

HC-One Limited

Newlands Nursing & Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Newlands Nursing and Residential Home is located in the residential area of Heaton Moor, Stockport. At the time of our inspection there were 46 people living at the home. The service is registered to accommodate up to 72 people. Accommodation is provided across four separate units, each unit provides either residential or nursing care. Each of the units had been adapted, with aids and adaptations throughout.

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

Staff completed a variety of training, including infection control and safeguarding, and their competency was assessed. The service had a variety of assessments in place to assess risk. Accidents and incidents were investigated by the management team, and steps taken to learn lessons and reduce future risk. Recruitment checks were in place and there were enough staff to meet people's needs on the day of inspection. We have made a recommendation about the assessment of staffing levels.

The registered manager had made a positive impact on staff morale and staff felt supported in their role and able to raise concerns. When complaints had been made, the management team investigated and took action to address the concerns. A variety of checks and audits were in place to drive improvement within the service and an action plan was in place.

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 good (published 20 December 2017).

Why we inspected

We received concerns in relation to staffing levels, infection prevention and safeguarding. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed and the service remains good. 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 Nursing and Residential Home on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Newlands Nursing & Residential Home

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.

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

Inspection team

The inspection was undertaken by an inspector and a specialist advisor on the first day of inspection. An Expert by Experience made calls to people and families following the site visit. 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 Nursing and Residential Home 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 on the first day of inspection.

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 and professionals who work with the service. 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 four people who used the service about their experience of the care provided. We spoke with 18 members of staff including the registered manager, area director, nurses, care workers and auxiliary workers. We spoke with eight relatives to gain their views on how the service was being run. 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 observed how people were being supported during the day and walked around the service to ensure it was clean and a safe place for people to live.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding and the registered manager did competency assessments with staff to ensure they understood their roles and responsibilities.
- Safeguarding concerns were investigated, and appropriate action taken to reduce the risk of future occurrence which included additional risk assessments, checks and training.
- People told us they felt safe and our observations suggested that people were being well cared for by staff. With the exception of a couple of relatives, the feedback was that the home provided safe care to people. One relative told us, "The care is excellent. [Family member] has lots of health issues and can be difficult but staff are so patient with them."

Assessing risk, safety monitoring and management

- People's needs were assessed by the management team prior to admission to the home. These were used to develop relevant care plans and risk assessments which were reviewed by staff on a regular basis to ensure they remained relevant to a person's needs. Relatives told us that they were involved in developing and reviewing care plans.
- There was a programme of work regarding the management of falls. The home held regular falls meetings and there were 'falls champions' in place. Falls risk assessments were in place and moving and handling plans contained detail about how people were to be supported with mobility.
- There was a programme of regular audits and checks to ensure risks were being assessed and mitigated. The management team held daily meetings with key staff to discuss any concerns and share information.

Staffing and recruitment

- The service was following appropriate systems to ensure staff were safely recruited. This included checks with staff's previous employers and with the disclosure and barring service. We discussed with the registered manager additional measures that could be taken for those new to care or where previous employment records were not available due to the Covid-19 pandemic.
- People were having their care needs met in a timely manner. The home had recruited additional domestic staff and a full team of nursing staff had been recently recruited.
- We received some mixed feedback about staffing levels. Some staff told us they felt there had not always been enough staff to support people and that they often felt rushed. A relative told us, "They seem to have a lot of agency staff who don't know the residents, but it hasn't caused a problem for us."

We recommend that the provider continue to review the dependency tool and other feedback regarding staffing levels to ensure that these are sufficient.

Using medicines safely

- People were being supported to take their medicines safely. There were systems to check medicines had been correctly administered which included daily counts of medicines and regular medicines audits. The home had recently introduced an electronic medicines administration records (eMARS) which allowed the registered manager to have greater oversight to ensure that people had their medicines as prescribed.
- Medicines records contained the guidance staff needed to support people with their medicines. This included information about allergies and how to support people who might require medicines as and when, such as medicine for pain.
- Topical creams that people needed regularly were stored in people's bedrooms. There were facilities to ensure these were securely stored. However, we found some examples where topical creams had not been returned to their lockable cabinet. We highlighted this to the registered manager who took immediate action to remedy the situation.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Learning lessons when things go wrong

- Accidents, incidents and safeguarding concerns were being investigated by the service, as were any complaints and concerns. The service took action to reduce future risk. The service worked closely with the local authority when investigating concerns and implementing action.
- A programme of audits were being completed by the management team. These helped to identify any trends and enable lessons to be learnt.

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 now 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

- The registered manager had an open-door policy for people, and knew staff, relatives and residents. Staff told us they felt able to discuss any concerns with the registered manager and felt confident that any issues would be quickly addressed. Staff morale had improved during the time the registered manager had been in post and staff told us they felt they had been supported to develop within their role.
- Staff were committed to person centred care and understood and knew people well. Care records showed people received the support as described in their care plan.
- Relatives generally knew the registered manager and felt able to feedback to them. One relative told us, "I think they do listen. I spoke to the manager about [a specific issue]. It hasn't happened since." Some relatives did have concerns about the changes of management at the home with one relative commenting, "Management changes a lot, there is no continuity."

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

- Formal complaints were investigated, and action taken to remedy concerns and apologies offered when needed. We received some mixed feedback from relatives about how effectively the service communicated and discussed this further with the registered manager.
- The service was committed to learning and improving, and an action plan was in place. Staff completed a full programme of learning and there were opportunities for further development. This included being a champion of different aspects of care, for example in regard to falls.

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

- The registered manager was aware of their responsibility regarding duty of candour. The CQC had received notifications that the service must send to us in a timely manner. The current rating was displayed within the home.
- A regular programme of audits and checks were being completed by the management team. This information was used to quality assure the service and drive improvements.
- Policies and procedures to promote safe, effective care to people were available. These documents were regularly updated to ensure that staff had access to up to date best practice and guidance for them to carry out their role.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager completed various meetings with staff, residents and relatives. These meetings covered a variety of topic areas and staff, residents and relatives were encouraged to actively participate. Staff and relatives told us they felt able to provide feedback and share ideas.
- The home had undertaken surveys to gather the views of the relatives. Overall, the service had received positive results and had used the results from the survey to develop an action plan and drive improvement within the home.
- The service worked closely with other health and social care organisations. Prior to the Covid-19 pandemic the service worked with the local nursery. People received input from health care professionals as needed. This included input from dietician and speech and language therapy, and the local doctor attended the home to complete regular reviews of people.