

Regency Healthcare Limited

Newlands Hall

Inspection report

High Street
Heckmondwike
West Yorkshire
WF16 0AL

Tel: 01924407247
Website: www.rhcl.co.uk

Date of inspection visit:
15 December 2022

Date of publication:
22 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Newlands Hall is a residential care home providing nursing or personal care to up to 30 people, some of whom are living with dementia. The home has communal living areas on the ground floor and bedrooms are located on the ground and first floor. At the time of our inspection there were 22 people using the service.

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

Improvements were required in how the service assessed and managed risk to ensure risks were monitored or managed in relation to people's health and wellbeing. Staff were not consistently recording when they had met a person's care needs such as postural changes, oral care and personal hygiene needs. This meant the service was not able to evidence care had been provided on each occasion or that an accurate record was maintained.

Medicines were not always administered as prescribed and records did not always reflect the medicines received by people. People at risk of sore skin did not receive their topical medicines as prescribed.

Staff had been recruited safely and had received an induction into the service. Staff received training and supervision to ensure they were equipped for their roles. However, some induction training records had not been 'signed-off' by staff to verify that induction had been completed. Staff we spoke with were knowledgeable and were supported by the home manager.

People and their relatives felt they were safe and well cared for by staff. They told us their needs were met and they were able to make choices about their care. People were observed to be treated with respect and kindness.

Infection control processes were not always effective in minimising the risk of infection. We observed a clinical waste bag not properly disposed of and left unattended in a bathroom.

People had access to a balanced and healthy diet. People told us they enjoyed the meals provided by the home and they were offered choice of food options. Records were not always completed to show people at risk of poor nutrition were being supported to eat and drink.

People were encouraged to participate in different activities and spoke highly of the activities coordinator. Formal complaints were reviewed and responded to in line with company policy. People were supported to access healthcare professionals when required.

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.

The provider had updated their quality assurance monitoring procedures. Audits and checks were carried out; however, these were not always effective in identifying areas which needed to be improved. Further improvements were required to ensure these were robust and effective so that areas for improvement were identified and addressed.

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 22 October 2019). The service remains rated requires improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service. 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.

This report only covers our findings in relation to the Key questions Safe, Effective and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Enforcement and Recommendations

We have identified 2 breaches in relation to safe care and treatment and good 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The home was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Newlands Hall

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.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Newlands Hall is a 'care home'. 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 Hall is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority contracts department, safeguarding, infection control, the fire service, the Clinical Commissioning Group, and Healthwatch to assist us in planning the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 3 relatives about their experience of the care provided. We spoke with 4 members of staff including the, the manager and deputy manager. We spoke with 1 health professional who regularly visits the service. We reviewed a range of records. This included 3 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data, quality assurance records, policies and procedures were reviewed.

After the inspection

We sought clarification from the provider to validate evidence found.

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. At this inspection the rating for this key question has remained 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

- Risks associated with people's health and wellbeing had not always been monitored and mitigated. For example, for a person at risk of developing sore skin, the record of daily care did not always indicate when the person was repositioned. This meant it was not clear if the person had been repositioned appropriately to reduce the risk of skin integrity issues.
- Some risk assessments lacked essential information to help control risk and were not used to underpin the relevant care plan.

Using medicines safely

- Medicines were not always safely managed. This included records relating to the application of creams, variable dose medication and recording reasons for not giving medication. There was no evidence this had impacted on people using the service.
- The information on the medicines administration record (MAR) was not entirely clear, and protocols for giving medicine 'as and when required' did not consistently provide advice for staff to follow.
- We discussed this with the management team who told us they would address these issues with the community pharmacist.

We found no evidence that people had been harmed. However, the provider had not ensured risks were always identified, monitored and mitigated. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Accidents and incidents were recorded, however, there was no system to review trends, or prompts to ensure risk assessments were in place or reviewed in light of incidents.
- There was no evidence of analysis to get to the root cause of accidents to understand what had gone wrong.

We found no evidence that people had been harmed. However, the provider had not ensured there was an effective system in place to ensure lessons were learned when things go wrong. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities).

Staffing and recruitment

- Safe staffing levels were in place and staff were effectively deployed to meet people's needs in a timely

manner.

- Staff were recruited safely, and the appropriate pre-employment checks including Disclosure and Barring Service (DBS) checks were carried out to protect people from the employment of unsuitable staff. On-site staff files were not always updated with relevant documentation such as DBS checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- More in depth checks and records were needed in relation to staff induction. One induction record had not been 'signed-off' by staff to verify that induction had been completed.

Preventing and controlling infection

- Staff did not always follow infection control guidance. We observed a full clinical waste bag left unattended on the floor of a bathroom accessed by people and visitors to the home. We also observed used medicine pots left unattended and soaking in a wash basin. These observations were discussed with the manager who has since implemented the use of disposable medicine pots in the home.
- Staff wore Personal Protective Equipment (PPE), for example, gloves and aprons when providing personal care. We saw PPE supplies were available in various areas throughout the home.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, and there were policies and procedures in place to support staff in safeguarding people.
- People told us they were safe. One person said, "I feel safe here, I always have done."
- Staff had completed safeguarding training and were aware of different types of abuse and the steps they would take if they thought someone was being abused.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People were not always supported to eat and drink enough to maintain a balanced diet. Records of what people had to eat and drink including target amounts were not always completed.
- Where people were at risk due to weight loss the manager did not have sufficient oversight to ensure actions were in place to mitigate the risks to the person. Although we did not find this had negatively impacted on people using the service; this presented a risk that people would not be appropriately supported to eat and drink.
- We spoke with people about their mealtime experience at the home. People told us they enjoyed their meals and comments included, "The food is good, I enjoy my meals."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before coming to live at the home to ensure the service was suitable for them.
- Care plans confirmed how people wanted to be supported and demonstrated that people's abilities had been considered alongside the support they needed, which would help reduce the likelihood of staff providing support that was not required.

Staff support: induction, training, skills and experience

- Staff were supported to meet the needs of people using the service. Staff received an induction which included training around key areas of their work such as dementia awareness, moving and handling people and food safety.
- Records showed staff had been fully trained, however, the training matrix was not updated as it showed staff who no longer worked at the service.
- Staff supervision or appraisals records did not follow the provider's policy which required reflections around individual practice and staff development.

Adapting service, design, decoration to meet people's needs

- Adaptations had been done to the environment which helped make it dementia friendly, including signage to the doors to people's rooms to help them recognise where their room was.
- People were provided with adapted cutlery and different coloured crockery to make eating easier.

Supporting people to live healthier lives, access healthcare services and support

- The activities coordinator worked with people to encourage them to remain active. People told us they

enjoy the different activities at the home.

- People were supported to access healthcare and other services if there was a change to their care needs and to enable them to live a healthier life.
- The deputy manager confirmed district nurses visited the home every week to see people who had been identified as requiring a visit.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked capacity DoLS applications had been made. The service kept a record of all applications, so they could monitor renewals.
- People who lacked capacity had a completed mental capacity assessment in place and a best interest decision was recorded.
- Consent was sought from people before care was provided and where appropriate, recorded in people's care plans.

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. At this inspection the rating has remained as 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

- Quality assurance systems needed further development. Risks were not always identified and risk management plans developed where indicated. For example, risks management plans had not been developed for some medical conditions. This increased the risk of harm to people. Although audits had been completed, they had not identified the shortfalls with the current systems around the management of risks.
- The provider did not always ensure a contemporaneous and accurate record of the care provided to people was completed to reflect the care staff delivered. We saw there were gaps in the recording which meant there was not always information about whether the person had received safe and appropriate care. For example, the records of care for 3 people, who required repositioning every 4 hours, were not completed as required to indicate they were being repositioned according to their care plan. There was also no record of a person receiving their lunch, drinks, personal care and oral care on some days.
- Care plan reviews did not always lead staff to identify where information required updating following a change in a person's care needs or where information was missing. Medicines audits had not identified the issues found during the inspection.

Effective systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us they felt supported and they felt the home was well-led. One comment included, "The manager [name] is very experienced and takes their job very seriously."
- People living at the home said they were happy with the care they received. We also spoke with relatives who told us they were happy with the care their family member received. One comment included, "When I visit the staff are always helpful, [my family member] has been there for years and I think the care is fine."
- Staff members spoke positively about their roles in delivering quality person-centred care.

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 manager understood the importance of the duty of candour in relation to their role. They commented, "Being open, honest and transparent. Letting people know if we make an error or if something happens, informing the families and key agencies and not trying to cover it up."
- The service's complaints policy clearly indicated the process for the investigation and review of any complaints received. We saw complaints had been responded to in line with the policy.
- Relatives told us that when they contacted the home with a question or concern the deputy manager responded in a timely manner. One relative said, "If I had a complaint, I would contact the manager, I have a good relationship with the staff and manager."
- The manager ensured notifications about incidents taking place at the service were submitted in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff team meetings took place regularly. However, the records of these meetings did not show that staff were provided with opportunities to discuss people's care and support needs and preferences.
- Relatives completed feedback forms however, the manager had not compiled the individual results to show how this had been used to drive improvements.
- There was no evidence that regular meetings had taken place for people living at the home. There were no records of meetings which showed that people were asked for their views about, for example, changes at the home, activities and meals.

Continuous learning and improving care

- Since the inspection visit, the service has addressed some of the issues raised at the inspection. The service has put together an action plan following the inspection to include issues we identified.
- The manager explained the compliance manager would provide support with the implementation of an action plan for improvement. The compliance manager completed monthly quality assurance audits to monitor improvements at the home.

Working in partnership with others

- The service worked alongside other partnership agencies to meet people's needs and improve the care they received. Care records detailed liaisons with other professionals.
- A health professional confirmed the staff worked well in conjunction with their service, to address people's health needs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider failed to robustly assess the risks to the health and safety of people and doing all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12(1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider failed to ensure a complete, accurate and contemporaneous record is maintained for all individuals.</p> <p>The registered provider failed to ensure systems of governance are sufficiently robust to ensure lessons were learnt when things go wrong.</p> <p>Regulation 17(1)</p>