

Nightingale Retirement Care Limited

Nettlestead Care Home

Inspection report

19 Sundridge Avenue
Bromley
Kent
BR1 2PU

Tel: 02084602279
Website: www.nightingales.co.uk

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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: Nettlestead Care Home provides accommodation and care for up to 20 older people. At the time of this inspection, 20 people were using the service.

People's experience of using this service:

- People and their relatives gave us positive feedback about their safety and told us that staff treated them well.
- The registered manager and staff understood what abuse was, the types of abuse and the signs to look for.
- Senior staff completed risk assessments for every person and they were up to date with clear guidance for staff to reduce risks.
- There were enough staff on duty to support people safely and in a timely manner. Staffing levels were consistently maintained to meet the assessed needs of people. The provider carried out comprehensive background checks of staff before they started work.
- Medicines were managed safely. The provider had a medicines policy which gave staff guidance on how to support people to manage their medicines safely.
- Staff kept the premises clean and safe.
- The service had a system to manage accidents and incidents to reduce the likelihood of them happening again.
- Staff carried out pre-admission assessment of each person's needs to see if the service was suitable and to determine the level of support they required.
- Staff received appropriate support through training, supervision and appraisal to ensure they could meet people's needs. Staff told us they felt supported and could approach their line manager, and the registered manager, at any time for support.
- Staff assessed people's nutritional needs and supported them to have a balanced diet. People told us they had enough to eat and drink.
- The service had strong links and worked with local healthcare professionals in a timely manner.
- The service met people's needs by suitable adaptation and design of the premises.
- Staff completed health action plans for everyone who used the service and monitored their healthcare appointments.
- The provider worked within the principles of Mental Capacity Act (MCA). Staff asked for people's consent, where they had the capacity to consent to their care.
- People's mental capacity had been assessed relating to specific decisions about the support they received where staff suspected they may not have capacity to make the decision for themselves.
- Staff showed an understanding of equality and diversity. They supported people with their spiritual needs where requested.
- Staff involved people or their relatives in the assessment, planning and review of their care.
- Staff respected people's choices and preferences.
- People told us staff treated them with dignity, and that their privacy was respected.
- Staff recognised people's need for stimulation and supported them to follow their interests and take part in activities. People responded positively to these activities.

- Staff had developed care plans for people based upon their assessed needs.
- Care plans were reviewed on a regular basis and reflective of people's current needs.
- People told us they knew how to make a complaint and would do so if necessary.
- The provider had a clear policy and procedure for managing complaints.
- The provider had a policy and procedure to provide end-of-life support to people. However, no-one using the service required end-of-life support at the time of our inspection.
- The service had an effective system and process to assess and monitor the quality of the care people received. As a result of these checks and audits the provider made improvements.
- The service had a positive culture, where people and staff told us they felt the provider cared about their opinions and included them in decisions.
- The registered manager had detailed knowledge about people living at the home and made sure they kept staff updated about any changes to people's needs. They encouraged and empowered people and their relatives to be involved in service improvements through periodic meetings.
- The provider had worked effectively in partnership with a range of healthcare professionals.

Rating at last inspection: Good (report published on 21 December 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found the service continues to meet the characteristics of Good in all areas.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 ●

Nettlestead 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 inspector and an expert by experience visited the service on the 15 April 2019. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is in older people. One inspector returned on 16 April 2019 to complete the inspection.

Service and service type:

Nettlestead is a care home. People in care homes receive accommodation and personal care as 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 carried out on 15 and 16 April 2019 and was unannounced.

What we did:

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection. We also contacted the local authority to gain their views about the home. We used this information to help inform

our inspection planning.

During the inspection, an expert by experience spoke with eight people to seek their views about the service. We also spoke with five members of staff including the registered manager and assistant manager.

We reviewed a range of records. This included five people's care plans, risk assessments and medicines records. We reviewed five staff files in relation to recruitment, induction, training and supervision. We also reviewed records relating to the management of the service which included policies and procedures, health and safety checks, cleaning schedules, accidents and incidents, surveys, minutes of meetings and various quality assurance reports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

Systems and processes to safeguard people from the risk of abuse

- The service had a policy and procedure for safeguarding adults from abuse.
- People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "Yes, I feel safe, they [staff] look after me."
- The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the manager, the local authority safeguarding team, and the Care Quality Commission (CQC) where necessary.
- Staff we spoke with told us they completed safeguarding training and this was confirmed by the provider's training records. Staff were also aware of the provider's whistle-blowing procedure and they said they would use it if they needed to ensure that people were kept safe.
- The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known.
- The service worked in cooperation with the local authority, in relation to safeguarding investigations and they notified the CQC of these as they were required to do.

Assessing risk, safety monitoring and management

- Senior staff completed risk assessments for every person and they had detailed guidance for staff to reduce risks. These included risks around manual handling, falls, eating and drinking, pressure sore and wound care. This meant that risks were mitigated to help keep people safe.
- Risk assessments were up to date with detailed guidance for staff on how to reduce individual risks. For example, where one person's skin had been identified to be at risk of pressure sores, control measures were in place which included the use of pressure relieving equipment.
- In another example, we saw guidance in place from the Speech and Language Therapist (SALT) where one person had been identified as being at risk of choking. We observed staff following this guidance and providing appropriate support to the person during a lunchtime meal in order to manage the risk.
- The service had arrangements to deal with emergencies. Records confirmed that the service carried out regular fire drills. People had personal emergency evacuation plans (PEEPs) in place which gave guidance for staff and the emergency services on the support they would require evacuating from the service safely.
- Staff received first aid and fire awareness training so that they could support people safely in an emergency.
- Staff and external agencies, where necessary, carried out safety checks on the environment and equipment such as hoists and the safety of gas appliances.

Staffing and recruitment

- There were enough staff on duty to support people safely and in a timely manner. The registered manager and the assistant manager carried out regular reviews of people's needs in order to determine staffing levels.

- Records showed that staffing levels were consistently maintained to meet the assessed needs of people.
- The service had a call bell system for people to use when they required support and we saw staff responded to requests in timely manner to ensure that people's needs were met.
- The provider carried out comprehensive background checks on staff before they started work. These included checks on their qualifications and experience, as well as reviews of their employment history, references, criminal records, proof of identification and the right to work in the United Kingdom.

Using medicines safely

- The provider had a medicines policy and procedures which gave staff guidance on how to support people to manage their medicines safely.
- People said the support they received from staff met their needs. One person told us, "They [staff] do get me to take medicines."
- Medicines were securely stored and were only accessible to trained staff whose competency to administer medicines had been assessed. Staff monitored fridge and room temperatures to ensure that medicines were stored within the safe temperature range.
- We observed staff providing people with appropriate support whilst administering medicines, for example by ensuring that they were positioned correctly and comfortably. Staff completed Medicines Administration Records (MAR) which were up to date and accurate. The numbers on the MARs when reviewed matched with the numbers of medicines in stock.
- The service had PRN (as required) medicine and topical medicine protocols in place for any medicines that people had been prescribed but did not need routinely. PRN protocols gave staff guidance on when they could give the medicines, the required dosage and how often the dose should be repeated to ensure these were given as required.
- The service followed the legal requirements for managing Controlled Drugs (CDs). The service had policies and procedures for the safe disposal of unused medicines. Unused medicines were disposed in a secure disposal bin and returned as appropriate.

Preventing and controlling infection

- Staff kept the premises clean and safe. They were aware of the provider's infection control procedures and followed these to ensure that people were protected from the spread of infection. Bedrooms and communal areas were kept clean and tidy. One person told us, "It's always nice and clean. They [staff] clean every day before we come downstairs."
- We observed Staff using personal protective equipment such as gloves, and aprons to prevent the spread of infection. Staff told us they washed their hands before and after any procedure. They used protective equipment like gloves and aprons when necessary and appropriately changed these to prevent transferring infection.

Learning lessons when things go wrong

- The service had a system to manage accidents and incidents and to reduce the likelihood of them happening again.
- Staff completed accident and incident records which were reviewed by the registered manager to improve safety and prevent reoccurrences. For example, when a one person left the home unsupervised, we noted that their risk assessment and care plan had subsequently been updated to include further guidance for staff on how best to support them, and records showed that this had been discussed with staff during a staff meeting.

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

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

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

- Staff carried out a pre-admission assessment of each person's needs to see if the service was suitable and to determine the level of support they required. This assessment included people's medical, physical and mental health needs; mobility, nutrition and social activities.
- Where appropriate, staff involved relatives in these assessments. Staff used this information as a basis for developing personalised care plans to meet each person's needs.

Staff support: induction, training, skills and experience

- The provider supported staff through training to ensure they had the appropriate knowledge and skills to meet people's needs. Staff told us they completed a week of comprehensive induction training when they first started work.
- People told us that staff provided care and support that met their needs. One person told us, "The staff are good. I know them and they are well trained, most are here weekends too."
- Training records showed staff had completed mandatory training in areas including basic life support, food safety, health and safety, infection control, moving and handling, administration of medicines and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us they found the training programmes useful.
- Records showed the provider supported staff through regular supervision and yearly appraisals. Supervision included discussions about staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. One member of staff told us, "These are helpful to me, as they give me ideas, for example they [manager] say you need to be more confident, and you are capable of doing better."
- Staff told us they felt supported and could approach their line manager, and the registered manager, at any time for support.

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

- Staff assessed people's nutritional needs and supported them to have a balanced diet. People told us they had enough to eat and drink. One person told us, "I enjoy what I have, there's always a choice I like." Another person said, "I choose what I want to eat." A third person commented, "We all get a choice at mealtime, excellent service."
- Staff recorded people's dietary needs in their care plan and shared this information with kitchen staff to ensure people received the right kind of diet in line with their preferences and needs. For example, we saw information available to kitchen staff about who needed soft or fortified diets.
- The service protected people from the risk of malnutrition and dehydration. We saw action had been taken where risks associated with nutrition had been identified. For example, where people were at risk of

malnutrition, records showed that staff sought advice from a dietician and completed food and fluid charts to monitor people's intake. We saw during the inspection that staff ensured people were kept hydrated and juices and snacks were available and offered to people throughout the day.

- People received appropriate support to eat and drink. Interactions between people and staff during a lunchtime meal were positive and the atmosphere was relaxed and not rushed.
- We observed staff providing support to people who needed help to eat and drink and encouraging them to finish their meal.

Staff working with other agencies to provide consistent, effective, timely care

- The service had strong links and worked with local healthcare professionals including a GP surgery, district nurses, occupational therapist, speech and language therapist and dietician.

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

- The service met people's needs by suitable adaptation and design of the premises. People's rooms were decorated and personalised to their needs. The home also had adapted communal bathrooms to support people with limited mobility where required.
- People's bedrooms were personalised and were individual to each person. Some people had brought personalised items from home which had been used to make their rooms familiar and comfortable.
- Access to the building was controlled to help ensure people's safety.

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

- Staff supported people to access healthcare services. One person told us, "They [staff] ask us in to the doctor if there is any concern."
- A GP visited the home regularly to review people's health needs and as and when necessary. We saw the contact details for external healthcare professionals, specialist departments in the hospital and their GP in every person's care record.
- Staff completed health action plans for people and monitored their health and supported them to attend appointments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

- The registered manager was aware of MCA and DoLS and worked with the local authority to ensure the appropriate assessments were undertaken. Where applications under DoLS had been authorised, we found that the provider was complying with the conditions applied on the authorisations.
- Staff we spoke with understood the importance of gaining people's consent before they supported them. For example, one member of staff told us, "I tell them before giving care that I'm going to give you a wash or I'm going to give your personal care, when they say yes, then I do."
- Records showed that people's mental capacity had been assessed relating to specific decisions about the

support they received where staff suspected they may not have capacity to make the decision for themselves.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People's care plans included details about their ethnicity, preferred faith and culture to ensure that staff could provide personalised care.
- Staff showed an understanding of equality and diversity. For example, one staff member told us, "Everyone is equal, and is treated with the same respect and dignity."
- Staff we spoke with confirmed that people were supported with their spiritual needs where requested. For example, the provider arranged for people to attend a Church service to practice their faith.

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

- Staff involved people or their relatives in the assessment, planning and review of their care.
- Staff respected people's choices and preferences. For example, staff ensured people's choices were respected, such as the clothes they wanted to wear, food and drink preferences, and what they wanted to do during the day.
- We saw staff addressed people by their preferred names or titles in line with the information in their care plan.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity, and that their privacy was respected. One person told us, "I am happy here, I speak my mind." Another person told us, "I can go to bed when I like."
- People were supported to maintain their independence. We saw people with various mobility aids mobilising independently in the home. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to.
- People were supported to maintain and develop relationships with those close to them. The home also organised social events and relatives were invited to promote relationships.
- We saw staff knocked on people's bedroom doors before entering and they kept people's information confidential.
- We noticed people's bedroom doors were closed when staff delivered personal care.
- People were well presented and we saw examples of staff helping them to adjust clothing to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: 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

- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities.
- The service employed an activities coordinator who arranged various activities daily. These included bingo, music, arts and crafts and chair exercises.
- People responded positively to these activities, for example, we observed people engaging in a music activity, singing along whilst smiling and laughing.
- Staff completed care plans for every person, which described the person's likes, dislikes, life stories, career history, their interests and hobbies, family, and friends. Staff told us this background knowledge of the person was useful to them when interacting with people who used the service. One person told us, "My son and daughter are involved in my care plan."
- Care plans were reviewed on a regular basis and reflective of people's current needs.
- Staff completed daily care records to show what support and care they provided to each person in line with the care and support planned for. Staff continued to monitor people's needs to ensure they were being met.
- Relatives told us there were no restrictions on visiting and that all were made welcome. We saw staff addressed visitors in a friendly manner, and they were made to feel welcome and comfortable.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and would do so if necessary. None of the people we spoke with had needed to complain. One person told us, "I don't think I have ever complained, they [staff] do their job well enough."
- The provider had a policy and procedure for managing complaints and we saw this information was displayed in the communal areas to ensure people were aware of what they could expect if they made a complaint.
- The registered manager told us that there had been no formal complaints received since the previous inspection in November 2016.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. The registered manager was aware what to do if someone required end-of-life care. Staff received training to support people if they required end-of-life support. However, no-one using the service required end-of-life support at the time of our inspection.

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

Good: 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us the service was well managed, and the care and support was meeting their needs. One person told us, "I find they [management] do well with the home." Another person said, "The manager is a nice lady."
- The service had a positive culture, where people and staff told us they felt the provider cared about their opinions and included them in decisions.

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

- The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- The registered manager had detailed knowledge about people living at the home, and made sure they kept staff updated about any changes to people's needs.
- We saw the registered manager interact with staff in a positive and supportive manner.
- Staff described the leadership at the service positively. One member of staff told us, "Very supportive." Another member of staff said, "I say, it is good. You are able to talk to them about anything."
- The service had an effective system and process to assess and monitor the quality of the care people received. This included checks and audits covering areas such as staff observations, medicines audits, health and safety checks, house maintenance, care planning and risk assessments, food and nutrition, infection control and night visits by the management team.
- As a result of these checks and audits the provider made improvements, for example, care plans and risk management plans were up to date when people's needs changed.

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

- The provider sought people's views through the use of satisfaction surveys. We found most of the responses were good. As a result of the survey feedback the provider had made improvements for example, a water proof bath cushion was purchased and a new activity coordinator was introduced.
- The registered manager held meetings with staff where staff shared learning and good practice so they understood what was expected of them at all levels. This included details of any changes in people's needs, guidance to staff about the day to day management of the service and discussions about co-ordinating with

health and social care professionals.

- Staff also discussed the changes to people's needs during the daily shift handover meeting to ensure continuity of care.

Continuous learning and improving care

- The registered manager encouraged and empowered people and their relatives to be involved in service improvements through periodic meetings. As a result of these meetings the provider made improvements to activities.
- We observed that people, relatives and staff were comfortable approaching the registered manager and their conversations were friendly and open.

Working in partnership with others

- The provider had worked effectively in partnership with a range of professionals. For example, they worked with dieticians, GPs, SALTs and hospital staff. Records we saw confirmed this.