Nethermoor House Limited

Nethermoor House

Inspection report

131 Chaseley Road
Etching Hill
Rugeley
Staffordshire
WS15 2LQ

Tel: 01889584368
Website: www.friendlycare.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection visit took place on 6 September 2016 and was unannounced. At the last inspection on 5 August 2015, the service was rated as Requires Improvement overall with specific concerns about supporting people who needed help with decision making and managing risks associated with their care, the way medicines were managed, and the systems the provider used to assess and monitor people's care. The provider sent us an action plan on 21 December 2015 which stated how and when they would make improvements to meet the legal requirements. This inspection was undertaken to check they had completed the work which was necessary to improve people's safety and care. At this inspection, we found that some improvements had been made but further action was still required.

Nethermoor House provides accommodation for up to 19 people who require nursing or personal care. At the time of our inspection, 17 people were using the service, some of whom were living with dementia. There was a registered manager 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.

We had asked the provider to take action to ensure that they recognised the rights of people who did not have the capacity to make their own decisions and complied with the legal requirements in place to protect people. We found the provider had made improvements and applied for the appropriate legal authorisations when people were being restricted to the home's environment in their best interests. However, further improvements were needed where people lacked the capacity to make certain decisions for themselves to demonstrate that their rights were being upheld.

We asked the provider to take action to ensure risks to people's health and wellbeing were managed safely. We found improvements had been made and risks to people's health and wellbeing were assessed and managed. People received their medicines and creams as needed but improvements were needed to ensure medicines were always recorded in accordance with good practice. Staff understood their responsibilities to protect people from the risk of abuse. People were supported and encouraged to eat and drink enough to maintain a healthy diet and were able to access the support of other health professionals to maintain their day to day health needs. People were encouraged to keep in contact with family and friends and visitors were able to visit without restriction.

We found improvements were still needed to the systems used to assess and monitor the quality and safety of the service, to ensure shortfalls were consistently identified to bring about the required changes. People felt able to raise concerns and complaints and were confident they would be responded to.

Staff had caring relationships with people and respected their privacy and dignity. Staff understood people's individual needs and improvements had been made to ensure people were provided with personalised

care. However, improvements were needed to ensure people's care was kept under review and remained relevant. People were offered opportunities to take part in group social activities but the improvements were needed to ensure the provider supported people to follow their individual hobbies and interests.

There were sufficient staff to meet people's needs. The provider followed recruitment procedures and provided staff with training and support to enable them to fulfil their role.

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.

Risks to people's health and wellbeing were identified and managed. People told us they received their medicines and creams when needed. There were sufficient, suitably recruited staff to meet people's needs. Staff understood their responsibilities to keep people safe and protect them from abuse. The provider followed recruitment procedures to ensure staff were suitable to work with people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The provider had made improvements and was meeting the requirements of the Mental Capacity Action 2005 (MCA) where people were being restricted of their liberty in their best interests. However, further improvements were needed to ensure the provider always followed the MCA where people lacked the capacity to make certain decisions for themselves. Staff received the training and support they needed to meet people's needs. People were supported to eat and drink enough to maintain their health and accessed other health professionals when needed.

Is the service caring?

Good

The service was caring.

Staff had caring relationships with people and promoted their privacy and dignity. Staff understood people's communication needs and supported them to make decisions about their daily routine. Relatives told us they could visit whenever they liked and people were supported to maintain relationships with family and friends.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Some improvements had been made and people received care that met their individual needs. However, further action was

needed to ensure that people's care was kept under review and remained relevant. People were offered opportunities to join in group social activities but improvements were needed to ensure the provider supported people to follow their individual hobbies and interests. People and their relatives felt able to raise concerns and complaints and there was a procedure in place to ensure they were responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had not made the required improvements to their quality monitoring systems to ensure all areas were being assessed and monitored to consistently identify shortfalls and drive improvement. People's views were sought but not always acted on. There was a positive, inclusive atmosphere at the service and staff felt supported by the manager.

Nethermoor House

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 visit took place on 6 September 2016 and was unannounced. The inspection was carried out by one inspector and an 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 reviewed the information we held about the service and provider including notifications they had sent to us about significant events at the home. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people who used the service and one visitor. Some people were not able to give us their views and so we telephoned 4 family members. We also spoke with four members of the care staff and the manager. We did this to gain views about people's care and to ensure that the required standards were being met. We spent time observing care in the communal areas to see how the staff interacted with the people who used the service.

We looked at the care records for four people to see if they accurately reflected the way people were cared for. We also looked at records relating to the management of the service, including quality checks.

Good

Is the service safe?

Our findings

At our last inspection, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to ensure people received care and support that met their needs. Risks to people's health and wellbeing were not consistently identified, managed and reviewed. At this inspection, we found that the required improvements had been made. Risks to people's safety were identified and assessed. Care records we looked at had risk management plans in place for all aspects of people's care. We saw that where people needed support to mobilise safely, plans were in place to guide staff on the way they should be assisted. We observed staff followed these plans; for example, when moving people using equipment. Where people were at risk of developing damaged skin due to pressure, we saw they had pressure relieving equipment such as cushions for use in their bedrooms and the communal areas. We saw staff ensured people were sitting on them at all times to protect people from the identified risks.

At the last inspection, improvements were needed to ensure people received their medicines and topical creams safely. At this inspection, we saw that people received their medicines and creams as prescribed and medicines that had to be recorded in a register were administered in accordance with statutory guidance. We found that the manager had ensured that when people were prescribed creams and lotions, they were stored safely and used only for the person they had been prescribed for.

People and relatives we spoke with had no concerns about medicines. One person told us, "If I need painkillers I just ask and they give me some". We saw that the manager had introduced protocols for people who received medicines on an as required or PRN basis, for example for pain relief. We saw this had detailed guidance for staff to ensure people were protected from receiving too much or too little of the medicines.

People and their relatives did not raise any concerns about staffing levels at the home. We spent time observing how staff interacted with people in the communal areas. We saw that staff were able to provide support to people in a timely manner most of the time but on occasions when people asked to be taken to the bathroom, staff asked them to wait because they were busy supporting other people. We saw that people did not wait more than five minutes for a member of staff to become free to support them and call bells were responded to promptly. Staff we spoke with told us they were short staffed because there were two staff vacancies. One member of staff told us, "There aren't enough staff, everyone is doing extra due to the vacancies and the manager is doing lates and doubles too". Another said, "There aren't enough staff at the moment so we are all covering shifts". The manager confirmed that they were recruiting new staff and interviews took place during our visit. They told us, "Morale is low at the moment because staff are having to cover shifts and we've been short staffed due to people's annual leave. Staff rotas we looked at confirmed that the manager was maintaining staffing numbers at the level set by the provider. The manager told us they reviewed staffing with the provider from time to time and increased the number of staff when people's needs changed.

The provider followed procedures to assure themselves that staff were suitable to work in a caring environment. Staff told us and records confirmed the manager followed up their references and carried out a check with the Disclosure and Barring Service (DBS) before they started working at the home. The DBS is a national agency that keeps records of criminal convictions.

People we spoke with told us they felt safe living at the home. One person said, "I have no worries. I have been here two months and it is the only place I want to stay. I do feel safe here, the staff are spot on". Another said, "Yes, I do feel safe here. I have no worries and haven't seen anything that concerns me". Relatives we spoke with had no concerns about the safety of their relations. One told us, "[Name of person] is definitely safe here and has settled well". Another told us their relation had come to the home after a stay in hospital, "[Name of person] is much safer now that they are at Nethermoor House". Staff we spoke with had received training in safeguarding and could tell us about the different types of abuse. One member of staff told us, "I look for changes in people's behaviour and for any unexplained marks or bruises and always report my concerns to the senior or manager". All the staff we spoke with were confident that any concerns they raised would be acted on but told us they had the information they needed to escalate their concerns to the local safeguarding team if necessary. Discussions with the manager demonstrated that they understood their responsibility to report any concerns to the local safeguarding team to keep people safe from harm.

Requires Improvement

Is the service effective?

Our findings

At the last inspection, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed to ensure that the provider was acting in accordance with the requirements of the Mental Capacity Act 2005 (MCA) where people were being restricted in their best interests and that the required legal authorisations were in place. The 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 people 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). At this inspection, we found that the required improvements had been made. Where people were being restricted to the home's environment to keep them safe, the manager had made the appropriate applications to the local supervisory body and assessments were awaited.

However, we found that the provider was not demonstrating that people's rights were being upheld where they lacked the capacity to make certain decisions. Some people were unable to consent to taking their medicines. We saw that one person was receiving their medicine in a drink without their knowledge. This is known as covert administration of medicines. The manager told us this had been authorised by the GP to be in the person's best interest and their family had been kept informed. However there was no decision specific mental capacity assessment or documentation to show how the decision had been reached and who had been involved. The manager told us they would review and update their records to demonstrate this.

We saw that the manager had completed a mental capacity assessment for another person but this was not decision specific. The assessment identified that the person was unable to consent to their medicines but also looked at a number of other areas, for example their health needs and managing their finances. We saw that a family member had signed to consent to the person receiving their medicines but there was no information to demonstrate the decision had been made in the person's best interests. The manager told us that this was because there was a Lasting Power of Attorney authorisation in place for decisions relating to the person's health but they had not checked this to ensure the family member was legally authorised to make decisions on the person's behalf. They told us they would review all their records and contact the relatives concerned to verify the authorisations.

Staff we spoke with understood their responsibility to support people to make their own decisions whenever possible. Staff sought people's consent and explained their actions before supporting people. A relative told us, "Staff ask for [Name of person's] consent and explain to them what they are doing and why". One member of staff told us, "We can't take away people's right to have a choice. We know people well and if they refuse at first we go back and ask them again later". This showed staff understood the importance of gaining people's consent.

Staff had the necessary skills to meet people's individual needs. One person told us, "The staff seem very well trained". Staff told us they received a mixture of training, both on-line and face to face, which covered a range of topics, including skills deemed mandatory by the provider, such as safe moving and handling. Records confirmed that staff had received training in a range of areas that were relevant to the needs of people living in the home. Staff told us they were observed by senior staff and the manager and any concerns were discussed with them and additional training offered where needed. The manager showed us a checklist they used to assess staff competence in the mandatory areas, including moving and handling and medicines administration which they used as part of supervision and appraisal. Staff confirmed they received supervision at least every six months and an annual appraisal. We saw staff were asked to complete a self-assessment of their knowledge to prepare for supervision sessions. This gave them an opportunity to review their performance with the manager and discuss any training needs.

There was an induction programme in place for new staff. The manager told us this was being developed by the provider to ensure it covered the standards set out in the Care Certificate and this would be available for new staff. This is a nationally recognised programme which supports health and social care staff to gain the skills needed to work in a care environment.

People told us the cook provided meals they enjoyed, that met their preferences. One person said, "The food here is nice, and they do the porridge just as I like it". Another said, "The food is very good, I would recommend it". At lunchtime we saw that people were offered a set meal but could have an alternative if they wished. One person told us, "The food is very good and if you don't like it they provide you wish something else". At lunchtime, we saw that the meal looked appetising and was well presented and there was a lively, sociable atmosphere. We saw that most people could eat independently but support was available if needed to ensure people had sufficient to eat and drink to maintain a balanced diet.

People told us they accessed the support of other healthcare professionals when they needed to. One person said, "If I need to see the GP or an optician, I just ask the manager and she arranges it for me". We saw that visits from professionals such as the GP, district nurse and optician were recorded and people's care plans were updated when specific advice was received, for example changes to people's medicines. This showed people were supported to maintain their day to day health needs.

Good

Is the service caring?

Our findings

At the last inspection, improvements were needed to ensure people were given the opportunity to make choices for themselves. At this inspection we saw that people made decisions about their daily routine, for example people could choose to spend time in their rooms or sit in the lounge. One person told us, "I can get up when I want and go to my room when I want". Another said, "There are no restrictions on bedtime and I can go out. In the past I have gone to town in a taxi and we go into the garden when the weather is good". Relatives told us that the staff respected people's choices. One told us, "[Name of person] sometimes likes to stay up later in the evening to watch TV and they can have a lie-in if they want". Another said, "The staff respect people's choices, for example [Name of person] likes to stay up later and the staff give them hot chocolate and biscuits which they love". Staff told us about a person that liked to spend most of the day in their room and only came out for meals and we met them when they were coming out of their room at lunch time. They told us they liked the peace and quiet in their room. Staff supported people to walk with their frames, giving praise and encouragement which demonstrated staff enabled people to be as independent as possible.

People told us the staff were kind and caring. One person said, "They are really good and kind". Another said, "I like all the staff, all of them, they are very caring". Staff understood people's individual communication needs; for example, staff got down to eye level with people and maintained conversation, including when people were unable to respond verbally. We saw staff responded quickly when people became upset which showed they cared about people's wellbeing.

People and their relatives told us the staff were polite and treated them with respect. One person said, "The staff are always polite, they are alright here". A relative said, "The staff are so lovely to [Name of person], there is never any rudeness". We saw that people's privacy and dignity was promoted, for example, a member of staff administering medicines ensured a person had privacy by taking them to their bedroom to change their pain relief medicine patch. We saw a member of staff delayed serving drinks in order to assist a person who they saw was in the bathroom with the door open and ensured their dignity was maintained. Staff supported people to maintain their appearance. At lunchtime, people were offered aprons and we saw staff taking a person to their room to change after they had spilled a drink to ensure their dignity was maintained.

People were encouraged to maintain their important relationships. Relatives we spoke with told us they felt involved in their relation's care and were kept informed about any changes. One told us, "The staff welcome us and we have been involved in helping plan their care". Another said, "The staff are lovely and are getting to know me and the family. When we visit we are always offered a drink". Another relative told us they liked to go and sit in one of the small lounges when they visited and they were regularly able to have meals with their relative, "It's never a problem". When relatives were unable to visit, people were able to keep in touch by telephone, for example we saw a member of staff bringing the phone for a person to speak to their relative.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection, we asked the provider to make improvements to ensure people received care that was responsive to their individual needs. At this inspection, we saw that some improvements had been made but further improvements were needed. We saw some examples of personalised care. We spoke with a person who was sitting in the hallway for some time at lunchtime. They told us they were waiting to be collected to go out for lunch and shopping with a relative. We later saw them eating lunch in the dining room. Staff explained that this was a specific pattern of behaviour for the person and they followed this to maintain their wellbeing. One member of staff said, "They sit and wait until they get hungry and then come into the dining room for their meal". Another person told us they liked to keep busy and help out with chores at the home. We saw staff brought them washing to fold from the laundry and they set the table at lunchtime. Staff told us the person enjoyed keeping busy and we saw that it gave them a sense of purpose. People and their relatives told us the staff knew them well and provided care when they needed it. One person told us, "They anticipate what we need without being asked". Another said, "The care is right for me".

People's needs were assessed before they moved to the home and their care was regularly reviewed to ensure it remained relevant. However, we found that one person's care plan had not been reviewed since May 2015 which meant the manager could not demonstrate that the person's current needs were being met. We also found that the manager had not followed the provider's procedures to refer a person for assessment by the occupational therapist or physiotherapist when they were at high risk of falls. We observed staff moving the person in accordance with their moving and handling plan but saw that they were struggling to stand comfortably using their zimmer frame whilst being transferred from armchair to wheelchair. Staff told us the person's ability fluctuated, "They are better at standing some days than others". We spoke to the manager about this who confirmed that the person had not been referred for some time and said they would arrange for this.

People told us they had the opportunity to join in group activities, for example entertainers occasionally came to the home. One person told us the activities they used to do had stopped and they would like more to do. Apart from one person taking part in daily chores, most people sat in the communal lounge for long periods with no social interaction. There was a varied stock of activity items but these were locked away and not on display to provide social stimulation for people. We saw that one person living with dementia was enjoying using a sensory item which had lengths of ribbon to plait but staff did not engage other people in meaningful interactions using these items. We saw that the 2016 survey had highlighted mixed views about the activities at the home and some people wanted more to do. The manager told us group social events had been planned in response to this but they had not consulted people about their individual hobbies and interests. The manager told us they would look at introducing a regular programme of activities based on people's preferences to ensure people's social needs were consistently met.

We saw staff kept records of the care people received on a daily basis and any concerns that other staff should be aware of. This was shared during the shift handover which ensured incoming staff were kept up

to date and had the information they needed to meet people's changing needs.

People and their relatives told us they felt comfortable raising any concerns or complaints with the staff and manager. One person said, "I haven't needed to complain but if I did I would speak to the boss [manager]". Another said, "I say what I think and feel, I can tell any of the staff my worries. I could complain if I wanted to but I haven't needed to". A relative told us, "The staff are always helpful and will listen and I feel I could approach any of them". There was a complaints procedure in place. No complaints had been received since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection, the provider needed to improve the way they assessed and monitored the quality and safety of the service. We found that action had not always been taken when concerns were identified with the administration of medicines and responding to people's feedback. At this inspection, we found that the improvements were still needed and found concerns with other aspects of the provider's quality monitoring systems.

We found the manager's audits had not identified that people's medicines were not always being recorded in accordance with good practice and action was needed to ensure shortfalls were consistently identified and the necessary improvements made. For example, medicine administration records (MAR) were not always completed in line with good practice. Where MAR had been hand written, for example when people's medicines had changed, another member of staff had not always checked and signed the accuracy of the entry to minimise the risk of errors.

We saw that the manager and staff recorded accidents and incidents. However, due to recent staff shortages the manager had been unable to monitor them for patterns and trends to ensure action was taken to minimise the risk of reoccurrence and drive improvements.

At the last inspection we found that people's feedback had not always been acted on. At this inspection, we saw that people and their relatives gave their views on the service through meetings and an annual satisfaction survey. The results of the 2016 survey showed that people were positive about the care they received but the provider had not fully responded to their views to ensure improvements were made to the activities programme.

The provider visited the service to carry out quality and safety audits but these were not always effective in identifying shortfalls and bringing about improvements. For example, we saw that they routinely sampled a number of care plans to check their accuracy but this was not effective in ensuring people's care was kept under review and remained relevant. In addition, the health and safety audit had not identified that the fire risk assessment was due for renewal and the personal emergency evacuation plans (PEEPs) for each person needed to be displayed in the person's bedroom and made available in a 'grab bag'. This would ensure people could be evacuated quickly in the event of an emergency such as a fire.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had not conspicuously displayed their rating or published the rating on their website. We discussed this with the manager who immediately displayed a copy of the ratings poster on their noticeboard which was visible to everyone. They also contacted the provider to arrange for the report to be published on their website.

There was a positive, inclusive atmosphere at the home. People and their relatives told us they thought the home was well run and that the manager was approachable and was available if they wanted to discuss something with them. One person said, "I do feel the home is well run. The staff are all really professional. I see the manager quite often and feel I can talk to her". A relative told us, "I feel it is a well-managed home, the care is well done and staff are always visible, including the manager". Staff told us they felt supported by the manager and could raise any concerns and were confident the manager would take action. One member of staff told us, "The manager is definitely supportive; I think she's a lovely manager". Staff were aware of the whistleblowing policy and told us they would not hesitate to use it if they needed to. Staff told us they enjoyed working at the home and worked well as a team to ensure people received good care. One member of staff told us, "It's a warm, homely place; we're all good team players and friends".

The manager understood their responsibility to notify us of important events that occurred in the service in accordance with their registration with us. This meant we could check that they were taking appropriate action.