We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Newlands Residential Home

2 Wellington Parade, Walmer, Deal, Kent, CT14 8AA

Tel: 01304368193

Date of Inspection: 16 May 2013

Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

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<th>Standard</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>✗ Action needed</td>
</tr>
<tr>
<td>Records</td>
<td>✓ Met this standard</td>
</tr>
</tbody>
</table>
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Uday Kumar and Mrs Kiranjit Juttla-Kumar</th>
</tr>
</thead>
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<tr>
<td>Overview of the service</td>
<td>Newlands Residential Home provides care for up to 17 older people. The home is situated on the seafront at Walmer with accommodation on two floors.</td>
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<tr>
<td>Type of service</td>
<td>Care home service without nursing</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Accommodation for persons who require nursing or personal care</td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 May 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We made an unannounced inspection to the service and spoke with people who use the service, staff members and the deputy manager. There were 15 people using the service at the time of our visit. There had been no registered manager at Newlands since September 2012.

Everyone we spoke with expressed that they were very happy living at Newlands. We observed interactions between the people and the staff and also people's reactions to the staff. We observed to see how people were.

People told us that they had the care and support they needed to remain well and healthy. They said they were involved in decisions about their care and support. One person told us, "I am looked after really well and the staff help me to stay as independent as possible".

We found the home generally to be clean, tidy and free from unpleasant odours.

There were sufficient suitably skilled staff on duty during the day.

We found that there were both local and head office audits carried out regularly at the service. However, there was no documentary evidence that the head office audits undertaken at Newlands indicated that shortfalls had been identified and what actions had been taken to improve the service.

People's records including medical records were up to date and completed properly.

You can see our judgements on the front page of this report.
What we have told the provider to do

We have asked the provider to send us a report by 16 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

| Care and welfare of people who use services | Met this standard |
| People should get safe and appropriate care that meets their needs and supports their rights |

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Our inspection of 9 September 2012 found that improvements were needed. Although most people experienced treatment and care that met their needs and protected their rights, the provider could not demonstrate that all the people at the service were receiving all of the care and support they needed. This was because the care plans did not reflect the care provided and because risk assessments were not in place.

During this inspection we found that improvements had been made. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

Each person using the service had a care plan that was individual to them that said what level of assistance they needed. We looked at three care plans and associated risk assessments. The care plans were personalised and contained details about people's background and memories as well as their likes and dislikes. The contact details for people's next of kin and other important people were recorded in the care plans and people had support to keep in touch with their family and friends. The information that was up to date and relevant to the individual person. This meant that people's support and care needs where met safely and in a way that suited them best and their independence was encouraged.

All of the people we spoke with said that they were well supported with their personal and health care, mobility and diet. This included assistance with everyday tasks such as washing and dressing, using the bathroom, eating and drinking and taking care of themselves. We observed staff supporting people at lunchtime when they needed it. This meant that people were supported in a way that suited them best.

Potential risks had been assessed so that people could be supported to stay safe by
avoiding unnecessary hazards without being restricted. There were falls risk assessments in place to make sure that people were kept as safe as possible from the risk of falling over. We saw that the risk assessments detailed the potential risk to the person using the service, risk to others and steps that could be taken to reduce the risks occurring. This meant that people were receiving the care and support they needed in a safe and appropriate way.

Records showed that people were weighed on a monthly basis and, when concerns were raised, they were referred to dieticians for further advice. The provider may find it useful to note that one person needed to be weighed every week but staff had omitted to do this because the weighing scales were at another home owned by the provider. This meant that there was a risk that this person's needs may not be assessed, monitored, planned and delivered safely.

We saw evidence that people saw doctors, district nurses and specialists when they needed to. This meant that their healthcare needs were monitored and that treatment was received when needed.
Cleanliness and infection control

Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection.

Staff told us and records showed that they had completed infection control training. This meant that staff had the knowledge and skills they needed to make sure the risk of infection at the service was kept at a minimum.

We found the home generally to be clean, tidy and free from unpleasant odours. At the time of the inspection we saw that the domestic was cleaning rooms. The provider told us that carpets were cleaned with an industrial carpet cleaner. The provider may find it useful to note that the carpets in room 7 and also room 8 and the adjoining bathroom were very badly stained.

We inspected all of the bathrooms and toilets within the home. We found the sinks and baths clean. Each bathroom contained liquid soap, paper towels and lined bins.

We looked at the kitchen and saw a detailed cleaning rota. Staff told us that the dishwasher had been thrown out in November 2012 as it had stopped working so staff were washing everything by hand. Records showed that the provider had been reminded of this on a regular basis and had told staff it would be replaced. Staff commented, "All the washing up is done by hand so nothing is washed at the high heat like the dishwasher". The provider notified us that a dishwasher would be in place within a week. At the time of this report there was still no dishwasher in place.

We found the lid of the yellow clinical waste bin buckled and open. This was attracting flies and was a potential risk of disease and infection. The bin was positioned at the end of the driveway and was also open to vermin. Since the inspection we have received confirmation that a new, secure clinical waste bin is in place.
Staffing

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

On arrival there were three members of staff supporting fifteen residents. There was also the deputy manager, a cook and a domestic on duty. The provider showed us how they calculated the number of staff needed by assessing the dependency of each person using the service. This meant that there were enough qualified, skilled and experienced staff to meet people's needs during the day.

The arrangements to train, mentor and support staff meant that staff were competent, supervised and supported. Staff spoke with understanding and knowledge of peoples' needs.

The deputy manager made sure that staff had the skills and training they needed to carry out their role effectively. Staff told us and records showed that there was an on-going training programme. The training given to staff meant that they were given the opportunity to make sure they had the knowledge, skills and competencies to look after people safely and in the way that suited them best.

Regular staff meetings were held to ensure that staff had the support they needed and that they were kept informed about any issues.

The provider may find it useful to note that although the home was being managed by a deputy manager there had not been a registered manager at Newlands since September 2012.
Assessing and monitoring the quality of service provision

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the ‘Action’ section within this report.

Reasons for our judgement

Decisions about care and treatment were made by the appropriate staff at the appropriate level.

Regular audits and checks by the senior staff and deputy manager including, care plans and care records meant that any errors were picked up early so that people remained safe.

Records showed that the provider carried out regular audits but we were unable to see records of his findings at Newlands and how this information was disseminated to the staff. Staff told us that they did not receive anything in writing following these audits. The provider had brief notes of the audits on his iPad, however, these were not passed on to the staff for them to take any necessary action. These notes contained things such as "Medication review fine" and "Resident X would like to go for a walk when the weather is better" but we were unable to see what medication checks had been carried out or where the results were captured. This meant that there was a risk that any potential areas of concern or people's preferences highlighted during these audits were not being managed and action to improve the service may not have been taken.

Another example of these electronic notes was on 21st March 2013 where it was noted "signature missing for night time eye ointment" and the provider made an action comment "Medication audit must be more robust and missing signatures must be dealt with immediately." We were unable to see that there was any structured documentation or that this shortfall was highlighted to staff. We did not see any evidence that this had been followed up.

From the evidence we saw of head office audits it was not possible to see details of identified shortfalls, actions taken or how this was cascaded to staff. There was no evidence to show what improvements had been made as a result of the audits.
During our visit we observed people being spoken with and supported in a sensitive, respectful and professional manner that included assessment of their satisfaction and having their needs met.
Records

Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

People's personal records including medical records were accurate and fit for purpose. Records were kept securely and could be located promptly when needed.

Our inspection of 9 September 2012 found that improvements were needed because people’s personal records including medical records were not fit for purpose. Care plans had not been reviewed and were not completed properly. We also found that some care plans did not include risk assessments.

During this inspection we found that improvements had been made. People’s records including medical records were up to date and completed properly. We saw that care plans had been reviewed on a regular basis and any changes to a person’s health had been reflected in the care plans. This meant that records of people's care and treated were kept up to date.

We saw records that showed what people could do for themselves and how they preferred to be supported. Risk assessments were in place, reviewed and kept up to date.

All these thing meant that people were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information.
This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

<table>
<thead>
<tr>
<th>Regulated activity</th>
<th>Regulation</th>
</tr>
</thead>
</table>
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010  
Assessing and monitoring the quality of service provision |

How the regulation was not being met:

We did not see evidence of an effective operation of systems designed to enable the provider to identify, assess and manage risks relating to the health, safety and welfare of service users. Regulation 10(1)(b).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent to us by 16 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard
This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed
This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken
If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

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<thead>
<tr>
<th>Standard</th>
<th>Regulation</th>
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<tbody>
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<td>Meeting Nutritional Needs</td>
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<td>Cooperating with other providers</td>
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<td>Safeguarding people who use services from abuse</td>
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<td>Management of medicines</td>
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<td>Safety and suitability of premises</td>
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<td>Safety, availability and suitability of equipment</td>
<td>16</td>
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<tr>
<td>Requirements relating to workers</td>
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<td>Staffing</td>
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<td>Assessing and monitoring the quality of service provision</td>
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<td>Complaints</td>
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<tr>
<td>Records</td>
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</tbody>
</table>

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.