

Newgate Lodge (EMI) Limited

Newgate Lodge Care Home

Inspection report

Newgate Lane
Mansfield
Nottinghamshire
NG18 2QB

Tel: 01623622322

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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: Newgate Lodge Care Home is a care home that provides accommodation with personal care for up to 55 older people, some of whom may have conditions such as dementia. On the day of our visit there were 47 people using the service.

People's experience of using this service: People we spoke with told us they were very happy living at Newgate Lodge Care Home. People we spoke with and their relatives said they felt safe and there were enough staff to meet people's needs.

Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe. People's health needs were identified and external professionals involved if necessary. People and staff were also supported with their well-being by the provider and management team.

People told us care staff were caring, supportive and kind. We observed staff members supporting people in a dignified and confidential manner. There was also lots of laughter and fun and people we spoke with and their relatives said that people enjoyed positive and therapeutic relationships with the staff team. The environment had been adapted to promote the needs of people living with a dementia in relation to colour, signage and lots of tactile and age appropriate displays.

The chef and staff had received training in relation to promoting good nutrition for older people. Staff were encouraging people who were under-weight to eat fortified foods. A fortified diet describes meals, snacks and drinks to which additional nutrients have been added through foods such as cream, butter, milk and milk powder. We found a range of menu choices were available and consideration had been given to ensuring people from different cultures received acceptable meals. We also saw that staff and visitors were invited to eat meals with people which promoted a sociable, family environment.

Care plans were detailed and showed people were involved in planning their own lives with staff support where able. Plans were person-centred, meaning people were at the heart of how they wanted their care and support to be provided. We discussed ensuring specific techniques used to support people when they became distressed were more clearly recorded for staff to follow and the management team agreed to address this straight away.

Staff told us they felt well trained and supported and spoke of the management team and provider in a positive light, stating that they felt listened to and always had access to managers or the directors. Checks were made on the ongoing competency of staff and we saw the service actively promoted staff to take further learning opportunities for their personal and professional development.

We saw staff upheld and promoted people's rights relating to equality and diversity and people's religious and cultural needs were well catered for.

People participated in a range of activities that met their individual choices and preferences. Staff provided the structured support people required and people we spoke with told us they enjoyed entertainment events and accessing the community with staff support. This promoted a good quality of life.

The service was well run. The management carried out lots of checks to make sure that the service was safe and of a good quality. People, relatives and staff said they found the management team approachable and people's feedback was listened to and acted upon.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Rating at the last inspection: The service was rated as good and the report was published in August 2016.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Newgate Lodge Care 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One adult social care inspector and an Expert by Experience carried out this inspection. An Expert by Experience is someone who has experience of using or supporting someone to use this type of service.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The previous registered manager had left the service three months ago and following a transition period, a new manager was in place. The new manager had begun the process of applying to be 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 reviewed information available to us about this service. This included statutory notifications. Statutory notifications contain information about certain events which the provider is legally obliged to report to us such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information received in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the

service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with the manager, home care manager, deputy manager, administrator, senior care staff, the chef and activity co-ordinator. We also spoke with four staff members and two directors. We spoke with 11 people and three visiting relatives and spent time observing the environment.

We looked at five people's care records including medication administration records (MARs). We looked at three staff members records. We looked at records relating to the management of the service. These included accident and incident records, meeting minutes and quality assurance records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- Staffing levels were appropriate and ensured people received responsive care and support. The management team had recently increased staffing levels to ensure there was enough senior care support to enable medicines to be administered promptly.
- We saw that staff were attentive and were always sitting with people in the lounge areas. For example, one person said they felt very confused and a staff member sat with them and offered reassurance.
- People and their relatives told us they received care in a timely way. One relative said, "There are always staff around and the lounges are never left unattended. When anyone needs help, they are very quick to assist them." One person we spoke with said, "They come quite quickly. They don't keep me waiting."
- The provider operated a safe recruitment process and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. We asked the provider to ensure that photographic ID was verified by the service as being a true likeness to reduce the risk of identity fraud. They agreed to implement this straight away.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm.
- Care plans contained explanations of the control measures for staff to follow to keep people safe. The records used to monitor those risks such as for hydration, nutrition and pressure care were up to date, accurate and updated regularly.
- The environment and equipment had been assessed for safety. There were plans in place to ensure people were supported in the event of an emergency.

Learning lessons when things go wrong

- The management team demonstrated they were learning lessons from accidents and incidents. We discussed with a senior care staff who told us the introduction of a second senior on the day shift to support medicine administration and to liaise with healthcare visitors had made an impact in the timeliness of medicines administration and improved recording.

Safeguarding systems and processes, including recruitment

- People benefitted from staff knowledge of how to safeguard them from abuse.
- People and their relatives told us they felt safe being supported by members of staff. People said, "During the day, they are always around so if you want anything you can just tell them. At night I don't often need any help, but they come quickly if I do," and, "I had a few falls when I was at home on my own but not since I've been here. They are careful not to let me fall."

Using medicines safely

- Medicines were safely received, stored, administered and disposed of when no longer needed. The service was about to move to a new medicine system and was awaiting training for all the staff. The manager stated they felt this would bring about improved efficiency and safety.
- Staff were knowledgeable about people's medicines. Staff who administered medicines were trained and were required to undertake an annual competency assessment. Medicine checks were up to date.
- People told us they were happy with the support they received to take their medicines. One person said, "They are very good. They bring my tablets and a drink of water and wait until I've taken them."

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
- The environment was observed to be clean and everyone we spoke with felt the service smelt pleasant.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

- Staff were competent, knowledgeable and skilled, and carried out their roles effectively. The skills and understanding of staff were checked through supervision, observations and team meetings.
- Staff completed a comprehensive induction and had access to a wide range of training. They had opportunity for regular supervision and appraisal. One member of staff said, "The training is linked with practice so we do something about a particular condition and it is linked to something or someone at the service so it helps your understanding."
- People and relatives we spoke with told us, "My relative is very safe here and the staff are brilliant. She has been here for about a year and we know she is well looked after. We looked at a lot of homes before she came here, and this is by far the best" and "They are very good. They help me to get dressed and they are very gentle."

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

- Assessments of people's needs were thorough and expected outcomes were identified. Care plans were detailed. Care and support was reviewed regularly to understand progress and make changes where needed.

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

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it. Lunch was a sociable experience with chatter and laughter.
- People told us, "I think the food is very nice. There are usually one or two main choices, but you can have anything you fancy if they've got it in" and "I think there are a few different things at lunchtime. They are very good about giving choices and they ask what you want."
- People also had equipment to support them to remain as independent as possible eating their meal and drinking. We saw people were supported to make choices by the use of photographic menus that were clearly displayed
- Staff were knowledgeable about people's special dietary needs and preferences. We spoke with the chef who showed us the information they held about people's dietary needs and also told us they met with everyone and had a list of peoples likes and dislikes. They told us, "I offer as many alternatives as I can. For example, today, one lady only wants cheese on toast and somebody else has asked for a small sirloin steak which I'm doing for her. For tea today, a lot of people have asked for a bacon sandwich so that's what I'm doing."

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- We saw people were supported to have access to a range of healthcare professionals to ensure they

remained healthy.

- Where people required support from healthcare professionals this was arranged and staff followed the guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The manager followed all of the principles and guidance related to MCA and DoLS authorisations. They were working with staff to make sure all staff completed capacity assessments appropriately.
- People we spoke with said they were always asked for their consent. People said, "They ask me everything. They are very respectful to all of us" and "They are always asking me. I'd soon tell them if I didn't like anything." We saw that staff asked for consent first and explained what they were doing. For example, before they used the hoist, administered medicines and prior to applying clothes protectors at lunchtime. We saw that when a staff member went to sit with a person, they always asked if it was okay.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.

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

- People were involved in decisions about the premises and environment; for example, the colour of their room and support to make their room homely with their own belongings.
- The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and the home was suitable for the people who used the service.
- The service was designed to meet the needs of all the people who used it. We saw on the first floor there was lots of signage, photographs, tactile displays and coloured doors to help support people living with dementia to orientate themselves.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with were happy with the care provided. Comments included: "It's their job to look after us but they are smashing" and "They're all very nice with us." A relative we spoke with said, "The staff are fantastic. I come regularly and I've seen nothing but kindness towards people here."
- The deputy manager told us how they supported people's human rights and promoted equality and diversity. They actively promoted people's rights and made sure staff treated people in a person-centred manner. They said, "We are proud to have a number of male staff working here at all levels as well as staff from different backgrounds. We all respect each other and that shows the people here to respect everyone too."
- People told us that staff were very kind, caring and friendly and we saw that interactions were warm. In the morning, upstairs, we saw one person in the corridor who was quite distressed and saying that another person was laughing at her. A staff member was with her and reassuring her. They persuaded her to go with them into the dining area to have a cup of tea. We saw her a few minutes later with the staff member and she was much calmer and was laughing.
- Staff showed genuine concern for people's wellbeing. It was evident from discussions that all staff knew people very well, including their personal history, preferences, likes and dislikes and were able to anticipate their needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care. They understood people's communication needs and this was documented in care plans. Staff supported people to make decisions about their care and knew how to recognise when people wanted help.
- We saw that families were fully involved in all aspects of the home and were invited to visit anytime and welcomed. Relatives told us they were kept in touch, one family member told us, "They will always get in touch with the family if he isn't well or they are worried about him at all. They do involve us all the time." Another relative we spoke with said, "It's been very hard because I never wanted him to come into a home at all, but the manager here has been great. She is really kind and reassuring and has made sure that I have been involved from the word go in the care plan."
- We saw that information about advocacy services was available, and when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

Respecting and promoting people's privacy, dignity and independence

- The staff explained how they maintained the privacy and dignity of the people they cared for and told us that this was a fundamental part of their role.

- People told us that staff respected their privacy and dignity and we saw that staff knocked on bedrooms doors before entering and that they were careful to close toilet doors when assisting somebody.
- We observed one staff member conversing in British Sign Language with one person. This staff member was fluent and they told us they had learnt this skill from caring for their own relative. They told us they had taught other staff some key signs to help communicate with the person living at Newgate Lodge Care Home. We encouraged them to deliver some training sessions to help everyone at the service communicate more effectively with this person as witnessing how this interaction took place was inspirational.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were empowered to make choices and have as much control and independence as possible, including in developing care plans. Relatives were also involved where they chose to be and where people wanted that.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. One person we spoke with said, "I wanted to come here because I need a lot of help. When I was at home I was very lonely but not here. The staff are brilliant and they will always take time to sit and talk to me. The district nurses come to see to my legs but if the staff think my dressings need changing, they will phone them to come back quicker."
- Care plans were detailed but would benefit from escalation responses for staff when people became distressed being more clearly recorded. The deputy manager agreed to update these straight away.
- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, reasonable adjustments were made, where appropriate, and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- We saw the service used information technology to help people keep in touch. The activity co-ordinator told us, "I have a dedicated Facebook page for the home and have asked people and their relatives for permission to put photos and videos on of activities here. It's really good for relatives who live too far away to visit regularly because they can see what we've been up to. If I haven't got permission to put people's photos on Facebook, then I don't include them."
- We found people were engaged in meaningful occupation and planned activities, outings and events were displayed in communal areas throughout the home. Activity records were well maintained in care plans so we saw what had worked well for people. The activity co-ordinator said, "I try to give different things to people depending on what they like. Some people like puzzles. Some people like group activities but there are others who don't like to join in. Some people like to come in here (her room) and sit and have a chat or do one to one things with me."

Improving care quality in response to complaints or concerns

- All people and relatives we spoke with said they felt comfortable raising any issues or concerns with the staff or management team.
- We discussed that some complaints in a complaints and compliments book in the main reception, may be better sited in an office so that confidentiality was maintained, although the service stated they were promoting transparency. They agreed to remove the comments and introduce information showing how they responded to issues in a different format for people.

End of life care and support

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.
- One person we spoke with told us, "I went through everything with them. They know all my preferences and they know what I want when I come to the end. My main wish is to die here." We saw people's wishes were recorded in their plan of care.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The last registered manager left the service at the end of 2018 after over ten years in charge, a new manager had been appointed and had worked a handover to ensure this change was effective. The new manager had been in post for three months and was in the process of applying to be registered with the Care Quality Commission.

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

- The service involved people in day to day discussions about their care and support. Relatives we spoke with stated they were very happy with the leadership. One relative said, "The manager is very good. I'd give her 12 out of 10. She rolls her sleeves up and mucks in and I don't think she'd ask anybody to do something she won't do herself. If she's in her office, unless she's having a meeting, the door is always open, and she is often around the home seeing what is going on and checking things. You can always talk to her if you need to."
- The provider and manager positively encouraged feedback and acted on it to continuously improve the service.
- Staff told us they felt listened to and that the management team and owners were approachable, one staff said, "The owner came in before Christmas and spoke to all of us on a 1:1 basis and asked us to let them know anything we needed to. That shows they care and we are listened to." Staff clearly understood the provider's vision for the service and everyone we spoke with referred to the family style nature of the home.
- Staff told us, "It's a lovely place to work," and "In the last few months there have been changes which are positive, some around the environment and other changes to staffing structure which have helped the service."

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

- The service had a welcoming and friendly atmosphere. Staff morale was positive and the atmosphere was warm, happy and supportive.
- The culture of the service was open, honest, caring and fully focused on people's individual needs.
- Our observations were that it was well run and people who used the service were treated with respect and in a professional manner.
- The quality assurance system included lots of checks carried out by the management team. The manager critically reviewed the findings from the various audits and used these tools to identify where improvements

could be made. We discussed that some audits such as one recently carried out by the local infection control team could be included in the manager's monthly review to ensure best practice and follow up actions were completed and recorded.

- We saw the service forward thinking in terms of supporting staff to develop skills and gain promotions. One staff member told us, "I have been supported into this senior role and am amazed at how well I have done considering I started out with nothing. The training and support has been brilliant."
- All appropriate reporting had been carried out to alert the CQC and local authorities when incidents occurred.

Working in partnership with others

- The service had developed links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.
- Staff had formed good relationships with people who used the service and demonstrated an in-depth knowledge and understanding of people's needs.