

Hartwood Care (3) Limited

Netley Court

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Netley Court is a residential care home providing personal care to 65 people aged 65 and over at the time of the inspection. The service can support up to 70 people.

The care home is purpose built and accommodation is over three floors with access via stairs and passenger lifts. The upper floor of the home provides a service for people who are living with advanced dementias. The accommodation is fully accessible and in very good decorative order. A refurbishment of some areas has taken place and in 2020 a new conservatory will be added along with a roof terrace to provide outside space from the first floor with views of the Southampton Waters.

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

The service provided people with outstanding care and support and enabled them to live fulfilling lives. People were consistently at the heart of the service. We received extensive positive feedback about the service provided and staff. We saw that the home played a significant part in the local community. The service was safe. People were supported by staff with training in safeguarding and who were prepared to whistle-blow should they witness poor care. The premises were very well managed and maintained. Checks to equipment and systems went over and above those required by law or the provider. Staff were safely recruited, and additional general assistants had been appointed to reduce pressure on care teams. Medicines were effectively managed using an electronic record system. The home was very clean and there were no malodours.

The service was effective. People had pre-admission assessments which were shared with staff before they were admitted so that staff could be prepared and provide a person centred welcome. Staff received beneficial supervision and benefitted from an extensive training programme that included numerous opportunities to achieve qualifications. New staff had a named person to link with for the duration of their probation and shadowed experienced staff for two weeks before working independently, if ready to do so. Nutrition was recognised to be essential to the health and well-being of people and the catering team had won various awards due to the quality of the food they provided. Specialist diets such as soft meals were exceptionally well catered for. Links to healthcare professionals were excellent with a service level agreement with the GP surgery and district nurses attending sometimes multiple times each day. The premises were particularly well presented and were undergoing improvements to the décor and adding areas such as a conservatory, a private dining room and updating reminiscence areas to broaden their appeal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us that staff were exceptionally caring and we saw numerous positive

interactions. Staff knew people well and could support them effectively should they become anxious and in communicating choices for example. Staff were seen to be respectful both of people living in the service and of each other and supported people in a person-centred way. The care provided was an exceptionally high quality and people were valued members of the home.

Care plan reviews took place each month and people participated as fully as they were able. Staff used different approaches to get feedback from people. The provider was able to support the provision of information in multiple different formats and ensured that people received information in the most appropriate format. There was an extensive activities programme, and people received one-to-one support should they choose not to attend the group sessions. Regular sessions such as exercise and a 'Daily Happy Hour' in the bar were in place, which gave structure to the day. There were few recorded complaints and people and their relatives were confident should they have a complaint that it would be dealt with promptly and to their satisfaction. End of life care had been developed since our last inspection with several staff attending the 'Six Steps to Success' training programme. This had enabled staff to cascade the good practice to colleagues thus improving the experience for everyone.

The registered manager and their management team were passionate about providing quality care to people and reflected the visions and values of the service in their day-to-day practice, inspiring their staff to support people to achieve positive outcomes. The manager was open and honest and if something went wrong did not hesitate to be candid with people and their relatives. The governance system was effective and firmly embedded into practice. Linked to the electronic care record, it gave a broad overview of the service enabling continual improvements to be made. The registered manager was a mentor to colleagues and an ambassador for the electronic care record, providing bespoke training to Netley Court staff and other services in the provider group. The registered manager had forged multiple links to the community and the service welcomed members of the public in for events and activities as well as providing a base for the dementia action group for example. Links were also in place due to providing an AED for use by both the service and the community and inviting community-based professionals such as the police and nurses to the home for refreshments and a safe place to use facilities.

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 29 July 2017).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Netley Court 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?

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Netley Court

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.

Inspection team

The inspection was carried out by one inspector and two assistant inspectors.

Service and service type

Netley Court is a 'care home'. People in care homes receive accommodation and nursing or 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 unannounced.

What we did before the inspection

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.

We reviewed an 'Enter and View' report completed by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We sought feedback from health and social care professionals who work with the service and looked at online reviews.

We reviewed notifications received from the service. Notifications are sent by the service to inform CQC about important events. We used all this information to plan our inspection.

During the inspection-

We spoke with nine people who use the service and three relatives. We also spoke with 19 staff including the registered manager, a quality and compliance manager, a receptionist, a maintenance manager, the chef, a recruitment officer and care and housekeeping staff.

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 received feedback from four health and social care professionals.

We reviewed a range of records including eight care records and multiple medication records. We looked at nine staff files in relation to recruitment and supervision. A range of records relating to the management of the service including policies and procedures, premises safety documents and audits.

After the inspection

Following our inspection, we received feedback from 12 relatives by email. The registered manager supplied us with all requested information immediately after the inspection and was available to respond to additional requests.

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 were trained in safeguarding people. We saw training records that showed that all staff, including all non-care staff, had been trained within the last twelve months and participated in the training each year.
- When asked, staff told us what might alert them to potential abuse. One staff member told us, "I would report marks, bruising, scratches... If someone is withdrawn or loses weight". Staff told us they would alert more senior colleagues and provide comfort and monitor people they were concerned for.
- All staff we spoke with understood about whistle-blowing and knew they could raise an alert about inappropriate care practices without fear of reprisal. They were confident that the shift leader would address concerns however if they were not able to, speaking with the registered manager would ensure the matter was dealt with. Staff were aware they could contact the police, the local authority safeguarding team and CQC if they had concerns.
- The provider used an electronic care record and staff had access to the system using tablets. An NHS Safeguarding Guide application had been added to each tablet which gave staff current information on safeguarding, mental capacity and pressure wounds, among other topics.

Assessing risk, safety monitoring and management

- The premises were exceptionally well managed. A maintenance manager worked to complete all necessary safety checks on equipment and systems such as fire alarms and water hygiene. They had received appropriate training in areas such as fire safety, fire warden and legionella at responsible person level. The checks performed by the maintenance team exceeded those required by law and the provider.
- A range of risk assessments were in place to promote the safety of people living in the home. Risk assessments were detailed and contained specific information such as for mobility, and any specific pieces of safety equipment people needed.
- Risk assessments were enabling in that they assessed risks to people and mitigated the risk in order that people could lead fulfilling lives or make choices to live in a certain way. One person was reluctant to have medical interventions and was extremely private with their care, accepting only minimal support. Risk assessments enabled them to live as they chose with minimal interventions as per their choice but with enough support to maintain their health and well-being as much as they would permit.
- Changes had been made to falls management. Flooring had been changed, and work had been done with health professionals. These changes along with a review of staffing had an outcome of significantly reducing falls.

Staffing and recruitment

- There were sufficient staff deployed to meet people's needs. Staffing levels were determined using a dependency tool which assessed both the required number of staff and their skill mix to ensure safe, quality

service delivery.

- If emergency call bells were not answered within two minutes, the registered manager would look into why this had happened and would work with staff to minimise future delays.
- Staff were safely recruited however we found some of the recruitment records difficult to locate, particularly with reference to staff employment records. The recruitment administrator was able to find all the relevant information and told us how they had safeguards in place at interview and on application forms to ensure relevant details were captured.
- There was a team of support staff employed to ensure the smooth running of the service. Staff were in posts that focussed on admissions, human resources and recruitment, reception staff to support visitors to the home, maintenance staff and recently staff had been recruited to be general assistants. General assistants supported in the dining areas, set tables and supported at meal times to ensure there were sufficient care staff to give one-to-one time to people.

Using medicines safely

- Medicines were safely managed. An electronic medicines administration record, (EMAR), was in use which had safeguards to minimise errors. For example, to access a person's EMAR, staff had to first read and agree PRN protocols, and each medicine pack had a barcode which was scanned. If staff had the wrong medicines, were too early with the dose or there were any errors, the system would indicate not to administer. PRN, or 'when required' medicines are given when needed for short term or intermittent conditions.
- After medicines were administered, stock was counted and checked with the amount recorded in the EMAR. This was the electronic equivalent of signing to indicate the medicine was given.
- The EMAR system had enabled more effective, real time auditing of administration of medicines, PRN protocols and stock requirements.
- There was an appropriate level of medicines in stock and medicines storage temperatures were within the recommended range.
- The service was responsive to people's medical needs. One relative told us, "[Person] was struggling to swallow tablets so they helped change it all to liquid and it seems to be going quite smoothly now."

Preventing and controlling infection

- The premises were extremely clean and tidy and there were no malodours. Peoples bedrooms were cleaned, and deep cleaned regularly and there were plentiful supplies of hygiene products such as soap and hand gel.
- Staff understood the principles of infection prevention and control and had all completed training and updates in this area. We saw staff wearing aprons and gloves during lunch times when serving meals and assisting people. Staff told us that when supporting people with personal care they would also wear personal protective equipment, (PPE), and would ensure that they frequently washed their hands, particularly before and after supporting people with intimate care tasks.

Learning lessons when things go wrong

- The registered manager and provider had robust systems in place to learn from accidents, incidents and near misses. Incidents such as witnessed and unwitnessed falls, skin tears, resident aggression and wounds were reviewed, any recurring themes were considered and for each, the question of how to minimise a reoccurrence was answered.
- Reviews of accidents and incidents had increased in frequency to weekly from monthly. The outcome of the more frequent analysis was that possible causes and other learning could be communicated within Netley Court and across the providers other services thus reducing risks to people.
- Any actions put in place to mitigate risks following an incident were reviewed for efficacy, and quality managers checked that actions were in place across the providers services.

- An annual audit of accidents and incidents was also in place which again sought themes and reasons for both increases and decreases in frequency of particular events. For example, a decrease in hospital admissions had been noted and was attributed to increased training and awareness of staff of health conditions that had led to earlier diagnosis and treatment from the GP rather than admission to hospital.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- A pre-admission assessment was completed prior to people moving to Netley Court. This was completed with the person and their relatives with sufficient details to generate care plans for staff to become familiar with. Staff could also welcome people to the home in a more person-centred way with the knowledge they gained from the assessment, the outcome of which was that people felt known to staff already, a friendly familiarity was in place.
- The provider had invested in an electronic care record which generated the most relevant care plans depending on the needs that were inputted into the system. The outcome of this for people was that they had appropriate, holistic care plans according to their needs and staff added personalised details about people's wishes and how they wanted care delivered to the plans.
- The registered manager had worked with the provider of the electronic care system and had become an expert ambassador for the system. This meant they could support their own service, other homes within the group along with other providers in the area and were using the system to maximise the potential benefits to people living at Netley Court, utilising aspects such as auditing care planning and delivery for example.
- The care system was based on current good practice guidance with, for example, the latest nutritional information using the International Dysphagia Diet Standardisation Initiative (IDDSI) and pressure care using guidance from the National Institute for Clinical Excellence, (NICE). People benefitted from outcomes based on the most recent expert guidance.

Staff support: induction, training, skills and experience

- Staff told us they participated in regular supervision sessions with their line managers which were both informative and supportive. One staff member said, "I have three monthly supervision, a one-to-one. They [management] check in with us quite a lot. We have annual appraisals, we get records of them, they are useful and supportive. There is a set agenda but also an 'any other business' bit where we can bring items too."
- There was a comprehensive induction process and all staff shadowed more experienced colleagues for several shifts, a housekeeper told us they supported new staff for two weeks before they commenced working independently if they were ready, this meant staff felt confident and competent when commencing fully in post.
- The recruitment administrator was the named person for all new staff to link with and throughout their probation they remained in contact providing advice and support alongside more formal supervision and review arrangements.
- There were extensive mandatory training courses, these had been increased to 19 during the previous year. Courses included, 'caring for a person after a stroke', 'caring for a person with Parkinson's disease', 'caring

for a person with respiratory issues', and 'detecting and managing urinary tract infections, (UTI's)'. The last course had been introduced to support staff in recognising health conditions early and had the outcome for people of reducing hospital admissions. The outcome of the extensive training was that people were cared for by knowledgeable staff.

- If staff needed training in an area not available, for example a person moved into the home with a medical condition they were not familiar with, guidance would be sought, and bespoke training arranged.
- The registered manager, as ambassador for the electronic care system, had devised and delivered training to use the system to staff at Netley Court and throughout the provider's services. This was due to the training that was initially provided by the system supplier not quite fitting the needs of staff at Netley. The more specific training delivered by the registered manager had been well received.
- The registered manager and other staff were 'Dementia Friends Champions'. This meant they were able to deliver a 'Dementia Friends' information session on behalf of the Alzheimer's Society. The sessions were available to staff, people and relatives as well as members of the community every month. This initiative informed community members, people, staff and relatives, giving them a basic understanding of dementia and hopefully an insight into how best to support people.

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

- People were provided with a varied menu and enjoyed a three-course meal at both lunch and dinner time. Mealtimes and food were an important part of the day for people and the service provided a positive dining experience.
- We saw people enjoying appetising meals and being offered choices about what they could have to eat. One person did not enjoy their meal and staff immediately provided them with a different one.
- Most feedback about meals was positive. One person told us, "The food here is really nice, we get a choice 'B' if we don't like something, we just say." A relative told us, "The chef's brilliant, and they do their best to get nourishment in her, they're good at that, very patient as well." Another person told us they felt that the food was better when they had moved to the home approximately two years earlier. Another relative told us the food was excellent.
- People were encouraged in a person-centred way to eat and drink. Staff knew peoples likes and dislikes and their specific requirements so could offer foods that were appropriate and appealing to people. One person was reluctant to eat three meals per day, but staff had found they enjoyed drinking milk so provided them with full cream milk at frequent intervals.
- A new menu was commencing after our inspection. Before compiling the new menu, the chef visited each person and completed a survey on the old menu and asked for input on the new menu. This happened every three months. People were supported to rate the quality of the meals, their nutritional value and the dining room experience. They were encouraged to suggest new items for the menu and tell the chef if they would like anything removed.
- The menu accounted for people's needs and beliefs. There were suitable meals available for people who followed a vegetarian diet and though not currently providing specific diets according to culture or religion, this could be arranged.
- Dining rooms were pleasantly decorated and there was soft music playing throughout the meal. Tables had been properly laid with table cloths, folded napkins, glasses, and condiments. People were supported by staff to sit in their chosen seats and napkins were used to protect peoples clothing. Staff asked before supporting people with their napkins and did so when their meals were served, not leaving people waiting with a napkin in place.
- The head chef and the catering team had won awards for the quality of the food they prepared, in particular the head chef was skilled at producing meals for people who needed a modified diet due to swallowing difficulties. The award-winning menu was of restaurant quality and had the appearance of a standard meal but was in fact pureed.

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

- The electronic care record was used to generate a hospital pack of information that would be useful should the person be admitted to hospital. If a person moved to a different care home their records, with their permission would be shared fully with the new service.
- The provider had a service level agreement with a local GP surgery and regular visits were made by both the GP and the local team of district nurses. The service worked in partnership with both to maintain people's health and well-being.
- A healthcare professional complimented staff telling us, "Any staff actions are always done, not put off or delayed... Staff are vigilant and get in contact if they have concerns but also have a pragmatic approach and watch and wait and don't become overly anxious.. They are very caring." The healthcare professional was positive about the providers attitude to healthcare, staff monitored people constantly and if in need of healthcare sought it but did not unnecessarily do so.
- Other healthcare professionals told us, "They follow instructions, if you tell them which medication they need from the GP they are on it straight away." "They follow pressure area care." "Diabetic [care is] good, following diets and what we ask of them." "They do seem to be quite on the ball with pressure areas, if they are worried about anything they will contact us straight away."
- The service had visiting healthcare professionals including a chiropodist, a dentist and a physiotherapist and supported people to access community-based professionals if they preferred.

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

- During our inspection, the provider assessed the upper floor of the premises to see if additional signage would improve people's experience of the environment. Additional 'dementia friendly' signage would be added to enable people to navigate the floor more easily.
- The dementia friendly areas were being updated, a baby nursery area, added to the service when the use of dolls as therapy for people living with dementia was commonplace, was being developed with different choices for reminiscence activities.
- There were numerous areas that people could sit either with others or where they could have some time away. A large reception area with comfy seating, an alcove containing a small library, a potting shed themed room for gardening activities and a bar were all accessible for people to use.
- The grounds were self-contained and secure and included accessible walkways for people. An aviary housed birds which people enjoyed watching and there was a large patio with seating, so people could, weather permitting, spend time outside.
- Assistive technology was in use to enable people to live safely and independently. The registered manager had researched effective equipment to monitor the movements of people who had a high risk of falls. New small infra-red technology was being introduced, which the registered manager had found to be more effective, particularly when supporting people living with dementia as often sensor mats were large dark items which could be unsettling. The outcome of this for people was that their movements were alerted to staff who could immediately provide support whereas people had, in some cases, moved sensor mats and stepped over them as they perceived them as 'holes' in the floor due to the dark colour. The ongoing research into the latest and best technologies available was providing people with outstanding opportunities to live fulfilling lives with few restrictions.
- CCTV had been fitted on the floor where people all lived with dementia. The provider was imposing very strict parameters as to its use, and who could access the footage. The outcome of this would be improved monitoring of accidents and incidents when those involved were unable to say what had happened.
- The system would record but not be watched live. If there were a fall or an altercation between people, the registered manager and the deputy managers could access the system to review the relevant footage. The CCTV had been installed only in communal areas and there was no coverage in areas where personal care took place.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Staff we spoke with understood the principles of the MCA. One staff member told us, "It's to protect people, with or without capacity. You assume capacity and best interest decisions will look at people's views before they lost capacity." Another staff member said, "It gives a framework for people's right to make choices. Day to day it gives people dignity and respect as they have choices, we ask them what they want to do, to eat or drink and we knock their doors."
- When needed, MCA assessments were completed, and DoLS authorisations applied for. One person with a DoLS authorisation in place had an Independent Mental Capacity Act advocate, (IMCA) who visited every four weeks. The person had been given the entry codes for the passenger lifts, the outcome of which was they felt less restricted by the DoLS authorisation. Decisions and plans in place to support people did so in the least restrictive way.
- One person received their medicines covertly. We saw a mental capacity assessment and a best interest decision. The GP prescribing the medicines and the pharmacist had been involved in the decision and advised how to administer the medicines. The impact of this good practice was that the person was now receiving necessary medicines in a way which was acceptable to them thus promoting their health and well-being.
- We saw that MCA assessments had been completed appropriately and when making best interest decisions, relevant people had been involved. When there were Lasting Power of Attorneys (LPA) in place, they had been involved appropriately in decisions about people's care provision. An LPA is a legal document that lets you appoint people to help you make decisions or to make decisions on your behalf.
- All records of LPA's were scanned into the electronic care record.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- We spoke with staff who were highly motivated to support people in a person-centred way. Staff knew people very well, they told us about people's individual preferences, needs and wishes without needing to look at care records.
- We asked staff what they thought set them apart from other care providers. One staff member told us, "The care we give to the residents. I think we all treat the residents as if they're our family."
- Relatives were complimentary about staff and the care they provided. One relative said, "The staff at Netley Court take their roles seriously and really care for the residents, which makes for a very happy atmosphere." Another said, "All the staff are wonderful and very caring." A third relative commented, "They're very caring towards [person], really sort of above and beyond what they need to do most of them. [Person] always seems contented."
- Other positive feedback included, "The care staff manner and attitude towards my parents is warm and caring." "All the staff are wonderful and very caring." "The staff are thoughtful and leave me feeling comfortable." "The Netley Court team are an excellent team that are working extremely well within a fabulous environment and good facilities. They make the relatives comfortable within the home and I believe this helps the overall offering."
- Staff spoke fondly about people and went over and above their duties to provide a fulfilling experience for them. A staff member told us, "Me and my colleague come in on our day off and take some of them out for the day. We take them out on the mini bus with the activity person."
- Another staff member when speaking about their forthcoming wedding with a person who told them they hadn't been to a wedding for a long time. The staff member invited them to come to their wedding and a colleague who was also going to the wedding took the person to the wedding. The impact for the person was positive in that they enjoyed the day and spoke about it for several weeks afterwards. They had been able to leave the home for the day and be with people they cared about.
- We observed staff interactions with people and saw one person become distressed and become vocal. A staff member supported them immediately, they gave them a soft toy, sat with them and held their hand. We heard the staff member speaking softly with the person saying, them "It's okay [person], you're safe here with us", and signing softly to them. The person became calmer however was not fully recovered at lunchtime so sat with the staff member in a quiet area of the lounge for their meal.
- Several staff members had received awards for their practice. Every quarter the provider awarded people for 'Making a Difference', going over and above to support people. Some examples of how much care staff showed include, noticing a person was feeling a little low and a staff member going to the shop in their break to buy them flowers to cheer them up. Another staff member heard that a person liked grapes bought

from a particular store, they bought some for them and gave them in the original package, so they could see where they came from. A member of the kitchen staff team comes to work 15 minutes early each day, so they can cook and serve a person their porridge at exactly eight o'clock when they like it. These are small actions by staff that had an impact of making people feel exceptionally well cared for.

- Staff were trained in and were knowledgeable about equality and diversity. The provider delivered person-centred care and at pre-admission assessment stage identified any specific needs in terms of for example, culture, sexuality and gender and ensured they met them. For instance, if someone wanted care to be delivered by a particular gender care staff member, this was included in planning and delivery.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- We saw staff speaking with people, having conversations rather than just asking questions about their care needs. At lunchtime for example, there was a nice, calm atmosphere, staff didn't appear rushed and there were nice interactions between people and staff.

- People were supported to make decisions about their care. One person was asked if they wanted to go to bed for a rest or sit in a chair. They were not able to decide and asked the staff member to decide for them, the staff member responded with, "Okay well how about we try the chair first, then you let me know if you decide you'd like to go to bed." All efforts were made to enable people to make informed decisions and retain some control.

- Another staff member was seen to ask a person if they wanted to sing or make a picture. When the person wasn't sure the staff member suggested singing while making a picture, which the person liked. The staff member was encouraging through the activity which ensured the person felt valued.

- At meal times, when people needed full support, staff sat with them and before each spoon of food asked if they were ready. They interacted throughout the meal and to onlookers it appeared to be a group of friends eating together rather than a person receiving care support.

- Staff were respectful of people and their colleagues. One staff member told us when asked how they showed respect, "Things like knocking on doors, I have no concerns about how resident's dignity is respected, we respect staff as well."

- The newly introduced CCTV cameras were being used with strict controls to ensure that people's dignity was being maintained. Footage would not be watched as a matter of routine, only to look for specific evidence should an incident occur and would only be accessed by the management team. A robust policy had been written by the registered manager and the system use would preserve rights to privacy and be respectful to them.

- Relatives were also impressed at how staff tried to enable choice. "Consent is always sought. My stepmother has dementia but is still consulted and treated with respect. My father is also always consulted, and staff take time to discuss options [with them]."

- A staff member told us, "One past resident's last dying wish was to be here at Netley Court, to haunt [registered manager]. We have her urn in [registered managers] office!"

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The services pre-admission assessment enabled people moving to the home to be cared for by a staff team who knew something about them. Care plans were reviewed monthly and a section on the electronic care record noted what input the person had in the review, this could be audited to ensure the person or their representative was consistently involved in decisions about their care.
- Relatives were surprised at what people had told staff members. Staff had spoken with people without their relatives present and had learned things their family members were not aware of.
- Staff constantly adapted care to meet peoples changing needs. For example, if someone had a condition that was progressing, care may increase, for those people living with dementia, they may need more input and possibly a move to the specialist dementia area may be needed.
- The provider was trialling new beds in the service. The beds were more like domestic beds and people had said they were more comfortable than the old beds. The beds were a means of providing a homelier environment in the service.
- The registered manager told us they had supported a person to attend a family Christmas. Their relatives had been unable to transport the person home and staff at Netley Court had supported the person to their relatives' home and collected them at the end of the day. This made the person feel like a valued member of the care home family and enabled them to maintain family links in the community.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The pre-admission assessment identified any needs people had in terms of communication. Information was shared with people in their chosen format, or if they were not able to say, in the most appropriate format.
- Information about people's communication needs were in care plans and also in people's hospital packs. This would ensure that if admitted to hospital, people would receive suitable support as accurate information had been shared about them.
- Information could be provided in a range of formats including languages other than English, braille and as an audio file.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an extensive programme of activities at Netley Court. Four activity officers worked over a seven day rota running a range of activities to enrich people's experience of life in the home. Activity programmes were developed by the activities team and were based on people's interest and on best practice. Staff members were knowledgeable about why they were providing different activities, for example to maintain motor skills or provide intellectual stimulus.
- Every day there were regular sessions. Each morning, 'Zing', a seated exercise session took place. This enabled people with limited mobility to exercise safely and remain active. At 4pm each day there was 'Happy Hour'. Held in the bar, people got together and sometimes enjoyed a drink of their choice and chatted about the day. One relative who joined the session told us it was 'joyful'. These regular sessions gave a structure to the day. This promoted the social aspect of the service, people could meet up as friends at the end of each day as they may have done before living at Netley Court.
- People cared for in bed or who preferred to remain in their rooms were also provided with activity options. There was one-to-one provision for activities every day and people were visited in their rooms by members of the activities team. A staff member told us, "We don't want a situation where nobody has any interaction. No one is left out unless they really don't want you there."
- The activities programme included community outings to places such as Portsdown Hill, garden centres, birdwatching and to the New Forest for an ice cream. Visits were inclusive, and everyone had an opportunity to go out. Visits were based on people's interests, and on what staff had learned from their life histories.
- Specific activities were arranged for individuals which were opened to the whole home. One person had served in the Navy at D-Day. The service was arranged into a walk-through exhibit of memories and artefacts of the event for the day and current serving Naval officers visited to meet with the veteran. The registered manager reported that the person had a significant boost in their self-esteem as a result of the event.
- There was a weekly visit from a music therapist who worked predominantly with people living with dementia. The specialist therapy was used to engage with people who may otherwise be hard to reach due to their advanced dementia. Learning from these sessions was used by activities staff to continue with a consistent person-centred approach. Regular one-to-one sessions also took place including sessions specifically to do manicures for people.
- Other activities included a sewing club, reading the news, quizzes, visiting performers including a pianist and singers, boccia, flower arranging and a sing-a-long. People could join in activities when they wanted and often relatives visiting people would also join in. One relative told us, "I like to come here and do something with her, singing or painting." They said this helped as when visiting someone with more advanced dementia it could be a difficult experience.
- Activity items such as books and games were available throughout the home. In addition, there were guitars provided with signs on saying, 'pick me up', that had been tuned specifically so they sounded melodic if strummed by people. Reminiscing items were also available with many pictures around the building placed so as to generate discussion about famous people or events.
- People received individual supports to access community activities. For example, a person was supported to attend an art club in the community, to their church and to a lunch club. This enabled them to remain an active part of the community and retain relationships with friends.
- Another person had been supported to visit a close friend who was living in another care home. They had visited them regularly until both of them became unable to make the journey. Staff now supported them to stay in touch by letter.
- There was an annual 'Fun Day' at Netley Court. This was a multi-generational day when people and their relatives enjoyed each other's company and entertainment. There were play areas for younger visitors and entertainers such as brass bands or singers for others. The days had been extremely successful and supported people in the home to maintain fun relationships with friends and family.

- Another successful event is a winter safety event. This was open to the community and the provider invited along service providers who may be able to support people in various different ways. Participants included services to help people maintain their health through to financial experts to assist people in managing their income. This ensured that people could still obtain independent advice on aspects of their lives while living in a care home.
- Activities staff constantly reviewed the activities they provided and were led by people's requests for sessions when planning future activities.

Improving care quality in response to complaints or concerns

- We asked people and their relatives if they had ever had a cause to complain to the provider. One relative said, "No complaints. Questions are always answered fully and satisfactorily." Another relative told us, "I have not had to make a complaint at all, but I make suggestions and requests that are specific to my parents. These requests are listened to and actioned (in the main)." A third relative said, "Yes I have made a complaint and the matter was quickly and satisfactorily resolved."
- Most people and relatives who responded to us told us they had never had a cause to complain, and if they were at all worried, then either the registered manager or a member of staff would address the problem immediately. One relative who had complained had been very impressed with the compromise that had been arranged for them and their family member.
- We reviewed the complaints log and noted that there were few complaints and those that were recorded had been thoroughly investigated and where necessary, senior management from the provider had been involved.

End of life care and support

- The registered manager was extremely proud of the end of life care provided by staff. Several staff members had recently trained in the 'Six Steps to Success – End of Life Care Programme' at a local hospice. The training had been cascaded to other staff. The programme was in line with current good practice. This had enabled not only excellent end of life care for people but supported people and their relatives in preparing for end of life by considering their needs and wishes in advance.
- the training had provided staff with the skills to have difficult conversations and to support people in planning for the future. Staff also spoke with families to ensure they were fully informed as to their relatives' condition and any potential outcomes for them. End of life, as a result of the training completed, had become more open and freely discussed at Netley Court.
- The registered manager ensured that, if relatives agreed, a member of staff attended funerals and many funerals left from the care home at the persons wishes. This enabled people living in the home to pay their respects if they did not wish to attend the funeral.
- People had end of life care plans in their care records. These were comprehensive. One person had stated which religion they observed, their funeral director, that they wanted to stay at Netley Court if possible, what should be communicated to their family in terms of changes to their health and what treatment they were prepared to accept. They had even specified where their ashes should be spread.
- There were many thanks and compliments received from relatives following the death of their family member. One read, "Words can't express our gratitude for the sensitivity and care displayed by the guys and girls who tended to [person] in their time at Netley Court. We really valued the support that we were given, but more importantly the practical and emotional care given to [person]. ... You and your team should be very proud of your achievements."
- Another relative wrote, "Where do I begin to thank you all for the wonderful care you have given my [relatives]. For my [person] who could not have spent their final days in a kinder and more loving environment and for my [person] who was not the easiest of residents, the patience, tolerance and gentleness you treated them with. ... I shall be forever grateful to you all."

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 good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The vision and values of the provider, 'passionate, dedicated, respectful, inspired and united', were evident in staff practice. We saw staff committed to ensuring people led fulfilling lives and working as a close-knit team. The commitment to people, or the values, were displayed on large canvases in the service.
- The registered manager inspired their staff team to support people to achieve positive outcomes. They led by example and spent time in the home daily, interacting with people and supporting staff.
- The providers senior management team were also often at the service and we saw several different managers and directors during our inspection. They did not attend the service to meet with us but were booked to meet with the maintenance manager and the head chef for routine updates and support.
- The registered manager was keen to develop the service further and had a firm belief in the upgrades that were to be made to the accommodation having positive impact on people. They would have additional outside space on the new terrace, a conservatory to sit in to enjoy views of the river, a private dining area that would be booked to accommodate people and their families and a new bar for social occasions.
- The service was home to people living there. We saw people using the space as they would have done in their own homes and being encouraged to do so. There was a seating area in reception and we observed people kick off their shoes and relax comfortably on the sofas, as they would in their own home.

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

- We asked relatives if they felt informed about any issues that had involved their family members and were told overwhelmingly that they were. They told us they were updated should their relative have a fall or a medical episode. The complaints log also evidenced that people were constantly informed about events and should the provider be at any fault then an apology would be issued immediately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear and established governance system. The provider had invested in a well-known electronic audit system which linked to the electronic care record. The system produced audits and rated necessary outcomes in terms of severity and urgency to complete using a 'red, amber, green' (RAG) rating.
- The range of audits had been widened by the provider during 2019 and included for example, additional checks on consents, staff recruitment, nutrition and hydration and training. The new audits were, in part, developed then piloted at Netley Court before introduction to the providers other locations.

- Audits took place on a weekly, monthly and annual basis. In addition to the regular audits there was a monthly themed audit. These involved having a more in-depth review of areas including activities and hobbies, dignity, care documents and pressure care, infection and falls.
- The registered manager had three deputy managers which would be increased to four. This was in recognition of the work the management team did over and above their regular management duties at Netley Court.
- The registered manager worked with less experienced managers within the providers services to support them and develop their skills. At times they were allocated 'buddies' to new managers.
- The registered manager had developed a training package for staff members working at different levels in the organisation, to teach them to use the electronic care system. The training was based on the specific access they had to the system and only taught them what they needed to know.
- The registered manager had also developed tools that were widely used. The Netley Court accident form had been added to the electronic care record and all users of the system now used the form. They had also developed a skin integrity management tool which had been rolled out through the providers services as a result of the oversight it gave into wound management.
- The deputy managers were also enabled opportunities to develop and had been fully involved in the training of staff in the electronic care system and would support the training moving into the future. Adding the additional deputy manager ensured the service would have full management cover while also developing other services.

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

- Meetings were held with people, staff groups and relatives to ensure they were informed about and involved in the running of the service. We saw minutes of meetings held on a quarterly and monthly basis with different groups.
- A quality assurance survey was issued to people, their relatives and staff to obtain their views on the service provision at Netley Court. This was managed by an external company to ensure that it was impartially managed. The registered manager, recognising that there was a gap in the information being collected, introduced a quality assurance questionnaire for people and their relatives who used the service for respite stays. This gave an additional perspective on service provision from people who experienced it on a short-term basis.
- Additional more specific surveys were completed at intervals. There had been a survey to enable a review of activity provision and the chef had visited each resident and completed a survey about meal provision, something that was done each quarter to provide people with choices about the new menu.
- The service was appointing an 'Ambassador' for people living in the care home. They would be appointed for a fixed term period and would provide a 'user voice' in recruitment, participating in interviews with potential staff, they would visit people living in the home to get feedback to take to the management team. They were to be voted into the role by their peers. The registered manager had a very good candidate for the role who would be an excellent advocate for people less willing or able to speak out.
- People were empowered to contribute to their care plans and reviews. The electronic care record held information as to how people had contributed, and staff were creative at involving people. This would often be done in an informal way, chatting with them as they provided care to people for example.
- The registered manager had forged positive links with the community and was a proactive member of several forums and groups locally. They, or members of the management team, attended care association meetings to ensure they were current about local developments and good practice.
- The registered manager was a trustee of a local dementia group and facilitated regular meetings at Netley Court for the group. The group worked within the local community improving the experience for people living with dementia.
- Netley Court are a well-known contributor to the local community. A recent contribution was a Christmas

tree in a local country park. They sponsored the tree and people living at Netley Court made some of its decorations. They had also contributed to a fun day in the country park for anyone to attend.

- Netley Court sponsored a local theatre group's performance of a Christmas Carol. This was a collaborative piece of work where people living in the care home worked on props and making sound effects for the performance, which was done by the theatre group.

- The group had also been the link between local schools and Netley Court on a 'Memories' project. This involved children aged between seven and eleven spending time with people at Netley Court, talking about memories. The children would then return to school and produce an item related to what they had discussed with the person. The outcome of this was positive interactions between young and old people and a way of keeping people's memories alive.

- The care home opened its doors to the community on a regular basis. 'Tiffin Tuesdays' was a ladies afternoon tea event held monthly for people living in the home and members of the public to attend. There was a 'Gents Club' providing a similar opportunity for men in the community to join a session at the care home also. Annual fun days welcomed everyone into the home for various activities.

- A 'Memory Café' each week invited people from the community living with dementia and their relatives to come to the care home for support, dementia friendly activities and information about the condition. The 'Wallflowers Ballroom Dancing' group ran weekly as did a chair-based exercise session. Most activities were free with a nominal charge for some.

- The registered manager, in their role as ambassador for the electronic care record worked with the provider of the record to develop the system and make it as relevant as possible to care delivery. They also worked with other care service providers in the area to support them with troubleshooting the system and providing advice as to how to get the best from it.

- The provider was also actively supporting the community. In all their care homes, an automated external defibrillator, (AED) had been provided for use should someone have a suspected cardiac event. In all their homes the AED had been registered with local ambulance services so should someone living nearby become seriously unwell, the AED would be available to use until the ambulance service arrived.

- Another, less formal link with emergency services and community-based health professionals was welcoming them into the home for refreshments, use of toilet facilities and somewhere warm and comfortable to take a break. The registered manager had sourced reusable coffee mugs with secure lids as the disposable ones were not suitable should the paramedics have to leave in a hurry as well as wrapped and portable snacks and a bag to carry them in. It was important for the service to care for members of the community who worked hard to care for them.