

Hartwood Care (3) Limited

Netley Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Netley Court is a residential care home providing personal care to up to 70 people. The service provides support to older people, people with physical disabilities or sensory impairments and people living with dementia. At the time of our inspection there were 51 people using the service. Netley Court is a three floor, purpose-built care home. Specialist dementia care was provided on the upper floor; however, this was being refurbished when we inspected and residents who usually resided there had been moved to the other two floors.

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

People and their relatives believed the service was safe and staff participated in regular training to maintain skills and knowledge in areas such as safeguarding. Risks were assessed and equipment in the premises was checked and serviced as required. Recruitment was safely completed. Staff members told us they believed there were not always sufficient staff deployed to meet peoples' needs, however, a dependency tool used by the provider showed staffing in line with recent calculations. Medicines were safely stored and administered. The premises were clean and we were assured the provider had effective IPC practices.

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 relatives were positive about the care received from staff. Staff members, however, felt they had insufficient time to spend with people or to read information and care plans. Staff were respectful in their interactions with people and supported them to make decisions about care. Staff were discreet when approaching people to support them with their care and spoke kindly about people.

The management team and senior managers had strived to develop a positive culture within the staff team but had not been successful. Staff did not feel fully supported by the management team and felt they were not available to them. People were also not very familiar with the management team. People, relatives and staff were engaged through questionnaires and meetings. The provider had forged positive relationships with health and social care professionals they worked with.

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 Outstanding (published 26 March 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service

can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from outstanding to good based on the findings of this inspection.

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, which will help inform when we next inspect.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, one of who was a pharmacist specialist, 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.

Service and service type

Netley Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Netley Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post. The registered manager had just submitted their notice to leave the position.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service about their experience of the care provided. We spoke with eight members of staff including care staff, an activities officer and the registered manager. We reviewed seven people's care files and four staff personnel files, including information about staff training and supervision records. We looked at the service's medication practices and information relating to the service's quality assurance arrangements. We spoke with eight relatives of people living at Netley Court following the inspection and received feedback from 15 staff members in response to a brief questionnaire we sent them.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staffing levels were determined using a dependency tool. The tool took into account staff skills as well as numbers needed to meet peoples' needs. Staffing was in line with the findings of the most recent calculations.
- Staff told us they were concerned there were insufficient staff deployed to meet people's needs. One staff member told us they had to frequently 'train' new agency staff who had been booked to support the team and often there would be two permanent staff and two agency staff who needed support.
- Staff were also concerned they did not have time to spend sitting with people for five minutes to read with them or chat. One staff member also said, "It's so upsetting when people don't ask for help". This was because people knew staff were busy.
- Only one staff member gave feedback reflecting there were sufficient experienced staff deployed to provide support to people. All other feedback either told us there were too few staff or there were too few experienced staff and too many inexperienced agency staff deployed to maintain safety. We saw people receiving support and care throughout our inspection and did not observe people having to wait for extended periods for staff. Call bells did not sound for extended periods indicating they had been answered.
- Staff were safely recruited and all requirements of Schedule three of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.
- Staff records held references, full employment histories, recent photographs and proof of identity. A DBS check had also been completed before they commenced in post. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The staff followed systems and processes to administer, record and store medicines. Staff members monitored and recorded refrigerator and room temperatures where medicines were stored. Temperature records reviewed indicated one of the refrigerators was regularly outside of the recommended temperature range. However, the staff did not take any action. When we raised this with the staff, they started an investigation to remedy this.
- The service had introduced homely remedies. Homely remedies are medicines bought over the counter to treat minor illnesses. Advice had been sought on the range of homely remedies and the appropriateness for each person from the local GP. When a homely remedy was administered this would be recorded within the persons daily notes, rather than with the MAR section of the persons electronic records. Therefore, we were not assured that staff or visiting healthcare professions would be able to identify all administered medicines effectively.
- Within the medicines administration records (MARs) information, including allergies about people's

medicines, was consistent between the different sections of the persons care plan.

- Some people living at the home were given medicines covertly. Care plans contained details of best interest meetings and pharmaceutical advice on how to disguise the medicines, whilst maintaining their effectiveness. Covert administration is when medicines are administered in a disguised format hidden in food or drink without the knowledge of the person. Pharmaceutical advice was also available where medicines were administered via a percutaneous endoscopic gastrostomy (PEG) tube or the medicines posed a safety risk to staff or visitors. A PEG tube is where a person receives their medicines, nutrition and/or fluids through a tube directly into their stomach

- Medicines audits had been undertaken by the service and by the service's preferred community pharmacy. The service had an action plan to address areas of improvement identified by the services community pharmacy audit.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and knew what to report and to whom. They were confident concerns would be acted upon.
- People felt safe at Netley Court and told us, "Yes, very. They come in and check on you. They knock on the door and say who they are." Another person said, "Absolutely. Because of everything, the whole environment".
- Relatives also considered their family members were safe, telling us, "My mother is safe as the level of care is very good," and, "My [family member] moved in in 2019... she is safe because she isn't on her own and has her meals prepared for her. She improved in health when she went in and could have come back out for independent living but likes it there."
- Staff gave mixed feedback when asked if they believed people were safe at Netley Court. Some were very positive telling us, "Absolutely, [they are safe]", and, "Yes I think the residents are safe." Another staff member told us, "I believe that staff do their best to keep the residents safe in their home at Netley Court."
- Several staff told us they believed people were not as safe as they should be due to having too few experienced staff on duty to meet their needs. One staff member told us, "One resident needs two carers [staff] [for transfers]. They will ring their buzzer for assistance. But often we are not available to help soon enough. We are with other residents. So they will often [transfer without support]. Which is dangerous, they could fall." Staff had raised concerns about staffing with the management team who had checked the dependency levels to ensure staffing numbers were at a level consistent with the providers view of safe staffing.

Assessing risk, safety monitoring and management

- There were regular checks of equipment and servicing took place as required. Records showed checks were current and an online system was being introduced so the management team would have access to live information to indicate if checks and services had taken place.
- People had a range of risk assessments in their care records. As assessments were completed in the eCare system, relevant risk assessments were generated for completion.
- Regular audits ensured that all checks and risk assessments were completed and accurate.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- Staff participated in training about infection prevention and control each year. This was updated in line with government guidelines. During the COVID-19 pandemic additional training had been completed in specific areas including donning and doffing PPE.
- The premises were very clean and we saw records that showed regular cleaning took place.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider continued to request relative's book an appointment to see their family members to ensure they did not have too many visitors in the premises which would make social distancing difficult. Visitors were asked if they had any symptoms of COVID-19 before entering the service.

Learning lessons when things go wrong

- Accidents, incidents and near misses were analysed both at the time of the incident and afterwards when audited. Learning taken from such events was shared at the earliest opportunity with the staff team.
- 'Stand up' meetings were held daily and information was shared with department leads for cascading to team members after the meeting.

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 our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that staff were kind and caring. They told us, "They are always very kind. They've always got something nice to say.", "Nothing is too much trouble. They do things, only little things, for you, but they mount up."
- Relatives were also complimentary of the care people received from staff. One told us, "My mother feels very comfortable with the carers they give her hugs, when allowed, and she hugs them back. The staffing levels seem okay but they do rush around but always make time for the residents."
- Staff were also asked if they believed they still provided outstanding care to people living at Netley Court and most told us they thought this was not the case. A staff member told us, "As being part of a very strong experienced passionate team in all departments that gained Outstanding over 2 years ago it pains me to see what the home has become, so no."
- Staff also told us there was a lot of information available about people in their care records held on their 'pods' (handheld tablets for care records). However, they were concerned that they had insufficient time available to read the information. A staff member said, "There is a lot of information on the residents, I feel that there is enough information but staff don't get the time to read through all the information to enable them to get to know each resident properly, plus not having enough staff means that they can't spend as much time with residents getting to know them." A second staff member told us, "I hate to be a broken record... but there are not enough hours in the day to have much time to really get to know them or read the info on the 'pod'. Of course, over time you get to know them and meet family, but we are always on the run."

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

- Staff supported people to make decisions about care. We saw staff ask people what they wanted for meals, if they needed personal care and whether they wanted to move or attend activities.
- More significant decisions were made by people if they had capacity to do so or through the use of best interest decisions involving relevant people.
- Staff were aware of how people preferred to communicate, for example, if they needed extra time to respond to requests.
- Peoples care records held information on preferences and decisions they had already considered such as DNACPRs and advanced decisions about healthcare.

Respecting and promoting people's privacy, dignity and independence

- Staff were discreet when asking people if they needed support with care.
- Staff spoke kindly about people and were committed to maintaining dignity. One staff member said,

"Giving them choices, listening, giving them a purpose, valuing their opinions whilst raising their self-esteem." Another told us, "For myself, it is important that residents are called by name, given time to talk, and given answers for any of their concerns."

- People told us they received an appropriate level of support and said staff were encouraging and enabled them to be independent whenever possible.

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 our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and area managers strived to develop a positive culture within the service, however this was not always evident. There had been numerous attempts to provide opportunities for staff to speak with the deputy managers, the registered manager, the human resources manager and regional managers, however only one of the available sessions had been used by staff.
- Staff did not feel the management team were approachable or listened to them, however the team had not used the opportunities to discuss concerns that the management team had offered.
- Staff told us the registered managers office door was frequently closed and they were not seen supporting people in the service.
- One staff member told us, "I don't believe management understands or sees the time pressure we are under." A second staff member said, "I have to say that the management [team] is very helpful, however what I can see they have so much admin work to do, that they are not able to be more on the floor." Another staff member added, "Most of the time the office door is closed and if you manage to speak to the registered manager, they will mostly not have the time or say they will get back to you but doesn't."

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

- Audits were completed on a range of aspects of service provision including medicines, call bells, consent and nutrition and hydration. Action plans were completed to ensure improvements were made should shortfalls be identified.
- Notifications were made as necessary and in line with the requirements of the Health and Social Care Act 2008.
- There was a registered manager in post, and they were supported by two deputy managers. Staff raised concerns that none of the management team worked outside of the hours of 09:00 to 17:00 from Monday to Friday. Currently there were no management on duty at the weekend or outside of office hours. An on-call system was in place should staff need management support outside of these hours.
- Concerns were also raised by care staff that when they needed hands on support with care tasks for example, this was not available from either the registered manager or the deputy managers whereas they felt the previous registered manager had prioritised care provision over office-based tasks.
- Staff reflected that the lack of hands on support from the management team may be due to a high workload.
- People were not familiar with the current management team. One person told us, "I never see the manager."

they never come around to us, they're too busy I suppose. They don't ask us if everything is OK." A second person told us, "Yes, very good. There's the lady in reception and the one in the office, we don't see her much." A third person said, "I don't know the management. It's changed over the last two years. I think it could be better."

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

- Regular quality assurance questionnaires were sent to people, relatives and staff members to obtain their views on Netley Court.
- Meetings were held with people, relatives and staff members. An additional meeting, the food forum, was also held so people could discuss meal provision and preferences.
- Staff were concerned that communication was not always good and they did not always hear about changes in a timely way. The registered manager advised us that information, for example actions to take following a fall, would be shared at the daily stand up meeting for department leads to cascade to teams.
- Relatives were mostly happy with the level of communication they had from senior care staff.

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

- The provider had a clear understanding of the duty of candour and applied it appropriately. There was a clear procedure in place to ensure clarity when things went wrong.

Working in partnership with others

- The provider had developed positive working relationships with health and social care professionals and worked closely with them to ensure people received appropriate care.