

Netherwood Care Home Ltd

# Netherwood Residential Care Home

## Inspection report

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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

This inspection took place on 8 September 2016 and was unannounced.

The provider of Netherwood Residential Home is registered to provide accommodation and personal care for up to 31 people. At the time of this inspection 28 people were living at the home.

There was a registered manager in place at the service. 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 was not present for our inspection as they were on pre-arranged annual leave. We saw that they had made arrangements for managerial cover during their leave.

The service was under new ownership from 19 June 2014. This was the first inspection under the new provider.

People were kept safe by staff who understood how to identify and report potential harm and abuse. Staff were aware of the risks to people and what they needed to do to help reduce those risks, such as helping people to move safely around the home. People were supported by sufficient numbers of staff who had the skills and knowledge to meet their needs. People were supported to take their medicine when they needed it.

Staff respected and supported people's right to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with care tasks. Staff had received training relevant to their roles and felt supported by the registered manager. People were supported to eat and drink enough to maintain good health. People had access to other healthcare professionals as required to make sure their health needs were met.

People felt staff treated them with kindness and compassion and they felt involved in their own care. Staff respected people's dignity and privacy and supported them to keep their independence. People received care that was personal to them because staff knew them well. People received their care when they needed it and were not kept waiting by staff when they asked for assistance. People knew how to make a complaint and felt able to discuss any concerns with the registered manager.

The registered manager and staff had created an environment that was homely and welcoming. The provider encouraged staff to value people and support them in a dignified and compassionate way. Staff were clear on their roles and spoke about the people they supported with fondness and respect.

Systems were in place to monitor and check the quality of care and to make sure people were safe. The provider used the information to drive continuous improvement of the service they provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe because staff understood how to recognise and report risks of unsafe and abusive practices. There were systems in place to make sure staffing levels were maintained in order to meet people's needs safely. People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff respected people's right to make their own decisions and supported them to do so. Staff had received training to enable them to meet people's needs effectively. People were supported to eat a balanced diet of their choice and were enabled to access healthcare services as required to maintain good health.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff who knew them well and they were comfortable with. People were involved in their own care. Staff provided care and support for people which was thoughtful, sensitive, and respected people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which was responsive to their changing needs. Personal care plans were developed with people. People spent their time how they wanted to. People and their relatives knew how to raise concerns and make a complaint if they needed to.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted a positive and enabling culture in the home. There was consistent and effective leadership from the registered manager. Systems were in place to monitor the quality of care provided and identify any areas for improvement.

# Netherwood Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 September 2016 and was unannounced.

The inspection team consisted of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included statutory notifications received from the provider about deaths, accidents and any incidents of potential abuse. A statutory notification is information about important events which the provider is required to send us by law. We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service. Healthwatch are an independent consumer champion who promotes the views and experiences of people who use health and social care.

During our inspection we spent time in the communal areas of the home to see how staff provided care for people. We spoke with 10 people who lived at the home and five relatives who were visiting at the time of our inspection. We also spoke with the deputy manager, activities organiser and eight care staff. In addition we spoke with a district nurse who was visiting a person living at the home.

We looked at one care plan. We also looked at the systems in place for managing complaints and monitoring the quality of the service provided within the home.

# Is the service safe?

## Our findings

People told us they felt safe with the staff who supported them. They had no worries or concerns about the way they were treated. One person told us, "I feel safe living here, safer than at home." Two people said that their personal belongings were safe in their rooms. Another person said, "The staff always ask my permission before they go into my room or my drawers." We spent time in the lounge and saw staff supporting people to move in a safe way. For example, we saw staff checking all areas for any trip hazards before assisting people to move with their walking aids. People were encouraged to mobilise in a discreet and supportive way. People were seen to be relaxed and responded happily to staff chatting with them. This indicated that people felt safe and comfortable with staff.

Staff we spoke with had a good understanding of their responsibilities to keep people safe. They understood who they would report any concerns to and were confident that any allegations of abuse would be investigated by the registered manager. Staff also knew they could escalate concerns to external organisations, such as the local authority and the Care Quality Commission (CQC). Staff told us they had received training in how to keep people safe from abuse and they had access to up to date policies and procedures in place to guide staff in their practice.

People were supported to live their lives as they wished. Risks to people's safety and well-being were assessed and measures put in place to reduce the risks. For example, one person was considered to be at risk of isolation because they had an upstairs room and were not able to get downstairs without help. The staff team worked with the person and their family to change their room to one downstairs. This allowed the person to make their own decisions about whether they spent time in the lounge or in their room. They no longer needed to request assistance to go to their room. As a result they were much happier and felt more confident in moving around the home. Staff were able to tell us how they supported people to ensure risks to their wellbeing and safety were reduced. One staff member said, "We are always cautious about making sure the risks are looked at but we can't wrap people in cotton wool. It is important that we work together to prevent accidents and promote people's independence."

People and relatives told us there was enough staff to meet people's needs. One person who had chosen to stay in their room told us, "There are plenty of staff, both day and night. If I need help I ring my buzzer and the staff come quickly." Another person told us that there was plenty of staff. They said, "They are always coming to check that we are alright. We are very well taken care of." We saw that, whenever people required assistance that it was provided in a timely manner by staff. We were told by the staff that they felt there were enough staff to be able to support people well. The provider did not use agency staff as any shift vacancies were covered by the staff team. This meant that people were supported by the same staff at all times.

The registered manager checked staff were of good character before they were employed to start work at the home. We saw the registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency which keeps records of criminal convictions.

We saw staff supported people with their medicines in line with good practice. Staff responsible for administering people's medicines checked each medicine and checked people had taken it prior to signing the records. Staff received training before they were able to administer people's medicines. Senior staff checked staff competence and regularly audited people's medicines. We also saw there were effective arrangements in place for the ordering, recording, storing and disposing of medicines.

# Is the service effective?

## Our findings

People spoken with told us that they thought staff had the right training and skills to meet their needs. One person said, "The staff know what they are doing. You can tell they have had training because they are so good at what they do." Staff told us that they received plenty of training. They said that all staff were supported to attain a recognised care qualification. The provider had recently signed up to an online training programme which all staff would undertake. The programme included all required learning to develop staff's ability to undertake their role well. One staff member told us, "I like the new e-learning. It is very interesting." Another said, "Some of the training really makes you think about why you are doing things. That is really good." All staff had received training in dementia awareness and had signed up to the common core principles of caring for people with dementia. They felt that this helped them to support people living with dementia better. We were told that new staff members were supported when they started working at the service by the senior team. Their induction time was spent working with experienced staff until they felt confident to work alone. Their progress was monitored by supportive meetings with their allocated senior staff member.

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 interest 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 is 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 were being met. We saw capacity assessments had been completed and best interest decisions made on behalf of people. The registered manager had made appropriate applications to the local authority with regard to DoLS which were being processed.

Some people at the home were living with dementia. Staff had received training in the principles of the MCA and DoLS. They were able to tell us what they needed to do to support people to make their own decisions. We saw that people's human rights to make decisions were protected by staff. We saw and heard staff sought people's permission before they supported them with their care needs. One person told us, "They always check what I want and if I am happy with how they are helping me." We heard staff explain to people what their choices were. We saw people responded to this approach and made their own decisions about how they spent their day. One staff member said, "The best way to get consent from people is to ask them what they want to do and explain why you may want to do things with them." Another staff member said, "We know the residents inside out. We recognise their body language as well so we know when they are happy to do things."

People who lived at the home said that they liked the food provided. Everyone we spoke with told us they had plenty to eat and drink. One person told us, "The food is excellent, I am pleasantly surprised at how good it is, well-cooked and up to restaurant standard." Another person said, "I like the meals and if I fancied

something different I can." We observed a staff member discussing the lunchtime meal with one person. The person did not want any of the choices offered. The staff member discussed other options with them to decide what they would eat. The staff member told us, "[Person's name] has specific likes and dislikes. We always make sure they can have what they like to eat." We observed the lunch being served. The meal presented was hot and smelled appetising. The meals for people who needed a softer diet were also presented in an appetising way. People were seen to be enjoying the food. Where people needed assistance to eat their meal, we saw that staff were discreet and gentle in the support provided. They encouraged people to try and eat independently for some of the meal. We saw that hot and cold drinks and snacks were available whenever people wanted them.

Staff told us that some people had difficulties with swallowing food and drinks. They told us how each person with difficulties was assessed by the Speech and Language Team (SaLT) who gave information for staff to follow about the consistency of food and drinks for each person. Staff we spoke with showed a good understanding of each person's dietary needs and ensured that their meals and drinks were presented according to the SaLT instructions. We saw that information was available for staff about other special diets, such as diabetic food.

People and their relatives told us they were able to see other health services when they needed them. One person told us they had regular visits from their doctor, chiropodist and optician. One person had broken their glasses. We saw how the staff supported the person to get them mended by contacting the optician to visit as soon as possible. People's health was monitored by staff, with referrals made to other services when they needed them. For example, one family member told us, "Recently [person's name] was losing weight. The staff called in the dietician and they are now having fortified food to build them up." We spoke with a district nurse who was visiting a person in the home. They told us, "The care here is excellent. The staff are always helpful and follow my advice and instructions. I have never seen anything here to concern me."



## Is the service caring?

### Our findings

People who lived at the home told us that staff were kind and caring. They also told us they felt involved in their own care. One person said, "I think the care is first class here. Staff here are very attentive and helpful in every way. I get the care in the way that I want." We spoke with one person and their family member. They both were very pleased with the care and support provided. The person said, "I love the girls, I tease them all the time." The family member said, "[Person's name] came here as an emergency admission and has stayed here. [Person] is very happy here. The staff are very kind and [Person] loves them. I can go home knowing they are in good hands." We saw the happy, considerate and caring banter between the person and the staff. We were able to see how this interaction increased the person's well-being.

We saw staff had a good understanding of people's individual communication needs. We saw that people and staff were enjoying good conversations wherever we went in the home. People were very pleased to be able to tell us how the staff always included them in decisions. For example, one person told us, "We had the church service today. [Staff member] came to me to ask if I wanted to go. It was up to me whether I went or not." We saw the person at the church service enjoying singing. The interaction between people, staff and visitors was kind and caring. Staff were seen to support people to read the prayers and sing the hymns. A visitor from the church told us, "I enjoy coming here. The staff take the service seriously and help the residents to come to it." They also said that they would love their mother to live at the home because it was such a happy place.

Staff approached people in a friendly and respectful way and understood people's communication methods. We observed many kind and compassionate interactions between the staff and the people. For example, one person was unwell and upset. This person was living with dementia and had limited understanding of their situation. A staff member spent time with the person. They knelt by their side and talked quietly and kindly with the person, stroking their hand as they spoke. As a result of this interaction, the person relaxed and was less anxious. We were able to see another interaction between a person and staff member where the staff member was asking permission to go into the person's room and top drawer to look for their spectacles. This conversation showed to us that the staff member was respecting the person's right to privacy.

People told us that care staff were polite and respectful towards them. We saw that there were dignity champions in the home who monitored how staff supported people. Dignity champions are staff members who support other staff to be aware of promoting people's dignity at all times. Posters relating to dignity were seen in the home. Staff supported people in ways that took account of their individual needs and helped maintain their dignity. Staff addressed people by their preferred names. One staff member told us it was important people were encouraged to retain as much independence and control as possible. For instance by having the opportunity to wash themselves where able and brush their own hair. Another staff member told us, "For me, dignity is about never embarrassing people. We treat people how we would want to be treated." We saw people received care which met their individual preferences. Staff told us they always knocked people's doors before they entered their rooms. We saw this happening and people confirmed to us this was the case. We also saw that, where people needed assistance with personal care, staff responded

in a timely way so people were not left uncomfortable and or in any distress.

## Is the service responsive?

### Our findings

People told us they received the care they needed in the right way and at the right time to meet their individual needs. They felt that staff knew their preferences and that these were respected. They told us that staff were available when they needed them and that they responded to their needs quickly. One person said, "Staff explain things to me, they're very kind." Staff we spoke with had a good understanding of people's preferences, routines and care needs and were able to describe how they supported people. We saw positive and warm interactions between people and staff which showed us that the staff had taken the time to get to know people well. For example, one staff member introduced us to a person who was living with dementia. They were unable to verbally communicate with us. As the staff member told us about the person's past life, they said, "Isn't that right [person's name]?" The person reacted by nodding, smiling and squeezing the staff member's hand. The staff member told us that the person used to be a professional golfer. The staff had bought them an indoor golf set which they used in their room. They enjoyed using the golf set and staff supported them to use it daily.

We saw, and staff told us, that people's choices and routines were written down in their care plan together with people's life histories. Care planning was undertaken with the people and, where appropriate, their family members. We saw people and their relatives were involved in attending review meetings and had been kept fully informed of any changes to people's needs. One person said, "The staff go through my care plans with me so we can be sure I get the help I need. I am happy with my care." One relative told us, "If anything changes or is needed they let us know." Staff we spoke with described how people received care personalised to them. One staff member said, "I always ask people what they want." Another staff member said, "Handovers give us the information about changes to people's needs."

People were supported to spend their time how they wanted to. One person said, "There's enough to do. There are things going on most days." People spoke with us about the things they liked to do at the home. One person said, "If you have something you like to do the staff will help you in doing it." We spoke with another person who enjoyed their own company. They told us, "I prefer to sit here in the quiet." We saw that the staff enabled the person to listen to their favourite classical music and had their choice of magazines and books within their reach. We spoke with the activities organiser who told us of the many things they had planned for people. We saw that the staff team also worked with the coordinator to help people to enjoy pastimes of their choice. They told us that they discussed with people what they would like to do and made sure they were able to do it. One relative told us, "We are pleased that [family member] is able to mix with others. There is a community spirit here which suits their needs well."

People told us that they enjoyed going out into the garden. One person said, "I like to go out in the garden on a fine day and staff wheel me down the ramp into the garden." The deputy manager told us that, at the moment, the grounds were not safe enough for people to go out unaccompanied due to different levels and trip hazards. The provider was taking action about this and had plans in place to totally renovate the garden areas to make it a safe and enjoyable place for people to safely go.

We asked people and their relatives if they were aware of the provider's complaints procedure. People told

us that they were but that they would share their concerns with the registered manager or a member of staff. One person told us, "I've no complaints, they are very good. If I did have a complaint I would speak to the carers (staff)." Another person said, "If I had a complaint I would speak with staff." A relative said, "I would soon tell the manager if I was not happy and I am confident they would take action." We spoke with staff about how they would deal with any complaint they received. They told us that they would always report any concerns raised to the registered manager. One staff member said, "We talk to people and their relatives all the time. We always ask them if everything is OK." We saw the registered manager had maintained a record of complaints and concerns. We saw that the complaints received were very few and dealt with immediately by the registered manager.

## Is the service well-led?

### Our findings

People who lived at the home, relatives and staff spoken with were complimentary about the registered manager. We received many comments which indicated that people were involved in how the home was run. For example, we saw that people's views were sought about meals and ways of spending their time. The provider had a set of values which stated, "Your home, your choice, your care." Staff told us that this meant that they respected people's choices and valued them as individuals. We saw throughout the inspection that the staff team brought these values into their everyday practice. Staff were happy and motivated in their work. One staff member described working at the home as "working in a friendly home from home." Another said, "This is a family orientated, community home. Everyone here is involved what we do." Staff told us they worked as a team. One staff member told us, "It's a very well run home. We have good teamwork." We saw that staff worked together well and that they were organised and efficient.

Staff told us they felt supported and could approach the registered manager or deputy manager at any time. We saw this happened during our inspection. Staff said that the registered manager and deputy manager worked with them and were involved in the care and support of people. This meant that they were aware of staff's behaviour towards the people. One staff member said, "[Registered manager] would not tolerate any bad practice. They and the deputy manager lead by example, we all know what is expected of us." Another staff member said, "The manager listens to us and takes on board our views. They appreciate what we do." Staff were also aware of the provider's whistle blowing procedures and agreed that they would report to external agencies such as the Care Quality Commission (CQC) if required. However, all staff spoken with were confident that the registered manager would act on any concerns raised.

All staff had individual meetings with the registered manager where they were able to talk freely about their work and any problems they may have. One staff member told us, "We are encouraged to tell the manager if we have any ideas about how to do things better." For example, one staff member told us that they had suggested a change to the daily report to make it easier to complete. This idea was tried and is now in use all the time. They said that the fact that the registered manager agreed to do this was very motivating for them.

The deputy manager told us that the provider was very supportive and worked with the staff team to develop and drive improvements in the home. We saw the provider's plans for improvements to the fabric of the building and the garden. This included work in the garden area of the home to provide people with the experience of a safe place to sit and walk. This would further enhance people's wellbeing.

Because the service was situated in a small village, local people were very involved in the day to day life of the people. Many people living at the service were local, as were the staff team. People from the local church provided services in the home.

The registered manager worked to continually improve the quality of the service people received. A system of internal auditing of the quality of the service being provided was in place. Weekly and monthly checks on the quality of the service were completed and shared with the provider to ensure any shortfalls could be

identified and action taken to reduce risks to people's safety. Meetings with people, relatives and staff were also undertaken to gain their views about the service provision.