

## Nutten Stoven Residential Home

# Nutten Stoven Residential Home

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on 3 January 2017.

Nutten Stoven Residential Home can provide accommodation and personal care for 30 older people. There were 19 people living in the service at the time of our inspection.

The service was operated by a partnership who was the registered provider. There was a registered manager. 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. In this report when we speak both about the partnership and the registered manager we refer to them as being, 'the registered persons'.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse including the risk of financial mistreatment. People had been helped to avoid the risk of accidents and medicines were safely managed. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to care for people in the right way. People had been assisted to eat and drink enough and had been supported to receive all of the healthcare assistance they needed.

The registered manager had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had taken the necessary steps to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed. Staff promoted positive outcomes for people who lived with dementia. People had been helped to pursue their hobbies and interests and there was a system for quickly and fairly resolving complaints.

People had been consulted about the development of the service and quality checks had been completed. The service was run in an open and inclusive way and good team work was promoted. Staff were supported

to speak out if they had any concerns and people had benefited from staff acting upon good practice guidance.

## 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.

Staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been helped to avoid the risk of accidents and medicines were managed safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

### Is the service effective?

Good ●

The service was effective.

Staff had received training and guidance and they knew how to care for people in the right way.

People enjoyed their meals and had been assisted to eat and drink enough.

People had been assisted to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests so that their legal rights were respected.

### Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

People's right to privacy was respected and staff promoted people's dignity.

Confidential information was kept private.

### Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive and they had been given all of the assistance they needed.

Staff promoted positive outcomes for people who lived with dementia.

People were supported to pursue their hobbies and interests.

There was a system to quickly and fairly resolve complaints.

### Is the service well-led?

Good ●

The service was well led.

People and their relatives had been invited to suggest improvements to the service which the registered persons had introduced.

Quality checks were regularly completed to make sure that people reliably received the care they needed.

There was good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

# Nutten Stoven Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons were 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.

Before the inspection we examined the information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 3 January 2017. The inspection team consisted of a single inspector and the inspection was unannounced.

During the inspection we spoke with eight people who lived in the service. We also spoke with two senior care workers, four care workers, the deputy chef, a housekeeper, the registered manager's personal assistant and the registered manager. We observed care that was provided in communal areas and looked at the care records for six people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, 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 speak with us.

# Is the service safe?

## Our findings

People said that they felt safe living in the service. One of them said, "I've settled in okay here and get on well with the staff." In addition, we witnessed a number of occasions when people went out of their way to be close to staff. An example of this was a person chatting with a member of staff and walking with them while they moved between the lounges to check that people were comfortable. All of the relatives we spoke with said they were confident that their family members were safe in the service. One of them said, "I'm very glad indeed to have found Nutten Stoven because I absolutely know that my family member is safe here. I call here a lot and have never had any concerns at all."

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

We found that people had been protected from the risk of financial mistreatment. This was because some people who needed help to manage their personal money were provided with the assistance they needed. Records showed that there was a clear account that described each occasion when staff had spent money on someone's behalf. This included paying for services such as seeing the hairdresser and chiropodist. In addition, we noted that there were receipts to support each purchase that had been made.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this was people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken practical steps to reduce the risk of people having accidents. An example of this was some people agreeing to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Other examples of this were people being provided with equipment to help prevent them having falls including walking frames, raised toilet seats and bannister rails. In addition, we saw that windows located above the ground floor were fitted with safety latches so that they did not open too wide and could be used safely. We also noted that staff knew how to enable each person to safely and quickly leave the building or move to a safe area in the event of an emergency.

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this was people being offered the opportunity to be referred to a specialist clinic after they had experienced a number of falls. This had enabled staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

We found that there were reliable arrangements for ordering, storing, administering and disposing of medicines. There was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the week preceding our inspection each person had correctly received all of the medicines that had been prescribed for them. We noted that the registered manager had quickly consulted with a person's doctor after they had declined to use some of the medicines that had been prescribed for them. This action had enabled the doctor to consider how best to ensure that medicines could be prescribed in a way that was acceptable to the person concerned.

People who lived in the service said that there were enough staff on duty to promptly meet their needs. One of them commented, "I'm looked after very well and there always seem to be staff around when I need them." Relatives were also confident about the way the service was staffed. One of them said, "Of course the staff are very busy, but all I can say is that I've never seen anyone having to wait too long for attention. You see the staff popping in to see people who stay in their bedrooms and so they get the care they need too."

We were told that the registered persons had reviewed the care each person required and had calculated how many staff were needed. On the day of our inspection visit we noted that all of the planned shifts had been filled. In addition, records showed that all shifts had been filled during the seven days preceding our inspection. We concluded that there were enough staff on duty because we saw people promptly being given all of the care they needed and wanted to receive.

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have relevant criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.



# Is the service effective?

## Our findings

People said that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. One of them said, "I like the staff because they're all genuine and nice people." Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "I know that my family member needs a lot of care now – much more than I would be able to give. I can see that they are well cared for here and that the staff know what they're doing."

Staff told us that the registered manager spent a lot of time in the service and regularly observed and reviewed their work. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also noted that all of the care workers had either obtained or were working towards a nationally recognised qualification in the provision of care in residential settings.

Staff told us and records confirmed that new staff had undertaken introductory training before working without direct supervision. We noted that this training was in line with the requirements of the Care Certificate. This is a nationally recognised model of training for new staff that is designed to equip them to care for people in the right way. In addition, records showed that established staff had completed refresher training in key subjects such as how to safely assist people who experienced reduced mobility, first aid, infection control and fire safety. The registered manager said that this was necessary to confirm that staff were competent to safely care for people in the right way.

We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Another example involved staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin and understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing.

We noted that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked. This had helped staff to quickly identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. Records showed that as a result of this measure some people had been invited to use high calorie food supplements to help them build up and maintain their strength. We also noted that the registered manager had arranged for some people who were at risk of choking to be seen by a healthcare professional. This had resulted in staff receiving advice about how best to specially prepare some people's meals so that they were easier to swallow.

People told us that they enjoyed their meals with one of them remarking, "The food is pretty good actually but I always get too much." Another person remarked, "I look forward to meal times because the food is good and I see everyone else in the dining room." We asked a person who lived with dementia and who used sign assisted language about their experience of dining in the service. We noted that they pointed towards

the dining room, motioned as if they were using cutlery and smiled.

Records showed that people were offered a choice of dish at each meal time. When we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. People chatted with each other and with staff as they dined. In addition, we saw that some people who needed help to use cutlery were discreetly assisted by staff so that they too could enjoy their meal.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A person spoke about this and remarked, "The staff get in touch with my doctor straight away if I'm unwell." During the course of our inspection a person became unwell. We noted that staff quickly identified that the person needed assistance and promptly requested that a paramedic attend the service. This helped to ensure that the person received all of the medical attention they needed.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the registered manager and staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a member of staff explaining to a person why it was advisable for them not to sit too close to a door that was in frequent use. They pointed out that the door was frequently opened and shut by staff and then demonstrated to them that it might knock into their chair.

Records showed that the registered persons recognised the need to liaise with health and social care professionals and with relatives when a person lacked mental capacity and a decision about their care needed to be taken in their best interests. An example of this was the registered manager working with relatives to ensure that a person received dental care in a way that did not distress them.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager knew about the requirements of the Deprivation of Liberty Safeguards and had applied for six necessary authorisations from the local authority. This had been done to help to ensure that the people concerned were only provided with care that protected their legal rights.

Records showed that some people had made legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were correctly understood by the registered manager and senior staff. This helped to ensure that suitable steps could be taken to liaise with relatives and representatives who had the legal right to be consulted about the care and assistance provided for the people concerned.

# Is the service caring?

## Our findings

People were positive about the quality of care that they received. One of them said, "Yes, I've no problem with the staff who are all kind to me." Relatives also told us that they were confident that their family members were treated with genuine kindness. One of them said, "I think that the staff are marvellous. They have to work really hard but they're always kind and helpful. To be honest I've never seen anything amiss here."

During our inspection we saw that people were treated with respect and courtesy. Staff were not rushed and made a point of speaking with people as they assisted them. We observed a lot of positive conversations that supported people's wellbeing. An example of this occurred when we saw a member of staff sitting with a person and chatting with them about an article they were reading in a magazine. They chatted about the characters involved in the article and then looked ahead to a television series to which the article related.

We noted that one person was tactfully being assisted to hold and manage money. We were told that in the past the person who lacked mental capacity had mislaid real money. However, they still wanted to hold bank notes that they could see in their purse and show to people during the course of the day. In response to this, we saw that staff had given the person laminated smaller versions of real bank notes so that they could use them. We saw that the person was pleased to have this money in their purse. On two occasions the person sat with our inspector carefully taking each note out of their purse and explaining what items they could buy with them. Staff had recognised that the person was reassured by having money and they had been caring in the solution they had adopted.

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this was a member of staff speaking with a person about one of their relatives who they did not see regularly because they lived in another part of the country. The member of staff encouraged the person to enjoy recalling when they were younger and regularly visited their relatives.

We noted that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local lay advocacy groups. Lay advocates are independent of the service and can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture. We also noted that communal toilets and bathrooms had locks on the doors and so could be secured when in use. We saw staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. In addition, when they provided people with close personal care they made sure that doors were shut so that people were assisted in private.

We noted that special arrangements had been made for one person who wanted to be reassured that only staff would enter their bedroom at night time. In response to this the registered persons had installed a special sensor by the person's bedroom door. This alerted staff if someone else was entering the bedroom in question when they knew that the room's occupant was in bed and so did not wish to be disturbed.

We saw that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wished to do so. A relative commented on this saying, "When I visit the home I can go where I like. The staff are always very welcoming and offer to make me a cup of tea. If I wanted to speak in private to my family member it's no problem at all."

We saw that paper records which contained private information were stored securely. In addition, electronic records were held securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

## Is the service responsive?

### Our findings

People said that staff had consulted with them about the care they wanted to receive. We noted that the results of this process were recorded in an individual care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their care plan. An example of this was people being helped to reposition themselves when in bed so that they were comfortable. Another example was the way in which staff had supported people to use aides that promoted their continence. In addition, people said and records confirmed that staff regularly checked on them during the night to make sure they were comfortable and safe in bed. Speaking about the care they received a person said, "All I can say is that the staff are very willing to help with whatever is needed." Another person who lived with dementia and who used sign assisted language pointed towards a member of staff who was speaking on the telephone to a doctor. They then smiled and gave a 'thumbs-up' sign.

We noted that staff promoted positive outcomes for people who lived with dementia. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person was becoming upset because they were not sure when they would be assisted to leave the dining room in order to return to one of the lounges. The member of staff quietly explained to the person that they had declined an earlier offer to be assisted back to their armchair. The person then recalled that this was the case and they were pleased to then be assisted to leave the dining room. Shortly after this we saw the person sitting in their armchair in one of the lounges. They were enjoying a glass of fruit juice that the member of staff had brought for them. The member of staff had known how to provide the person with the reassurance they needed.

People told us that they were satisfied with the opportunities they were given to enjoy social activities. One of them said, "There's something going on most days but I don't bother with it much. It's up to me if I join in." Records showed that people had been supported to take part in a range of social activities including things such as arts and crafts, quizzes and gentle exercises. In addition, we noted that entertainers called to the service to play music and engage people in singing along to their favourite tunes. Speaking about this a person remarked, "We do get a singer now and then and I like to listen to that. They sing the old tunes that we all like – it takes me back to earlier times."

We noted that there were arrangements to support people to express their individuality. We were told that a religious service was held regularly to support people who wished to meet their spiritual needs in this way. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life. In addition, the registered manager was aware of how to support people who had English as their second language including being able to make use of translator services.

People and their relatives said that they would be confident speaking to the registered manager if they had any complaints about the service. A relative said, "To be honest I've not really had to complain so far. There might be the odd niggles but they get sorted out straight away."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had not received any formal complaints in the 12 months preceding our inspection.

## Is the service well-led?

### Our findings

People who lived in the service told us that the service was well managed. Speaking about this a person commented, "The place runs okay and so things must be pretty sorted I suppose." Relatives were also complimentary about this with one of them saying, "Yes, I am very happy with how Nutten Stoven is run. The staff are efficient and the manager is very much on the ball and runs a tight ship."

People said that they were asked for their views about their home as part of everyday life. One of them commented, "I have a good old chat with the staff like you would at home and I can tell them what I want." In addition, we noted that people had been invited to suggest improvements to their home by completing an annual quality assurance questionnaire. We saw that the registered persons had carefully listened to people's suggestions and when possible had quickly acted upon them. An example of this were changes that had been made to respond to some people's concerns that they did not always received the right clothes back from the laundry. We noted that the registered manager had introduced additional checks to make sure that garments were discreetly name marked. Also, we saw that more regular checks were being completed to ensure that the clothes placed in each person's chest of drawers were the right ones.

Records showed that the registered persons had regularly checked to make sure that people were reliably receiving all of the care they needed. These checks included the registered manager making sure that care was being consistently provided in the right way, medicines were safely managed and staff had the knowledge and skills they needed. We also noted that checks were also being made of the accommodation and included making sure that the fire safety equipment, hoists and the passenger lift were well maintained. Other checks included making sure that hot water was suitably temperature controlled and radiators were guarded to reduce the risk of scalds and burns and food was stored and handled in the right way.

People and their relatives said that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. The registered manager and senior staff had a thorough knowledge of the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively run the service so that people received all of the care they needed and wanted.

We found that staff were provided with the leadership they needed to develop good team working practices that helped to ensure that people consistently received the right care. There was a senior care worker in charge of each shift and during out of office hours the registered manager and senior staff were on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered persons. They were confident they could speak to the registered persons if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

The registered persons had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. As an example of this we noted that a number of staff were completing an advanced training course on how best to support people who lived with dementia. We noted that the knowledge and skills staff had learnt on the course was reflected in how staff promoted the dignity and individuality of people who lived with dementia.