

Nutten Stoven Residential Home

Nutten Stoven Residential 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 

Overall summary

Nutten Stoven Residential Home provides accommodation for up to 30 people who need support with their personal care. The service provides care for older people and people who are living with dementia. The accommodation is arranged over two floors and there is a passenger lift to assist people to get to the upper floor.

There were 27 people living in the service at the time of our inspection.

This was an unannounced inspection carried out on 26 November 2014. There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 last inspected Nutten Stoven Residential Home in January 2014. At that inspection we found the service was meeting all the essential standards that we assessed.

People felt safe in the service and that they received all of the care they needed. They had received a wide range of personal care such as help with washing and dressing, using the bathroom and moving about safely.

People who lived in the service and their families had been included in planning and agreeing to the care provided. People had an individual care plan that described the assistance they needed and how they wanted this to be provided.

Staff knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and to exercise control over their lives.

People were treated with kindness, compassion and respect. Staff took time to speak with the people they were supporting. People enjoyed talking to the staff and were relaxed in their company. Staff knew how to support people who lived with dementia.

Medicines were safely managed.

People were provided with a range of meals that they enjoyed.

Staff offered people the opportunity to pursue their interests and hobbies.

Summary of findings

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.

People had been helped to stay safe by avoiding risks to their health and safety.

There were enough staff on duty to give people the care they needed.

Some background checks had not been completed before staff were employed.

Staff knew how to recognise and report abuse.

Medicines were safely managed.

Good



Is the service effective?

The service was effective.

Staff knew the people they were supporting and the care they needed.

People were supported to receive all the healthcare attention they needed.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff were friendly, patient and discreet when providing care for people.

Staff took time to speak with people and to engage positively with them.

Good



Is the service responsive?

The service was responsive.

People's needs and wishes had been assessed.

Staff had supported people to make choices about their lives.

People could pursue their hobbies and interests.

There was a good system to receive and handle complaints or concerns.

Good



Is the service well-led?

The service was well-led.

The registered persons had completed quality checks to help ensure that people reliably received appropriate and safe care.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Good



Summary of findings

There was a registered manager and staff were well supported.	
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Nutten Stoven Residential 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.

We visited the service on 26 November 2014. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service. We focused on speaking with people who lived in the service and their visitors, speaking with staff and observing how people were cared for.

During the inspection we spoke with 12 people who lived in the service, four care workers, the activities manager, the chef and the registered manager of the service. We observed care and support in communal areas and looked at the care records for four people. We also looked at records that related to how the service was managed including staffing, training and health and safety.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection. In addition, we contacted local commissioners of the service and a local district nursing team who supported some people who lived in Nutten Stoven Residential Home to obtain their views about it.

Is the service safe?

Our findings

People said that they felt safe living in the service. A person said, "I am confident in the staff because they're kind and I feel at ease when they're around." Relatives were reassured that their parents were safe in the service. One of them said, "When I leave and go home I haven't got any worries at all because I know they'll be safe. It feels a bit like a family here which is how it should be."

Staff said that they had completed training to keep people safe. They had been provided with guidance and they knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm.

Staff said that they had not witnessed any ill treatment of people in the service. They said they would challenge any poor practice and would not tolerate abuse. All the staff said they would be confident reporting any concerns to a senior person in the service or to an external agency such as CQC and the police.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about this service showed that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

We saw that staff had identified possible risks to each person's safety and had taken action to reduce the risk of them having accidents. For example, staff had ensured that some people who had reduced mobility had access to walking frames. In addition, they usually accompanied them when they were walking from room to room. Some people had rails fitted to the side of their bed. This had been done with the agreement of the people concerned so

that they could be comfortable in bed and did not have to worry about rolling out. When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Nurses who administered medicines had received training and they correctly followed the provider's written guidance to make sure that people were given the right medicines at the right times. People were confident in the way staff managed their medicines.

We looked at the background checks that had been completed for two staff before they had been appointed. We found that the provider's records did not demonstrate that all the checks they considered to be necessary had been completed. This had reduced the provider's ability to establish applicants' previous good conduct before they had been offered employment in the service. However, we were told that no concerns had been raised about the performance of the two staff in question. In addition, we saw that the provider had introduced more robust background checks in relation to more recently appointed staff to help ensure that only suitable and trustworthy people were employed.

The provider had assessed how many staff were needed to meet people's care needs. We saw that there were enough staff on duty at the time of our inspection because people received the care they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the provider said was necessary. Staff said that there were enough staff on duty to meet people's care needs. People who lived in the service and their relatives said that the service was well staffed. A relative said, "I've never thought to myself 'where are all the staff' because they're always around. I like how they check on people in their bedrooms and don't just leave them."

Is the service effective?

Our findings

People said that they were well cared for in the service. A person said, “The staff are always around and they’re helpful, I wouldn’t want to change them. They give me all the help I need and if you need them at night you’ve only got to ring.”

During our inspection we saw that people were provided with enough to eat and drink. Some people required special assistance to make sure that they were eating and drinking enough. We saw that these people received the support they needed. This included being assisted by staff to use cutlery and having their food softened so it was easier to swallow. Special arrangements had been made for a person who needed to be encouraged to eat and who liked to snack in between meals. The cook had ensured that they had a supply of ‘cakes and nibbles’ in their bedroom so that they could have a snack whenever they wanted.

People said that they received the support they required to see their doctor. Some people who lived in the service had more complex needs and required support from specialist health services. Care records we looked at showed that some people had received support from a range of specialist services such as dietitians and speech and language therapists.

We contacted a representative of a district nursing team that was local to the service after our inspection. They did not raise any concerns about how people who lived in the service were supported to maintain their health.

Staff said that they were confident about supporting people who lived with dementia and they had received training. We saw that when a person became distressed, staff followed the guidance described in the person’s care plan and reassured them. They quietly reassured them that

they would be helped to resolve their concerns about how to manage their money. Staff knew how to identify that the person required support and they provided this in a way that was respectful and effective.

The registered manager and senior staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. We looked at care records which showed that the principles of the MCA Code of Practice had been used when assessing people’s ability to make particular decisions. For example, the registered manager had identified that some people who lived in the service were not able to make important decisions about their care due to living with dementia.

Where people had someone to support them in relation to important decisions this was recorded in their care plan. Records we saw demonstrated that the people’s ability to make decisions had been assessed and that someone who knew them well had been consulted. This had been done so that decisions were made in each person’s best interests.

There were arrangements to ensure that if a person did not have anyone to support them they would be assisted to make major decisions by an Independent Mental Capacity Act Advocate (IMCA). IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The registered manager was knowledgeable about the Deprivation of Liberty Safeguards. We saw that they had taken appropriate advice about some people who lived in the service to ensure they did not place unlawful restrictions on them. This had resulted in applications being made for authorisations under the Deprivation of Liberty Safeguards as these people were subject to a level of supervision and control that may amount to deprivation of their liberty.

Is the service caring?

Our findings

People we spoke with were positive about the care provided in the service. None of the people who lived in the service, their visitors or the staff we spoke with raised any concerns about the quality of the care. A person said, “The staff are all very kind, they never mind helping you and so you don’t hesitate to ask if you want something.”

Relatives we spoke with told us that they had observed staff to be courteous and respectful in their approach. One of them said, “In the time I’ve been calling the staff team has been pretty much the same which is good because they’re the right people and they get to know the residents really well. They say that they want this place to be good enough for their own families.”

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. We saw that staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people’s wellbeing. For example, we saw a person who had special communication needs smiling and interacting with a member of staff who was helping them to put on nail polish. The member of staff communicated with the person about the colour they had chosen using words and body language. The member of staff then stayed with the person until the polish had dried. After this the person smiled and waved their hands to show they were pleased with the colour.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different individuals liked

to dress and we saw that people had their wishes respected. People who lived in the service and their relatives confirmed that the staff knew the support people needed and their preferences about their care.

Throughout our inspection we saw that the staff were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made.

All the staff we spoke with said that people were well cared for in the service. They said that they would challenge their colleagues if they observed any unkind or uncaring practice. In addition, they said that they would report their concerns to a senior person in the service.

Families we spoke with told us that they were able to visit their relatives whenever they wanted to do so. Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The service had links to local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Throughout our inspection we saw that the staff protected people’s privacy. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. A person said, “Staff help me to use the toilet in private because they wait outside and ask me to call her when I have finished.”

Is the service responsive?

Our findings

People who could speak with us told us that they made choices about their lives and about the support they received. They said that staff in the service listened to them and respected the choices and decisions they made. A person said “The staff are always chatting with me about how I am and there are no rules as such here. Some days I like to go to bed early but on other days I stay up a bit later if there’s something on the television. Just like being at home I suppose.”

People said that staff knew the support they needed and provided this for them. They said that staff responded to their individual needs for assistance. This included support with a wide range of everyday tasks such as washing and dressing and using the bathroom. People also said that they were reassured that staff checked how they were at night.

We saw that each person’s care plan was regularly reviewed to make sure that it accurately described the care to be provided. A person said, “My care plan has been reviewed and explained to me and I have signed it.” However, the care plans we saw were not written in a user-friendly way. They presented information using technical and management terms with which most people who lived in the service would not be familiar. In addition, they were long documents and no attempt had been made to summarise them so that people could be supported to access the information they contained.

The catering service promoted choice and responded to people’s preferences. People said that they enjoyed their meals. One of them said, “The meals are very good indeed. I’ve no complaints at all about the catering and I like how the chef comes out of the kitchen to ask how we like our meals.” Records showed that chef knew about people’s individual likes and dislikes and had taken them into account when preparing the menu. There was a choice of dish at each meal time and we saw that people could choose to have something else prepared for them that was different to the main menu.

Families told us that staff had kept them informed about their relatives’ care so they could be as involved as they wanted to be. A relative said, “Staff keep in touch with me

even though I call to the service regularly. They’ll phone me if there’s something new or if we need to decide about something to do with my mother’s care. I want to be involved in her care and staff respect that.”

The staff we spoke with showed that they were knowledgeable about the people living in the service and the things that were important to them in their lives. People’s care records included information about their life before they came to live in the service. Staff knew what was recorded in individuals’ records and used this to engage people in conversation, talking about their families, their jobs and the local area.

We saw that staff respected people’s individual routines and choices. People who wanted to use their bedrooms were left without too many interruptions. We observed an occasion when a person who was using one of the lounges wanted to return to their bedroom. A member of staff helped the person to gather their things together and then accompanied them back to their bedroom.

Staff were happy to do extra things for people that responded sensitively to their individual needs. For example, we saw that one person liked to be active walking around the accommodation from lounge to lounge. Staff did not interfere with this person’s preferred routine other than to ask them where they wanted to sit for a mid-afternoon drink and biscuit.

We observed how care was provided during a period of 30 minutes for a number of people who were using one of the lounges. On each occasion when someone asked for assistance from staff this was provided promptly.

People were supported to pursue their interests and hobbies. We saw that people were regularly offered the opportunity to take part in small group activities such as games, quizzes and music sessions. We were told that people would be supported to attend social clubs outside the service as they had always done although no one had asked to do so at the time of our inspection. There was a small library in the service and we were told that people would be assisted to have audio-books if they wanted.

Everyone we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. The provider had a formal procedure for receiving and handling concerns. Each person and their relatives had received a copy of the procedure when they

Is the service responsive?

moved into the service. Complaints could be made to the registered manager of the service or to the provider. This made it easier for people to raise their concerns with an appropriately senior person within the organisation.

The provider had not received any formal complaints since our last inspection. The registered manager said that a small number of minor concerns had been raised and that

these had been quickly resolved on an informal basis. Doing this had helped to reassure people that their voice would be heard if they had any concerns. A relative said “I’ve never had cause to complain. If there has been something minor now and then I just mention it and the staff sort it out for me.”

Is the service well-led?

Our findings

The registered persons had regularly checked the quality of the service provided. This had been done so that people could be confident that they would reliably and safely receive all of the care they needed. These checks included making sure that people's care plans were accurate and that medicines were well managed. In addition, the provider had completed checks to make sure that people were protected from the risk of fire and that equipment such as the passenger lift remained safe to use. A relative said, "I'm perfectly happy with how the service is run. Whenever I call I find things to be organised and well run."

People who lived in the service told us that they were asked for their views about their home. A person said, "Things aren't too formal. We have a chat with staff as we go along and there are residents' meetings. In the past I have said about little extras I like on the menu and the cook has been really good and got straight on with it."

We saw that each person and their relatives were invited to meet with a senior member of staff every six months to review the care provided and more generally to give feedback on the service.

People said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff in two lounges and in other public areas. In addition, they spoke with relatives

who were visiting the service and also contacted them by telephone. They had a good knowledge of the care each person was receiving. They also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

Good team work was promoted so that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could review each person's care. In addition, there were periodic staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff had the knowledge and systems they needed to care for people in a responsive and effective way.

The atmosphere was open and inclusive. Staff said that they were well supported by the registered manager. They were confident that they could speak to the registered manager if they had any concerns about another staff member. They said that the registered manager had reminded them that it was their duty to speak out if they had concerns. Staff said that positive leadership in the service reassured them that they would be supported if they raised concerns about poor practice and that action would be taken.