

Nethermoor House Limited

Nethermoor House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Nethermoor House provides accommodation and nursing or personal care for up to 19 people. On the day of our inspection, 18 people were receiving services, some of whom were living with dementia.

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

People were not safe from infectious illnesses as the infection prevention and control measures at Nethermoor House were not effective.

The providers did not always have effective quality control systems in place to identify and drive good care and support.

People's risks were managed in a safe way and staff knew how to protect people from the risk of harm and abuse. Staff members were trained and assessed as competent before supporting people with their medicine.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision. People were cared for by trained and skilled staff who knew people well. People were treated with kindness by a respectful staff team.

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 at Nethermoor House supported this practice.

Staff worked well together to meet people's needs and provide support in a relaxed and homely environment. People had access to healthcare when they needed it and received on-going health care support as part of their assessed needs.

People were supported to maintain a healthy diet by a staff team which knew their individual preferences. People had options regarding their meals and alternatives were provided if required.

People's individual protected characteristics like age, gender and sexuality were known, and promoted, by those supporting them. People were provided with information in a way they could understand.

The provider had systems in place to encourage and respond to any complaints or compliments. The provider, and management team, had good links with the local communities within which people lived.

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 'Good' (published 11 October 2017).

Enforcement

We have identified one breach or regulation regarding infection prevention and control. Please see the action we have told the provider to take at the end of this report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Nethermoor House

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 Care Act 2014.

Inspection team

One inspector and one assistant inspector carried out this inspection.

Service and service type

Nethermoor House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this

information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives. We used the 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 spoke with six members of staff including, the registered manager, care staff members, catering, domestic and administrative support staff. We also spoke with one visiting social care professional.

We reviewed a range of records. These included three people's care and support plans. We also looked at the records of medicines administration. We had sight of two staff member's files in relation to recruitment and supervision. In addition, we looked at a variety of records relating to the management of the service, including any quality monitoring checks and incident and accident records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Preventing and controlling infection

- The provider did not have effective infection prevention and control procedures in place which put people at risk from communicable illnesses. For example, we saw the staff toilet had evidence of extensive black mould like substance on the cistern, dining tables and over chair tables had areas of compromised varnish which exposed the wood below, hand rails were worn, lighting pull cords were discoloured with engrained unidentified matter, communal wheelchairs had ripped arm padding, baths had worn enamel exposing bare metal, radiators had rusted covers, radiators themselves were dirty and in some instances there was evidence of used tissues between the radiator and grill, toilet flooring had come away from the wall and in some instances the window frames were heavily corroded. All these issues prevented effective infection prevention and control measure which put people at risk of developing associated illnesses.

These issues were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt protected from the risks of abuse and ill-treatment at Nethermoor House.
- Staff members had received training and knew how to recognise and respond to concerns.
- People, staff, relatives and visitors had access to information which detailed how to report any concerns they had. The provider had systems in place to make appropriate notifications to the local authority to keep people safe.

Assessing risk, safety monitoring and management

- People's individual risks were safely assessed and planned for. People's individual risk assessments guided staff to support people in a safe and appropriate way whilst minimising the risk of avoidable harm.
- We saw assessments of risks associated with people's care had been accurately completed. These included risks to people's skin integrity, mobility and diet.
- Throughout this inspection we saw staff members safely supported people with several different mobility aids including frames and wheelchairs.
- People had personal emergency evacuation plans in place which contained details on how to safely support them at such times. For example, in the event of a fire or evacuation.

Staffing and recruitment

- People were supported by enough staff who were available to safely assist them.
- The provider followed safe recruitment processes when employing new staff members. The provider had

systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely

- Staff members were trained and assessed as competent before supporting people with their medicines. We saw staff members spoke with people to identify if they required any additional support with their medicines. For example, pain relief.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Learning lessons when things go wrong

- The provider and registered manager had processes in place to analyse accidents and incidents for patterns and trends and actions were put in place to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs had been holistically assessed in line with recognised best practice. These assessments included diet, nutrition, oral health and emotional well-being. All those we spoke with told us they felt involved with their assessments of care.
- People were supported by a staff team which knew them well and assisted them as they wished.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences. The registered manager had engaged people living at Nethermoor House in education and awareness to tackle the disparities in the standards of living and social isolation of older LGBT+ people. They recognised this was in its early stages and had a plan to develop this further to encourage people to continue to live the lives they wanted whilst receiving care services.

Staff support: induction, training, skills and experience

- People told us they were assisted by staff members who were well trained and motivated. When asked about the staff one person said, "They're the best ones around here."
- Staff members told us they received support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, health and safety and basic food hygiene. As part of this induction process, they shadowed other staff members until they felt confident and capable to work with people.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us, and we saw, they had a choice of food and could choose something not on offer if they wanted or preferred. We saw people making decisions about what they wanted to eat and where they wished to eat. We saw one person did not like a specific ingredient used in the preparation of the main lunchtime meal. However, so not to isolate this person the same meal was prepared for them with this ingredient removed. This indicated to us people were supported by staff who knew their specific food preferences.
- When people required specialist assessment, regarding their eating and swallowing, the management team referred them to the appropriate healthcare team. Any changes to people's dietary requirements were shared with staff members, including the catering staff, to ensure they were consistently supported.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient, communication systems in place. We saw staff members sharing relevant information with visiting healthcare professionals in order to assist with their assessments.

Adapting service, design, decoration to meet people's needs

- We saw people freely moving around their home. Signs were in place to support people with their orientation, but these were kept to a minimum in keeping with a homely atmosphere.

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals including dentists, footcare and opticians.
- One person told us when they first moved into Nethermoor House, they did not have a dentist. They were supported by the registered manager to identify a dentist of their choice and to attend appointment in the local town.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw the provider had made appropriate applications in line with the MCA and had systems in place to ensure any expired applications were reapplied for in a timely way to ensure people's rights were maintained.
- People told us they made decisions which affected them on a day to day basis. Throughout our inspection we saw people making positive decisions which included what medication they desired, what they wanted to eat, which activities they wished to take part in and where they wanted to go.

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 the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same '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

- All those we spoke with consistently told us they were treated well and with respect by a staff team who also promoted their dignity. One person told us they thought the staff were, "Very good." Relatives described staff members as, "Fantastic," "Brilliant" and "Amazing."
- People were supported by staff members who knew and respected them as individuals and assisted them to continue leading the life they wanted.
- People felt valued by those supporting them. We saw staff members engaging people in conversations about current affairs and things they were interested in. The relationships between people and staff members were on an equal basis which demonstrated respect for one another.
- People were supported at times of upset. One person started to show signs they had become anxious and distracted. A staff member recognised this immediately and spent time with the person reassuring them and encouraging them to express how they felt. This showed us people were supported to express themselves in a safe and encouraging environment.

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

- Staff members supported people to continue to make choices and decisions regarding the care and support they received. In some instances, staff members anticipated people's needs but still asked them what support they wanted prior to assisting them.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff in a dignified and respectful way. One relative said, "Staff are always respectful and support [relative's name] with dignity."
- We saw information, which was confidential to the person, was kept securely and only accessed by those with authority to do so.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were involved in the development and review of their own care and support plans. When it was appropriate relatives, or those close to the person, were also involved. These plans gave the staff information on how people wanted to be assisted. One visiting social care professional told us they felt encouraged to see families involved with their relatives care and support planning. This helped to provide a holistic picture of the person which focused on what people could do and where they needed assistance.
- Staff members knew people they supported well. Staff could tell us about people's lives so far including occupations and those that mattered to them as well as their individual preferences.
- People's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals. We saw one person's care plan was being updated following a recent change. This helped the person receive consistent care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and, in a format, they could easily comprehend. We saw the registered manager had developed a system of passing information to other healthcare professionals to ensure people's communication styles were known. This helped people receive information in a way preferred. For example, large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were involved in activities they enjoyed. We saw people taking part in group discussions, board games and house hold tasks like dusting. We saw one person folding laundry. A staff member explained to us they felt this person found this task to be relaxing and helped them focus. The person themselves appeared to be enjoying the task and remained engaged throughout.
- All those we spoke with told us visitors were free to visit whenever they could, and they were always made to feel welcome.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- Nethermoor House supported people at the end of their lives. People were supported to identify their preferences and desires for how they wished to be assisted as they moved towards this stage of their life. These choices were recorded for staff members to follow when the time arrived.

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 the last inspection this key question was rated as 'Good.' At this inspection this key question has deteriorated to 'Requires improvement.' This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The providers quality assurance systems were not always effective in identifying and driving good care. For example, during a recent infection prevention and control audit the assessor identified, "The staff toilet has mould on the cistern, this would benefit from being cleaned down. Communal bathrooms require attention, grime is evident on the bath seats and the enamel has come off which is an infection control risk." At this inspection we saw these recommendations had not been actioned. In addition, we found areas of concern not identified as part of this check. For example, the checks failed to identify ripped wheel chair arm rests, rusted equipment and worn hand rails.
- However, the provider did have other checks in place such as medication audits and care and support plan checks.
- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Nethermoor House and on their website.

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

- People, relatives and staff said the management team was approachable and they felt supported by them.
- The management team worked with people to identify what they wanted and if needed changed routines and practices to achieve these. For example, we saw one person's personal food preferences had changed. They worked with the person and the catering staff to ensure this person had their meals presented in a way which reflected their preferences whilst being sensitive to their needs.

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 registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care

and treatment.

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

- People told us they felt involved in decisions about Nethermoor House which impacted on them. People had regular meetings with the management team and also took part in some training events alongside staff members. For example, people were recently involved in an oral hygiene discussion alongside staff members.
- Staff members told us they could approach the management team at any time for advice, support or guidance.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Continuous learning and improving care

- The registered manager sought support and advice from managers within the providers organisation. They kept themselves up to date with developments in health and social care and received regular updates from professional organisations which included the CQC.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. For example, GP practices and district nurses and social work teams.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The providers infection prevention and control practices were ineffective.