

Nethermoor House Limited

Nethermoor House

Inspection report

131 Chaseley Road
Etching Hill
Rugeley
Staffordshire
WS15 2LQ

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11 September 2017

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Tel: 01889584368

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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 ●

Summary of findings

Overall summary

We inspected this service on 11 September 2017. This was an unannounced inspection. At our previous visit on the 6 September 2016 improvements were needed where people lacked the capacity to make certain decisions for themselves, to demonstrate that their rights were being upheld. Improvements were needed to ensure medicines were always recorded in accordance with good practice. The systems used to assess and monitor the quality and safety of the service required improvement, to ensure shortfalls were consistently identified and to ensure people's care was kept under review and remained relevant. At this inspection, the required improvements had been made.

Nethermoor House provides residential care for up to 19 people some of whom may be living with dementia. At the time of our inspection there were 19 people using the service. There was a 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.

There were sufficient staff available to support people. People were supported by staff that understood their care and support needs to enable support to be provided in a safe way. People were protected from the risk of harm because staff understood what constituted abuse or poor practice and systems were in place to protect people from the risk of harm. People were given their medicine as prescribed and medicines were managed safely. Checks on staff were undertaken before they started work to ensure they were suitable to support people.

People's needs and preferences were met by staff that received training and supervision, to support and develop their skills. People were supported by staff to make their own decisions and staff gained their verbal consent before supporting them with any care tasks. Where people were unable to make decisions independently they were supported in their best interests and in accordance with the Mental Capacity Act. People received food and drink that met their nutritional needs and preferences and were referred to healthcare professionals to maintain their health and wellbeing.

People were supported by staff that were caring towards them and supported them to maintain their dignity and privacy. People were supported to maintain relationships that were important to them and participate in activities to enhance their well-being. People's opinions were sought by the provider to drive improvement. The registered manager understood their responsibilities around registration with us. Staff felt listened to and supported. People knew how to complain and we saw when complaints were made they were addressed. Quality monitoring checks were undertaken to monitor the service and when needed action was taken to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who understood their responsibilities to keep them safe from harm. Risks to people's health and welfare were identified and managed. Arrangements were in place to minimise risks to people's safety in relation to the premises and equipment. There was enough staff available to support people. The recruitment practices in place checked staff's suitability to work with people. People received their medicines as prescribed and they were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by trained staff. Staff had clear guidance on how to support people in their best interests when they were unable to make decisions independently. People's nutritional needs were met and monitored. People were supported to maintain good health and to access healthcare services when they needed them.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and interacted with them in a kind and caring way to enhance their well-being. People's privacy was respected and they were supported to maintain their dignity and independence. People were supported to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in discussions about

how they were cared for and supported to ensure their individual needs were met. The provider's complaints policy and procedure was accessible to people and their relatives and any complaints made were addressed.

Is the service well-led?

The service was well led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. Staff told us the manager was approachable and felt supported in their work. There were quality assurance checks in place to monitor and improve the service.

Good ●

Nethermoor House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive inspection took place on 11 September 2017 and was unannounced. The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. The provider had 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 used all of this to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with five people who used the service, two people's visitors, three members of care staff, a senior carer and one member of the catering team. We also spoke with the registered manager and one of the directors. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People and their visitors told us they felt safe. One person said, "The staff around me makes me feel safe they take care of us." Another person told us, "I am safe here. It's the way I am treated. The staff are very good to us all." A visitor told us, "I would say [Name] is safe purely because they have put everything in place. One of the staff is always there. I have no qualms about them being safe."

The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "I would report any concerns straight to the manager. If the manager wasn't here I would tell the person in charge." Staff told us they were aware of the whistleblowing policy and knew they could contact external agencies such as the local authority or the care quality commission. Whistle blowing is the process for raising concerns about poor practices.

We saw that staff supported people in a safe way when helping them to mobilise. Where risks were identified the care plans described how staff should minimise them. Records seen and discussions with staff demonstrated that accidents, incidents and skin care was monitored and reviewed with the input of the district nursing team where needed. This assured us that people's safety was monitored and the appropriate actions were taken to keep people safe.

Staff confirmed they had all the equipment they needed to assist people and that the equipment was well maintained. The maintenance records showed that all of the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people to use. We saw that a planned programme of checks was also in place for the servicing and maintenance of fire alarm systems and water temperatures. This meant the provider took appropriate action to minimise risks related to the premises and equipment.

Plans were in place to respond to emergencies. Personal emergency evacuation plans were in place for each person. Copies of these plans were kept within a grab bag that also contained the homes procedure on evacuation. This ensured information was easily accessible regarding each person's support needs in the event of fire or any other incident that required the home to be evacuated.

People told us and we saw that staff were available to support them as needed. One person told us, "There are plenty of staff about. You can get help if you need it". One visitor said, "My relative is safe here. The staff watch [Name] because they wander at night. They know when they are up as there are pressure pads on the floor and when they go off the staff are there. They also check on [Name] every hour throughout the night." Staff also confirmed there was enough staff available to meet people's needs.

The manager checked staff's suitability to deliver care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the provider. We looked at the recruitment records in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen

had all the required documentation in place.

People told us they were supported to take their medicines and confirmed that they received these as prescribed. One person told us, "I get my medicines twice a day." Another person told us, "The staff give me a pill twice a day. It's a pink one. I think they like to make sure I take it. I have got nothing to worry about." We observed staff administering people's medicines. People were given a drink and time to take their medicines. The staff member stayed with them to ensure medicine had been taken before recording this. We saw that medicines were stored appropriately and records were in place to demonstrate that people received their medicines as prescribed.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

At the last inspection improvements were needed where people lacked the capacity to make certain decisions to demonstrate that their rights were being upheld. At this inspection we saw that decision specific capacity assessments were in place. This information identified people's capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. People confirmed that the staff gained their consent before supporting them. One person told us, "The staff absolutely ask my permission, they are very polite in that way." We saw that staff gained people's verbal consent before assisting them with any care tasks and supported people to make decisions, such as making choices of food and drink and participating in activities. This demonstrated staff respected people's rights and supported them to make their own decisions when possible.

At the time of our visit, the manager confirmed that five DoLS authorisations were in place and further applications had been made to the Supervisory Body for eight people that used the service. This showed the manager ensured that where people were being restricted in their best interests, this was done in accordance with the MCA.

People told us that they were happy with the care they received and that staff were helpful and supportive. We saw that staff had the skills and knowledge to meet people's needs and promote their wellbeing. Staff told us that they received the training they needed to care for people effectively. One member of staff said, "The training I get covers everything I need to support people. We get a mixture of eLearning and face to face training dependent on what the subject is." Staff confirmed they received regular supervision from the manager. One said, "If there any issues we don't have to wait for supervision. The manager is very approachable."

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. One person told us, "The food is good. I had a jacket potato and beans with cheese. I liked it. I like the food. There are plenty of choices."

Another person said, "I like the food. There is too much of it but I can always finish it. I can have as much as I want. You can have something different. Nothing is ever a problem. They are good like that." We observed the lunch time meal and saw that staff were attentive to people's needs and checked throughout the meal that they were satisfied and enjoying their meal. We saw and people told us that drinks and snacks including fresh fruit were provided on a regular basis throughout the day. One person said, "You can have as much to

drink as you want. They always come around with drinks and snacks." We saw that large cups were used to ensure people had sufficient fluids. We spoke with a member of the catering team who was knowledgeable about people's dietary needs and their likes and dislikes. People were supported to maintain their nutritional health. Nutritional risk assessments were in place and people's weight had been monitored regularly. We saw that where people were at risk of malnutrition the manager had made referrals to specialist services to ensure their dietary requirements were met. For example we saw that some people were provided with food supplements to enhance their dietary intake.

We saw that referrals were made to the appropriate health care professionals when needed. People we spoke with confirmed this. One person said, "The doctor has been in. I had a bad knee. It is better if I am walking. It is better to keep moving around. He comes in every week." Another person told us, "The chiropodist has been in last week." A visitor told us, "The doctor has been in once or twice to see [Name] since moving in here." We saw that staff followed the guidance from health care professionals to ensure people were supported according to their need. For example we saw that staff supported people to use the equipment they had been assessed for to reduce pressure damage to the skin and to assist them to move safely.

Is the service caring?

Our findings

People told us that the staff team were caring and friendly. One person said about the staff, "They treat all of us very good, just like you are at home." Another person said, "The staff are very good. They are excellent. They are lovely to get on with." We observed staff talking to people throughout the day in an open and friendly way. When people had not understood what was being said the staff gently repeated this and gave the person time to respond. Staff were attentive to people's needs.

People told us the staff understood their needs and preferences. One person said, "The staff help me with everything. They know me quite well." Staff we spoke with knew about people's likes and dislikes which enabled them to support people in their preferred way. For example we saw that staff knew how people liked their drinks served and how they preferred to spend their time. People's life histories were recorded in their care records. This gave staff information to enable them to get to know the person and people that were important to them.

People told us staff supported them to maintain as much independence as possible. One person told us, "I do as much for myself as I can. I like to walk around. Sometimes I need some help and one of the staff will come with me. Other times I walk around by myself." A visitor told us, "[Name] can do quite a lot for themselves. The staff support [Name] to bathe. I think they might help with getting in and out of the bath but [Name] can do the rest themselves and trusts the staff." People told us they were able to decide when they got up and went to bed. One person said, "Some people go to bed quite early but I like to stay up, I'm a night owl. The staff are fine with that, I go to bed when I'm ready. I usually sit and chat to the staff and read." Some people preferred to spend time in their bedrooms. One person said, "I spend my time on my own, either in my room or in the living room watching TV. I like to be on my own."

People told us that staff respected their rights to privacy when they wanted it and supported them to maintain their dignity. One visitor told us, "The staff here are utterly respectful." Another visitor told us, "They are sensitive here, very sensitive. They look after her pride and dignity, they really do." We observed people's dignity was promoted by staff when they received care and support. For example, when asking people if they needed to use the bathroom staff asked them quietly and discreetly, to ensure other people could not overhear.

People were supported to retain their identity and self-image, for example, we saw people wearing accessories, such as jewellery and make up. Some people liked to dress smartly and we saw they were supported to do this to demonstrate their individual style and preference. One visitor told us, "They make sure her clothes match. She has always been proud about the way she looks and they make sure she looks her best." People were supported to maintain their faith. For example, some people received communion from the local church on a regular basis.

Visitors confirmed that they were involved in reviews of their relative's care. One visitor told us, "My brother and I went over the care plan with the manager."

People told us they were supported to maintain relationships with family and friends that were important to them. One person said, "My sisters and my daughter come and see me when they can. They are busy with work." One visitor told us, "I was offered a cup of tea this morning. I always get offered a cup of tea when I come in." Another visitor said, "You can come and go as you wish." We saw a children's play area was provided for young visitors in the smaller lounge. This demonstrated the provider had considered the importance of making the home a suitable environment to welcome visitors of all ages.

Is the service responsive?

Our findings

At the last inspection improvements were needed to ensure people's care records were kept under review and remained relevant. At this inspection we saw that people's care plans and daily records were up to date and fully completed. People confirmed that the support they received from staff met their individual needs. One person told us, "The staff are very kind. They help me get dressed. I tell them what I want and they get it for me." Another said, "Being here I feel more like myself. I feel better." Discussions with staff as to how they cared for and supported people matched what we read in the care plans.

At our last inspection, improvements were needed to ensure people's social and therapeutic needs were met. At this visit we saw that opportunities were provided for people to participate in recreational activities and to socialise with each other. One person told us, "I have got friends here. I have a good laugh with different ones." Another person said, "I like the people here. I have a chat to people. They are my friends." We observed activities taking place. For example a quiz was undertaken which the majority of people participated in. We saw this was enjoyed and instigated several conversations between people. We saw that some people that were living with dementia were provided with doll therapy and soft animal toys to support their well-being. We saw that people responded well to these and appeared relaxed and comfortable. External entertainers also provided social stimulation such as exercises to music, pet therapy and singers. One visitor told us, "A singer comes in and they get [Name] up and dancing."

People we spoke with and their relatives told us that if they had any complaints they would report them to a member of staff or the manager. One person told us, "If I was ever worried I would go to any of the staff. You can do that here." A visitor told us, "I have no complaints. If I did I would speak to the manager." We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that complaints had been responded to promptly and addressed.

Is the service well-led?

Our findings

At the last inspection improvements were needed to ensure medicines were always recorded in accordance with good practice. This was because when people's medicine's had changed and the changes were hand written on medicine administration records (MAR) they had not been countersigned, to demonstrate they had been checked for accuracy. At this inspection no hand written entries were seen on records. The registered manager confirmed that if this was required a second member of staff would check the hand written entry and sign the MAR to evidence this.

At the last inspection the systems used to assess and monitor the quality and safety of the service required improvement, to ensure shortfalls were consistently identified. At this inspection we saw improvements had been made. Accidents and incidents were analysed which enabled the manager to identify any patterns or trends and take action. For example two people had been referred to the falls team to support them with their mobility. Audits were undertaken each month; this included audits by a consultancy company, the registered manager and managers from the provider's other homes. This enabled an independent approach to audits to be undertaken. We saw that audits were done on medicine management, the equipment in use, complaints and staff files. A resident of the day programme was in place which evaluated the person's care plans and monitoring forms. It also ensured people had sufficient toiletries and clothing available. We saw that actions were put in place where improvements were identified. For example we saw a calorie booster trolley had been implemented that provided snacks to people to enhance their well-being.

People and their visitors told us the home was well managed. One person said, "There is so much kindness here, nothing is any trouble. You can speak to anyone of them. They are not bossy. I can do whatever I want. It's a lovely place. I would recommend it. It's the day to day things, the way they look after you." Another person told us, "The manager is very good. She is easy to talk to and she listens to you. The home is lovely. I like it here." A visitor said, "I think this place is marvellous. It is clean. There is a calm atmosphere. It is a beautiful home. I like the manager; she is nice and approachable, friendly and helpful."

People told us and we saw that arrangements were in place to encourage people who used the service and their representatives to provide feedback about the quality of the service. This was done through satisfaction surveys and meetings with people. The manager confirmed that a cheese and wine evening was planned for people and their visitors to discuss feedback from the last questionnaires. We saw that actions were taken when feedback was received. For example an activities trolley had been put in place for people to choose activities of their choice.

We saw that meetings were held on a regular basis for the management team, senior care staff and the care staff team. Staff also confirmed that these meetings took place. One member of staff said, "If you can't attend there are minutes that you can read to keep you up to date." Questionnaires were also sent to staff to obtain their views and we saw that positive feedback from staff had been received.

We saw that consistent leadership and direction for staff was in place. We observed that the staff worked

well together in a calm, professional and friendly way and assisted each other as needed. Staff told us they enjoyed working at the home. One recently employed staff member told us, "I love the job I wish I had done this years ago, it's very rewarding." Another member of staff told us, "It's a good job and we all work well together. There is plenty of support and the manager is very good, very supportive."

We saw people's confidential records were kept securely which ensured only authorised persons had access to them. Staff records were kept securely and confidentially by the manager. The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.