Nethercrest Care Centre (Dudley) Limited

Nethercrest Residential Home

Inspection report

Brewster Street
Netherton
Dudley
West Midlands
DY2 0PH

Tel: 01384234463

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Our inspection took place on 28 and 29 September 2016 and was unannounced. Our last inspection took place on 1 February 2016 and the provider was rated as Requires Improvement under each of the key questions.

Nethercrest Residential Home is registered to provide accommodation and personal care to a maximum of 43 older people who may have a diagnosis of Dementia. At the time of the inspection there were 41 people living at the home.

There was no registered manager in post. 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 home was being managed by a deputy manager and an acting manager from the provider's sister home. Both managers were present during the inspection.

Staff did not always manage risks to keep people safe. Guidance available for staff on how to support people where risks are posed was not always clear. People were supported by staff that had undergone checks to ensure they were safe to work but these checks had not been updated for staff who had worked with people for a number of years. People had their care needs met in a timely way but there was a lack of staff available in communal areas for people. Medication was given as prescribed but where concerns around the storage of medication were found, these had not been acted upon. Staff knew how to report concerns to safeguard people from abuse.

People were supported by staff who understood the need to seek people's consent but where people had Deprivation of Liberty authorisations in place, staff were not always aware of what these were and how they should support people in line with these. Staff were given an induction prior to starting work and had been given training to ensure they could support people effectively. However, this training had not always been updated and training specific to people's needs had not been provided. Staff did not have access to regular supervisions with their manager. People were supported to have enough to eat and drink. However, there were no systems in place to ensure that all staff were aware of people's dietary needs. People were supported to access healthcare services where required.

People felt that staff were caring. People were given choices although not all staff communicated effectively with people to ensure they could express their wishes. People were treated with dignity and supported to maintain their independence where possible. People were able to be involved in reviews of their care if they wished. Staff knew people's needs well and understood how to support people in line with their preferences. There were on going activities available for people. People were aware of how to make complaints if required.

People knew who the acting manager was and felt able to approach them. Staff understood the current management structure and felt supported by the deputy and acting manager. Audits had been completed to monitor the quality of the service but these had not been effective in identifying the issues we found at this inspection. People were given opportunity to feedback on their experience of the service and their suggestions were acted upon by the manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff did not always manage risks to keep people safe.

There were not always enough staff available for people within communal areas.

Medication was given as prescribed but some medications had not been stored correctly.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received timely updates to training and training given was not always specific to the needs of the people living at the home.

Staff sought people's consent in line with Mental Capacity Act 2005 but did not always understand how to support people with Deprivation of Liberty Safeguards (DoLS) in place.

People were given choices at mealtimes but there were no systems in place to ensure people's dietary requirements were met.

Is the service caring?

Requires Improvement

The service was not always caring.

Staff had developed friendly relationships with people but did not always communicate effectively to ensure people were given choice.

People were treated with dignity and supported to maintain their independence where possible.

Is the service responsive?

Good

The service was responsive.

People were able to be involved in the planning and review of their care if they wished.

There were activities available for people and plans were in place to further improve the availability of other activities.

Complaints made had been investigated by the manager and a response provided to the complainant.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was no registered manager in post.

Audits completed to monitor the quality of the service had not identified the issues we raised at the inspection.

People were given opportunity to feedback on the quality of the service.

Nethercrest 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.

This inspection took place on 28 and 29 September 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed 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 reviewed the information we held about by home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We spoke with the local authority commissioning team to obtain their views about the home and we considered their feedback when making the judgements in this report. The commissioning team's role is to oversee services purchased by the local authority to ensure people's well being.

We spoke with four people living at the home, one relative, three members of care staff, the kitchen assistant, the activities coordinator, two visiting health professionals as well as the deputy manager and the acting manager. As some people were unable to tell us their views of the service, we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three care records, three staff recruitment files and 10 medication records. We also looked at records kept on accidents, incidents and complaints as well as staff training records and audits completed

to monitor the quality of the service.

Requires Improvement

Is the service safe?

Our findings

We saw that staff were aware of the risks posed to people and how they should manage these. However, where risks were identified, these were not always acted on in a safe way. For example, when we arrived at the home, we were let into the building by a member of staff who did not speak with us or check who we were. The staff member opened the door and allowed us to walk into the home freely. This meant that the appropriate action had not been taken to ensure that people were kept safe from the risk of unauthorised people having access to their home. As the staff member had not stayed with us upon entering the home, they had also not ensured that the door was secured following us arriving.

We saw that where people displayed behaviours that can challenge, staff were aware of the actions they should take to minimise risk and keep people safe. Staff gave examples that included; talking to the person in a calm way and moving the person out of the distressing situation. However, the risks relating to the person as a result of their behaviours had not been clearly documented in the person's care records to ensure that new or agency staff were aware of the risks posed and how these should be managed. This meant there was a risk that the person would not be supported to remain safe in a consistent way as the guidance available for staff was not clear. We saw that other risk assessments were in place that identified the risks posed to people and how to manage these. Where accidents and incidents occurred, a record was kept of the actions taken to reduce the risk of reoccurrence. The actions taken included checking the person's equipment, referring to the GP and ensuring close observation of the person.

Staff told us that prior to starting work they were required to provide references and complete a check with the disclosure and barring service (DBS). The DBS check would show if a prospective employee had a criminal record or had been barred from working with adults. Records we looked at confirmed these checks had taken place. However, we saw that where staff had worked for the provider for a number of years, there were no systems in place to update these checks and ensure the staff member remained safe to work. This meant that the provider could not ensure that staff continued to be suitable to work. We spoke with the manager about this who told us they were unaware if further checks were completed on staff but would be addressing this with the provider.

People told us that while they received support in a timely way, they did not always feel there were enough staff to meet their needs. One person told us, "If I need them [staff], they come straightaway. There isn't a lot of staff on and if they are busy, they can't spend any time with you". Another person said, "If I need staff, I shout but they are busy and have a lot to cope with. They [staff] will come [if I need them] but it all depends on what is happening and if others need them first". This was confirmed by staff who told us that they felt rushed in their work and did not get to spend time with people. One member of staff told us, "There is not enough staff. It is stressful". Another staff member said, "I can feel rushed at times, I don't get as much time with people as I would like". We saw that staff were visible around the home and that people had their care needs met in a timely way. However, we observed that staff were rushed and often busy completing tasks around the home and this meant that no staff were available for people within the communal areas for extended periods. We saw that where staff did come into the lounge to spend time with people, this was often cut short by staff being needed elsewhere. The provider had told us in their Provider Information

Return (PIR) that staff were being recruited to ensure appropriate staffing levels. We spoke with the manager who confirmed this and told us that new staff were awaiting start dates to support with the level of staff available for people. The manager also told us of their plans to increase the number of senior staff on duty from one to two to support staff providing care. However, this staffing increase had not yet been implemented.

We looked at how medications were stored. Where medication was stored within a refrigerator, temperatures were checked daily to ensure that the medication was stored at a safe temperature. However, we saw that for the previous three weeks, the daily temperature checks identified that the fridge had been too warm. Although staff had recorded this temperature, they had not taken action to report this as a concern. This meant there was a risk that the medication stored within would not be effective as it had not been kept at the required temperature. We spoke with the manager about this who had not been informed that the fridge was not at a safe temperature but took action and ordered a new fridge once we had informed her of the issue.

People told us they were happy with the support they received with their medication. One person told us, "Staff bring me my tablets and I take them myself". Staff we spoke with told us that they had received training in how to give medications safely and could explain how they do this. We saw staff support a person to take their medication. The staff member ensured the correct medications were given by checking the Medication Administration Record (MAR), then informed the person that it was time to take their medication and stayed with the person while they took these. We looked at medication records and saw that MAR charts had been completed accurately and that the amount of medication available matched what had been recorded. We saw that where medication was given on an 'as and when required' basis, there was guidance available for staff informing them of when these should be given.

People told us that they felt safe at the home. One person told us, "We are all safe here". Another person we spoke with said, "I am alright here". Staff we spoke with understood the action they should take if they suspected someone was at risk of abuse. One member of staff told us, "I would report any concerns to the deputy or the manager". Staff told us and records confirmed that staff had received training in how to safeguard people from abuse. Records we looked at showed that the manager had taken appropriate action when safeguarding concerns were raised and had referred concerns to the local authority safeguarding team.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us that staff sought their consent before supporting them. One person told us, "Yes, staff always ask me first, they do nothing underhand". Staff we spoke with understood how they should gain permission from people. One member of staff told us, "I gain consent by asking. If the person cannot communicate, we try other ways. We will still tell people what we are doing and look for an acknowledgment such as a laugh or nod of the head". Staff told us and records confirmed that staff had received training in MCA.

Some people living at the home had a DoLS authorisation in place. We spoke with staff who told us they had received training in DoLS. However, staff understanding was inconsistent and we found that not all staff understood what DoLS are or who had an authorisation in place. Without the knowledge of who has an authorisation in place, staff would be unable to ensure that they were supporting people effectively in line with the conditions of their DoLS. We spoke with the manager about this who informed us they would address this with staff and ensure they are aware of who has DoLS authorisations in place.

People told us they were happy with the meals they were offered. One person told us, "The food is lovely, we have a choice". Another person said, "Meals are beautiful, I can't fault them at all. We get two choices but if I didn't want those, I could ask for something else". We spoke with kitchen staff and saw that while kitchen staff had a good understanding of people's dietary needs, there were no systems in place to ensure that non-permanent or new staff would be aware of people's dietary requirements when providing people with meals. One member of staff told us, "There used to be a sheet that told us about people's dietary needs but it got taken down and now new staff can't see what people's needs are. I can cater to people's dietary needs as I know them but new staff do not have that knowledge". The staff member went on to explain that they have had to prevent people being given food that does not meet their dietary needs by staff who were not aware of the person's needs. We saw that there were two meal choices available for people and that staff asked people what they would like to eat and drink. We saw that lunchtime was relaxed. However, some people were being supported to eat lunch only a short period after having breakfast. We spoke with the manager about this and were informed that this would be addressed with staff so that people can be supported to have their lunchtime meals at times more suitable to them where they have had their breakfast at later times.

People told us they felt that staff had the skills and knowledge required to support them effectively. One person told us, "They [staff] are good. I can't grumble". A relative we spoke with said, "Staff know my mom

well".

The provider told us in their Provider Information Return (PIR) that a full induction was provided to new staff and this was confirmed by staff we spoke with. Staff told us that prior to starting work, they completed an induction that included attending training and shadowing a more experienced member of staff. One staff member told us, "I had a solid, intense week of training and then shadowed for a couple of weeks". Staff we spoke with told us that the induction equipped them with the knowledge the needed to support people. One staff member said, "The induction was enough for me [to feel confident in the role]". We saw that newly recruited staff were enrolled on the Care Certificate. The Care Certificate is an identified set of standards that that health and social care workers should adhere too.

All staff we spoke with confirmed they had ongoing training to ensure they maintained the knowledge required to support people effectively. One member of staff told us, "The training is good, I have had quite a lot of training".Records showed that not all staff had completed updates to their training within the identified timescales. We also saw that training had not always been provided in areas that were specific to people's needs. For example, diabetes and behaviours that can challenge. We spoke with the manager about this who told us that there were training courses booked to address this and that staff would be placed on the training to bring their knowledge up to date. The manager also told us that they intended to speak with their trainer to implement training that was specific to the needs of people living at the home.

Staff told us they did not receive regular supervisions with their manager to discuss their role and identify any further training needs. One member of staff told us, "We had supervisions in the past but haven't had these for a while". Records showed that supervisions had not been given consistently. However, staff confirmed that although supervisions were not given consistently, they did feel able to approach the manager and request further training if needed. One member of staff said, "If I approached them [the management team] for more training, then I would get it".

People were supported to access healthcare services when required. One person told us, "Of course, they would get the doctor out to me [if needed]". Another person told us that due to health concerns, they have to take regular visits to hospital. The person told us that staff support them to attend these appointments. We saw that people were being supported to see health professionals at home and that people were being visited by chiropodists and district nurses. Records we looked at showed that people had been supported to see opticians, GP's and mental health teams where required.

Requires Improvement

Is the service caring?

Our findings

People told us they were supported to be involved in their care and could make choices. People confirmed they were able to choose what they would like to do, what clothes they would like to wear and what time they would like to get up each morning. One person told us, "If I want a cigarette, I don't have to ask permission, I just tell them and they support me outside". A relative we spoke with told us they were supported to be involved and kept informed about their family member. The relative said, "They [staff] always inform us if there are any problems".
Staff confirmed that they encouraged people to make choices. One staff member told us, "We involve people by asking them what they want". We saw that some staff gave people choices and then supported the person to do what they had expressed. However, we also saw that some staff did not provide people with choices. We saw that one person was supported from the dining area to their bedroom. The staff supporting the person had not communicated with the person to tell them what they were going to do and did not give the person a choice about whether they wished to move rooms. We observed staff use moving and handling equipment with the person and support them to walk into the next room without communicating with the person at all about what they were doing. This meant that the person was not given opportunity by staff to express their wishes about what they would like to do. We spoke with the manager about this who informed us they would address this issue with staff as a matter of urgency.

People told us that staff were kind and caring. One person told us, "The staff are lovely, they are great". Another person said, "Staff are quite nice". Staff displayed warmth when discussing people and we saw that staff had friendly relationships with people. One member of staff told us, "I am proud of the way we support people. We show people respect and treat them like family".

People told us they felt they were treated with dignity by staff. One person told us, "I get privacy when I want this". Staff could explain how they ensured they treated people with dignity and we saw them put this into practice. One member of staff told us, "I treat people how I would want to be treated; I will give choices and make sure I cover people up when I am helping with their personal care". We saw staff promoted dignity by referring to people by their preferred names and knocked doors before entering their bedrooms.

People were supported to maintain their independence where possible. One member of staff told us, "We try and encourage people to do things for themselves. For example, of a morning I will always ask people if they are able to wash their own face". Another member of staff told us about a person who occasionally requires staff support to eat. The staff member explained that although staff are aware that this person may need support, they ensure they are given time to try and eat independently before doing this for the person.

People told us that their family and friends were able to visit them at any time. One person told us, "My family can come at anytime". A relative we spoke with confirmed this and told us they did feel welcomed by staff when they visited. The relative said, "The staff are kind".

The manager told us that no-one currently living at the home required an advocate. However, the manager understood where advocacy services may be required and knew how to make referrals to this service if

required.

Good

Is the service responsive?

Our findings

People told us that staff knew them and their care needs well. One person told us, "Staff know what I do and don't like". A relative we spoke with said, "I think staff know my relative well". Staff we spoke with had a good understanding of people's needs and their preferences with regards to their care. We saw that one person was at times distressed. All the staff we spoke with understood how to support this person in a way that the person preferred to relieve their distress and we saw them do this. The person responded well to how staff approached them.

People were supported to be involved in planning for their care prior to moving into the home. An assessment took place alongside people and their relatives to ensure that the provider was able to meet the person's needs. This included discussing the person's health needs; support required with personal care and food preferences. Records we looked at confirmed that these assessments took place. We saw that care records were reviewed on a monthly basis to ensure that people's needs continued to be met. People told us that they were not involved in these reviews but felt able to have input if they wished. One person told us, "You can have a look at your folder [care record] if you want to but I never have".

People told us they had access to activities. One person told us, "We have just started having activities. We have exercise every other Monday and they do bingo and we play with the ball. I enjoy it". Another person had recently had a birthday and told us that a party had been arranged for them. The person was appreciative of the effort staff had put into their party and told us, "When it is someone's birthday, we make a big cake and have a party". An activities co-ordinator had recently been recruited and she told us about her plans to extend the number of activities on offer and start taking people out more. The activities co-ordinator said, "No-one goes out and I think they need that so we are registering everyone for public transport". We saw that the activities co-ordinator had planned activities for the day and saw them take time to play dominoes and bingo with people. We saw that the people involved in these activities enjoyed them. However, we saw that activities often were disrupted due to the activities co-ordinator being needed to support care staff with people's care. This meant that people were unable to complete activities due to staff being unavailable. We saw that care staff were busy and so unable to support the activities co-ordinator with ensuring that activities were not disturbed. We spoke with the manager about this who informed us that they were aware that activity staff were supporting with care and confirmed that new staff were being recruited to address this.

People told us they knew who they could go to if they wished to make a complaint. One person told us, "I would go to the main one [pointing to the manager] if I had a problem". Staff we spoke with knew the action to take to support people to complain. One member of staff said, "We have a complaint form that I will get people to fill in [if needed]". We saw that information on how people could make complaints was displayed in the reception area for people to access. We looked at records held on complaints and saw that the manager had investigated complaints and contacted the person making the complaint to discuss their concerns and ensure they were satisfied with the outcome of the investigation.

Requires Improvement

Is the service well-led?

Our findings

There had been no registered manager in post for five months. The service was currently being managed by the deputy manager and a manager from the provider's sister home. We spoke with the acting manager who informed us that a new manager had been appointed and would be taking up their position shortly.

We saw that the manager had completed audits to monitor the quality of the service. These audits included checking the home environment, people's experience of mealtimes and medication. Where areas for improvement had been identified, these had been acted upon. For example, We saw that the manager had recently completed a dignity audit to assess staff understanding of promoting dignity. The audit had raised a number of concerns. The manager had taken action to ensure the issues were addressed and we saw that as a result, all staff had been enrolled on dignity training. The manager informed us that they will be continuing to monitor staff working practices around ensuring people are treated with dignity. However, the audits completed had failed to identify the concerns we raised including; the issues with medication storage and the lack of guidance for staff on how risks should be managed. The audits had also not identified that staff knowledge of DoLS was inconsistent and that not all staff were aware of people's dietary needs.

We saw that people and relatives had been asked to provide feedback on their experience of the service. We saw from the most recent questionnaire that people had made suggestions regarding increasing staffing levels and activities. We saw that the manager had taken action to address this feedback. A new activity co-ordinator had recently taken up post and further staff were being recruited to support staffing levels. However, we saw that there were currently no systems in place to share the outcome of the questionnaires with people. The manager told us they had plans to implement a 'you said, we did' board in the communal areas that would give people information on how their feedback had been acted upon but this had not yet been implemented.

Staff told us that the instability in management over recent months had left them feeling unsupported at times. One member of staff told us, "The lack of a manager has left me feeling insecure. I would feel comfortable in raising an issue [with the acting and deputy manager] as they are approachable but I will feel better when there is a permanent manager in place". Another member of staff said, "The managers have only just started so I haven't had much to do with them. I try not to get too attached as managers never seem to stay". However, all staff did speak positively about the current management structure and felt able to gain support from the deputy and acting manager when required. One member of staff told us, "[The manager and deputy manager's names] are brilliant with any concerns I have and do act on them". All staff we spoke with told us that they had team meetings with managers to discuss the home and that there were managers available via telephone outside of office hours should they require support.

People told us they knew who the deputy and the manager were. One person told us, "The manager is [deputy manager's name]. She is lovely, If I had a problem, she would sort it". A relative we spoke with told us they felt the service was well-led. The relative said, "[Person's name] seems content and that takes the worry off". We saw that both the manager and deputy manager had a visible presence around the home and had developed friendly relationships with people. We saw that people were relaxed in their company and

were happy to sit and talk with both managers.

There was an open culture at the home and staff we spoke with understood how they could whistle blow if needed. Whistleblowing is where an employee reports concerns about a provider. One member of staff told us, "I know how to whistle blow. I would go to Care Quality Commission". We saw that the manager understood their legal obligation to notify us of events that occur at the service and that these notifications had been sent in appropriately. Notifications allow us to see how the provider responded to incidents and concerns raised at the service. 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. The provider had completed and returned their PIR to us within the timescale we gave. We saw that the provider had displayed the outcome of their most recent inspection in both the reception area of the home as well as on the website operated in relation to the home.