximum of 30 people. There were 24 people using the service at the time of the inspection.

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

Some improvements were still required to ensure medicines were managed safely. Audits were completed to monitor the quality of service to ensure good governance, however, medication audits still required further improvement. We have made a recommendation regarding this.

There were enough staff to care for people safely and correct staff recruitment procedures were followed. The premises and equipment were well maintained and we found the home to be clean and tidy during the inspection.

Record keeping had improved and we observed people to be clean and well presented, both of which had been concerns at our previous inspection. Care plans contained good levels of detail about the support people required and we observed several activities taking place during the inspection. Complaints were handled appropriately.

There were systems in place to seek feedback from people living at the home, including the use of satisfaction surveys and staff and residents' meetings. The provider had a number of links within the local community and worked well with partner agencies including the local authority.

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.

Rating at last inspection

The last rating for this service was requires improvement (published January 2021) and the provider was in breach of regulations relating to safe care and treatment and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, not enough improvement had been made and the provider was still in breach of some regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service in December 2020. Breaches of regulations 12 and 17 were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Newlands Care Home on our website at www.cqc.org.uk.

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.

Enforcement

We will continue to monitor the service and will take further action if needed. We have identified breaches in relation to medication and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

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?

Not all aspects of the service were safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

Not all aspects of the service were well-led.

Details are in our safe findings below.

Requires Improvement ●

Newlands Care Home

Detailed findings

Background to this 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.

Inspection team

The inspection was carried out by two inspectors, a CQC pharmacist and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Newlands Care Home is registered with CQC as a 'care home' and CQC regulates both the premises and the care provided. Both were looked at during this inspection.

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 there was a registered manager in post.

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 sought feedback from the local authority who work with the service. We used the information the provider sent us 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 spoke with 8 people who used service and 3 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager.

We reviewed a range of records. This included staff training records and records associated with the provider's quality monitoring systems.

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 requires improvement. The rating for this key question has stayed the same at this inspection. 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.

At our last inspection the provider had failed to ensure safe care and treatment was provided. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Using medicines safely

- Although the service had a system in place to record where patches were applied on the body, staff did not rotate the application of patches in line with manufacturers recommendations.
- Information regarding people's allergies was not recorded correctly on relevant documentation. This meant there was a risk people may be given medicines which they have previously reacted to.
- Medication administration records for topical preparations such as creams were not always completed accurately, and we could not be assured that people were having them applied as prescribed.
- Instructions for medicines that are given when required 'PRN' were not always person centred. This meant that staff who did not know people well might not know what signs to look for to indicate someone was in pain and required pain relief.
- Although, the service was carrying out audits of medicines management these had not always picked up on some of the issues found during the inspection.

This meant there had been a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding safe care and treatment.

- The service had systems and processes in place for the safe storage, administration, and use of medicines. Staff had been trained and assessed as competent to manage medicines.

Preventing and controlling infection

- At our last inspection in December 2020, correct infection control procedures were not always followed, however we visited the home again in February 2022 to check improvements had been made, which they had.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimize the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

The registered manager was following government guidance in relation to visiting, and relatives were able to see their family members safely and at times of their choosing.

Assessing risk, safety monitoring and management;

- At the last inspection, we saw the environment was not always safe due to observing potential trip hazards in corridors such as hoists. We observed this again at this inspection and reminded the registered manager about ensuring they were stored safely.
- At the last inspection, we also observed the external grounds of the home to look cluttered. At this inspection we still observed stray building waste left in the garden area where people's bedrooms looked out over them. We provided this feedback to the registered manager who said it would be removed. Refurbishment work was ongoing at the time of the inspection in areas such as bedrooms and communal areas.
- People had a range of risk assessments in place regarding their care which covered areas such as choking, waterlow (skin integrity) and falls. Where any risks were identified, control measures were in place about how to keep people safe.
- Safety checks of the building and equipment were completed, with certificates available of work and servicing undertaken.

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 authorized under the MCA. We checked whether the service was working within the principles of the MCA.

- Correct procedures were in place if people lacked the capacity to make their own decisions which were taken in people's best interest.
- DoLS applications were submitted to the local authority as required if people were assessed as lacking capacity.
- An MCA policy and procedure was in place for staff to follow when needed.
- Staff understood about the MCA and why it was required.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Both people living at the home and relatives said they felt the service was safe. One person said, "The staff are very good with us they do as much as they can and I do feel very safe here." A relative added, "I used to look after (person) at home but it became too much. Since (person) has been in here they have come on

leaps and bounds and made some nice friends. (Person) always struggled in the past making friends and socialising but has really flourished here. I feel happy they are safe and well."

- Staff understood about safeguarding and said they had received training. One member of staff said, "Safeguarding is to protect the people. If a person was being neglected, this could be a sign of abuse."
- A safeguarding policy and procedure was in place, explaining what needed to be done if abuse was suspected.
- A log of any safeguarding incidents was maintained and contained details about outcomes and lessons learnt.
- Accidents and incidents were monitored, with information about how to prevent future re-occurrences.

Staffing and recruitment

- There were enough staff employed to care for people safely. Everyone we spoke with including people living at the home, relatives and staff said there were enough to deliver the care people needed. One member of staff said, "I would say we have enough for now, as the home is not currently full. We would be given more staff if numbers increased." Another member of staff added, "There are enough staff and people get the care they require."
- Staff were recruited safely, with all the necessary procedures followed including interviews, seeking references and carrying out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions. The information helps employers make safer recruitment decisions.

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 requires improvement. The rating for this key question has now 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

- People and relatives told us they received personalised care and the service was responsive to their needs. One relative said, "I am confident [person's] needs are being met. The staff know (person) well and are very responsive to [person's] needs. They always do things as quickly as they can and you don't have to wait too long if you ask for anything. I was involved in [person's] care plan when he came in and we have regular reviews. I am always kept informed of any changes."
- At the last inspection, we identified concerns regarding records keeping of people's personal care. We saw improvements at this inspection.
- People who used the service had their own care plan in place. We found they provided staff with an overview of the care people needed to receive. Care plans captured person-centred information about people, such as life histories and how they liked their care to be delivered.
- During the inspection we observed staff being responsive to people's care needs such as providing support with mobility and eating/drinking if they were unable to do this themselves.

Meeting people's communication needs; 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

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 care plans took into account their communication needs including sight, hearing and speech, as well as any sensory aids required such as glasses, or hearing aids. This had been raised as a concern at the last inspection, although had now been addressed.
- Activities were available for people living at the home and we observed several taking place during the inspection. A notice board was displayed near the main reception of the home, with photographs of past activities people had enjoyed taking part in.
- Some people living at Newlands are of Jewish faith, with a local rabbi visiting the home to support people with their cultural needs. Kosher food can also be provided, with appropriate kitchen facilities available.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if needed and said they would feel comfortable speaking with the

registered manager about any concerns.

- A complaints policy and procedure was available which explained the process people could follow if they were unhappy with the service they received.

End of life care and support

- At the time of the inspection no-one was at the end stages of life. The service had a policy and procedure in place which explained the process to be followed if this was the case. End of life care plans were also in place should they be needed.
- The home worked closely with the local end of life care team. A healthcare professional said, "Newlands are very engaged and refer to the team when they have an appropriate resident. Various members of the team have completed the six steps programme. Their end of life residents receive good holistic care and we don't worry about the care their end of life residents receive."

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 requires improvement. The rating for this key question has remained the same. This meant the service was not consistently managed and well-led. Leaders and the culture they created did not promote high-quality, person-centred care.

At our last inspection the provider had failed to ensure appropriate governance systems were in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider is no longer in breach of regulation 17, although we have made a recommendation to ensure governance systems remain effective. Due to there being a breach of regulation 12 in Safe, this key question can only be rated Requires Improvement.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Following our last inspection, the provider sent us an action plan detailing how they would ensure compliance with regulation 17, Good Governance. We reviewed this at this inspection to check if improvements had been made.
- At our last inspection, governance systems had not identified some of the concerns found at the inspection. For example, in areas such as medication, infection control, the environments, record keeping and care plans.
- We saw improvements in this area, however, medicines were still not always being managed safely

We recommend the service ensures governance systems remain effective and continue to improve, particularly regarding medication.

- Competency assessments were carried out in areas such as medication, and moving and handling. Out of hours visits were also completed to ensure standards were adhered to overnight.
- Systems were in place to involve people, relatives and staff in how the service was run, including the use of satisfaction surveys to obtain feedback. Team meetings were held to gather staff views and staff told us they felt comfortable sharing their views.
- A 'You said, we did' board was displayed in reception and showed what was done in response to feedback from people. The dining room had recently been decorated and people had decided on the color scheme and what they wanted, which included a juke box and old antique telephone.

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

- The staff team spoke of a positive culture at the service and said they enjoyed their roles. Staff said the registered manager was supportive and approachable. One member of staff said, "It is perfect here and I feel very well supported. I can speak to the manager here if I ever have any problems." Another member of staff

said, "Everybody is treated equal here. There is good management and we get on well."

- Staff told us they felt the service was well-led and felt comfortable speaking with the registered manager about any concerns. One member of staff said, "I like the manager and if we have any concerns, we can speak with them."
- The feedback about the care at the home was positive and people achieved good outcomes. One person said, "It's very nice here the staff are brilliant. I dress myself but staff shower and shave me. The food is very good. I am getting new teeth tomorrow because I lost my others so hopefully that will help me eat better." A relative added, "It's been a god send. I feel very reassured [person] is looked after 24/7. It's a great place, the staff are all very nice and helpful, very kind and caring, like a family. I would feel very comfortable in raising concerns if we ever needed to. If there are any issues, then I would tell them and it would be rectified."
- People living at the home said they knew the manager and felt relaxed to speak to any other member of staff with any concerns. People said they didn't have any specific requirements about a change in their care or the running of the home and said they were very happy with how things were.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The service worked in partnership with other agencies as required including local authorities and social work teams. We contacted stakeholders prior to our inspection to gather feedback about the service provided.
- The service had a registered manager and we liaised with them throughout the inspection. They understood their role and responsibility to submit statutory notifications about any incidents that had occurred within the service.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We saw these were displayed as required.

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 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Appropriate systems were not in place to ensure medicines were given safely.