Care Quality Commission

Rotherham Metropolitan Borough Council

Netherfield Court

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection was unannounced, and was carried out over two days; 7 and 8 October 2015. The home was previously inspected in September 2014, where no breaches of legal requirements were identified.

Netherfield Court is a 21 bedded rehabilitation service, providing rehabilitation support to older adults who have been discharged from hospital, with the aim of enabling them to recover sufficiently to return to independent living. It is a short stay service, with the average length of stay being 19 days. In addition to the provider's own staff, various therapists and other professionals, employed by the local NHS trust, are based at the location. At the time of the inspection there were 12 people using the service.

Netherfield Court is located in the Eastwood suburb of Rotherham, South Yorkshire. It is in its own grounds in a quiet, residential area, but close to the town centre and public transport links.

At the time of our inspection the service had a registered manager. A registered manager is a person who has

Summary of findings

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 and associated Regulations about how the service is run.

During the inspection people told us they were very happy with the service they received at Netherfield Court. One person said to us: "It's fantastic, the staff are fantastic, the therapy and help are fantastic, the food is fantastic, what a place. It's been such a help." Staff we observed showed compassion and warmth in their interactions with people, and treated people with dignity and respect.

We found that staff received a good level of training, and further training was scheduled to take place in the coming months. Staff we observed had a good understanding of people's needs, and it was clear that their training had assisted them in understanding how to support people in a safe manner which reflected best practice.

There were systems in place for monitoring the quality of service people received, including monthly audits carried out by the registered manager, senior staff and a member of the provider's senior management team. People were also asked to complete a questionnaire when they had completed their stay at the service, and findings from this were used to plan future improvements in the service.

The provider had effective systems in place to ensure people's safety. This included staff's knowledge about safeguarding, and up to date risk assessments. Staff we spoke with understood what was required to care for people safely, and were knowledgeable about their role in this.

Staff and the management team had a good knowledge of consent and mental capacity, although we identified that improvements were required in relation to the way that on-going consent to care and treatment was obtained.

Summary of findings

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 were knowledgeable about how to keep people safe from the risks of harm or abuse, and were well trained in relation to this. Medicines were stored and handled safely.

Where people were at risk of injuring themselves or others, staff had the training and understanding which enabled them to address this. Recruitment procedures and audit procedures were sufficiently robust to ensure people's safety.

Is the service effective?

Requires improvement

The service was effective, although improvements could be made in the way consent was obtained and recorded.

Meals were designed to ensure people received nutritious food which promoted good health but also reflected their preferences. Mealtimes were observed to be comfortable and pleasant experiences for people, and people told us they particularly enjoyed the food at the service.

Is the service caring?

Good

The service was caring. We found that staff spoke to people with warmth and respect, and day to day procedures within the home took into account people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. There were arrangements in place to regularly review people's needs and preferences, so that their care could be appropriately tailored.

There was a complaints system in place, and the provider ensured that people were aware of the arrangements for making complaints should they wish to.

Is the service well-led?

Good

The service was well led. The home's manager understood the responsibilities of their role, and they were supported by a team of senior staff.

The management team were accessible and were familiar to people using the service. The provider had a thorough system in place for monitoring the quality of service people received.

Netherfield Court

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.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out over two days; 7 and 8 October 2015. The inspection was carried out by an adult social care inspector.

During the inspection we spoke with five staff, the registered manager and seven people who were using the service at the time of the inspection. We also checked the personal records of five of the 12 people who were using the service at the time of the inspection. We checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team and members of the provider's senior management team.

We observed care taking place in the home, and observed staff undertaking various activities, including handling medication, supporting people to make decisions and engage in activities, and using specific pieces of equipment to support people's mobility. We observed two mealtimes taking place in the home, and observed people preparing to exit the service.

Before the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

Good

Is the service safe?

Our findings

We spoke with three people using the service about whether they felt safe at Netherfield Court. They all said that they did. One person described the security arrangements in place. They said: "They [visitors] have to ring the bell and wait, so the staff can see who it is before they let them in. There's no coming and going of strangers here and that's as it should be, I feel a lot safer than I did in the hospital because you know they only let people in who should be here."

During the two days of the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. The home's management team said that staffing numbers were monitored to ensure that they could meet people's fluctuating needs, particularly bearing in mind the possibility of changing dependency levels as people using the service changed. Staff we spoke with confirmed this. Whenever we saw someone ask for help or support, staff were very quickly available to assist, and we noted that nurse call bells were responded to quickly.

We found that staff received annual training in the safeguarding of vulnerable adults. There was information available throughout the service to inform staff, people using the service and their relatives about safeguarding procedures and what action to take if they suspected abuse.

Other training had been undertaken to promote safety in the home, including health and safety training, infection control training and training in relation to how people with mobility difficulties should be supported to mobilise safely.

We checked five people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were detailed, and set out all the steps staff should take to ensure people's safety. However, we noted in one person's care plan there was information indicating that they had bed rails in place on their bed to reduce the risk of falls. The Medicines and Healthcare Products Regulatory Agency's guidance "Safe Use of Bed Rails" (December 2013) states that, "The Medicines and Healthcare products Regulatory Agency (MHRA) receives many reports of incidents relating to bed rails and associated equipment. These incidents are of concern as several result in patient harm or death, primarily from entrapment." As such, the use of bed rails should be carefully managed. There was no risk assessment in place in this person's file in relation to the risks presented by bed rails. We discussed this with the registered manager and a senior member of staff on the day of the inspection. They assured us that the provider's protocol required that risk assessments should be done, and showed us evidence of the appropriate pro forma. The risk assessment was put in place during the course of the inspection.

We checked the systems in place for monitoring and reviewing safeguarding concerns, accidents, incidents and injuries. We saw that a member of the provider's senior management team carried out a regular audit of the home, and part of this audit included checking safeguarding, accidents and incidents. The registered manager also maintained a central file of safeguarding, where any incidents were monitored and records kept of referrals to the local authority and notifications to the Care Quality Commission (CQC). We cross checked this with information submitted to the CQC by the provider, and saw that all notifiable incidents had been alerted as required by law.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Policy records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work. The DBS check helps employers make safer recruitment decisions in preventing unsuitable people from working with children or vulnerable adults. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. In addition to a DBS check, all staff provided a checkable work history and two referees.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were mostly being adhered to. Medication was securely stored, although there were no arrangements in place for recording the temperature that medication was stored at. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. We spoke with a senior staff member who had a good knowledge of the medication systems, and described to us that, in particular, the service

Good

Is the service safe?

benefitted from a good relationship with their pharmacist, who provided the flexibility needed when supplying medicines to a rehabilitation environment with a high turnover of people using the service. There was a policy in place relating to the handling, storage, acquisition, disposal and administration of medicines, however, this referred to out of date legislation, and did not address the issue of recording the temperature that medicines are stored at.

Requires improvement

Is the service effective?

Our findings

We asked five people using the service about the food available. They were all overwhelmingly positive about their experience of food and mealtimes. One person said: "The food is brilliant, really good, home cooked food. We're here to get better, and food is so important to that. They understand this here. The kitchen staff deserve a medal." Another person told us: "The meals are amazing, it's the best food I've had in a long time." People we spoke with told us that there were plenty of choices available at mealtimes, and our observations reflected this. However, although the menus indicated that cooked breakfasts were available every day, two of the people we spoke with said they weren't aware of this and would have enjoyed a cooked breakfast. We raised this with the registered manager, who said that they would ensure that people were better informed of this option. We spoke with a member of kitchen staff about people's nutrition and food preferences. They had a good knowledge of special diets, and described the systems in place for meeting people's needs if diets specific to their cultural needs were required.

We checked five people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details, including screening and monitoring records to prevent or manage the risk of poor diets or malnutrition. Where people needed external input from healthcare professionals in relation to their diet or the risk of malnutrition, appropriate and professional guidance was being followed.

We asked the home's manager about the arrangements for people who do not have capacity to consent. They told us that due to the nature of the service, it was assumed that each person using the service had the mental capacity to consent to their care and treatment. We cross checked this information with five people's care records. We found that although each person had a thorough assessment of their needs and preferences when they were admitted to the service, there was no information within the assessment recorded about their mental capacity.

We looked at the arrangements in place for obtaining people's consent to their care and treatment. Each person's file contained a document, which they had signed, setting out their consent to their care plan. However, the consent document included the sentence: "This is also to agree to any changes required…in the best interest of the customer [person using the service] in between reviews." This wording indicated that the provider felt it appropriate to make changes to people's care and treatment without obtaining their explicit consent.

We checked staff training records and saw that a small number of staff had not yet had training in the Mental Capacity Act or the Deprivation of Liberty Safeguards. We discussed this with the home's management team, who stated that these staff were on long term sick leave. This meant that all staff currently working in the service had received this training.

The management team described the systems in place for staff training. There was a list of training that all staff were required to undertake, with other training required depending on their role. Training was an on-going programme within the service. We noted that a sizeable number of staff required refresher training in relation to moving and handling. We raised this with the registered manager who showed us evidence that these staff were scheduled to receive this training the following week.

A senior staff member talked to us about the systems in place for ensuring people received effective care. They said that additional support from external healthcare professionals was readily available, in addition to the healthcare therapists based at the service. We saw in people's care records that assistance had been sought from a range of external healthcare professionals, including Speech and Language Therapists and GPs, as required in accordance with each person's needs. Where an external healthcare professional had been involved in someone's care, relevant care plans and risk assessments took into account the healthcare professional's guidance. Daily notes in each file we checked showed that this guidance was being followed.

Good

Is the service caring?

Our findings

We asked four people using the service about their experience of the care and support they received. Their responses were all positive. One person told us they found the staff to be, "all lovely people" and another said: "They [the staff] couldn't be better – I couldn't have wished for better. This place is getting me back on my feet and it's the staff I have to thank for that."

We carried out observations of staff interactions with people using the service over the two days of the inspection. Staff were consistently reassuring and showed kindness towards people both when they were providing support, and in day to day conversations and activities. Some of the people using the service preferred an informal relationship with staff, whereas others appeared to be more reserved. Staff tailored their approaches to people accordingly. We spoke with two staff who exhibited good understanding of the upheaval and anxiety that a stay in hospital and subsequently in a rehabilitation service can cause people, and the way they interacted with people reflected this.

We looked at feedback the provider had received from questionnaires they had given to people when they completed their stay at the service. People had given positive feedback about their experience of receiving care and support at Netherfield Court. One questionnaire respondent recorded: "The staff were all great, nothing was too much trouble." Another said: "Management and staff are brilliant, and congratulations to the chefs." One respondent stated that staff treated them with "respect and dignity."

During the inspection, we observed some people preferred to stay in their rooms. Staff respected this, but checked on people regularly in accordance with their wishes. There were call bells available for people to summon staff assistance. People we spoke with confirmed that they knew how to use this system and that they found it to be effective. As part of the inspection, we wanted to check records of people's medication, which was kept in their rooms. Staff checked with each person beforehand that they were happy for the inspector to enter their rooms, ensuring, therefore, that their dignity and privacy was upheld.

We spoke with two staff about how they respected people's privacy and dignity. They described the steps they routinely took, including understanding people's need for privacy in their rooms, and addressing people in the manner in which they wished to be addressed. At times, we noticed that people using the service spoke to staff in communal areas about aspects of their health or care. Staff ensured that they conducted each conversation discreetly, ensuring they upheld people's privacy.

We checked five people's care plans, and saw that risk assessments and care plans described how people should be supported so that their privacy and dignity was upheld. We cross checked this with daily notes, where staff had recorded how they had provided support. The daily notes showed that staff were providing care and support in accordance with the way set out in people's care plans and risk assessments.

Good

Is the service responsive?

Our findings

People told us there were things to do at the service, although most told us they preferred to watch TV in their rooms. One person told us that they had plenty to do when following their therapy programme, and therefore welcomed the opportunity to have quiet time in their room rather than take part in formal activities. There were books and jigsaws available for people to use, and some people we observed enjoyed time in the communal area chatting with staff and other people using the service. One person praised the visiting hairdresser and told us they greatly enjoyed their appointments with them. Two people told us that, having come to Netherfield Court from hospital, they missed the ability to order a daily newspaper which they had been able to do at the hospital. We raised this suggestion on their behalf with the registered manager.

We checked care records belonging to five people who were using the service at the time of the inspection. We found that care plans were highly detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed. Care plans were regularly assessed to ensure that they continued to describe the way people should be supported, and reflect their changing needs.

Care records showed that people's care was formally reviewed regularly to ensure it met people's needs as they progressed through their programme of therapy. We looked at one person's records which showed that their programme of care had been geared towards supporting them to walk independently, and as such, it had been reviewed regularly as they regained independence. We spoke with the person concerned, and they told us how their support had changed during their stay at Netherfield Court to assist them in becoming sufficiently independent to return home.

There was information about how to make complaints available in the communal area of the home, although the complaints register showed that very few formal complaints had been received at the time of the inspection. Where complaints had been received, they had been responded to within the timescale set out in the provider's complaints policy, and complainants had been directed to the appropriate sources of external remedy should they remain dissatisfied. Complaints information was also featured in the service user guide, which was a document setting out what people using the service could expect when using the service.

Good

Is the service well-led?

Our findings

The service had a registered manager and a team of senior staff. The senior staff deputised in the manager's absence, and we found they had a good oversight of the service, to enable them to manage the home when the home manager was absent. The senior staff also had their own areas of responsibility, including supervising staff, auditing some aspects of the service and overseeing care records

Staff told us that they found the management team within the home to be approachable, and we observed that throughout the two days of the inspection the registered manager was highly visible. Staff we spoke with were confident in their knowledge about how to raise concerns or give feedback to managers. There was a whistleblowing policy in place to support staff who had any concerns, and this was made available to staff during their induction.

We asked two members of staff about the arrangements for supervision and appraisal. They told us that they received regular supervision and annual appraisal. We checked the supervision schedule which confirmed this. Supervision and appraisal records showed that staff development, training and support needs were discussed to assist staff in enhancing and developing their roles.

Staff we spoke with had a good understanding of their role and responsibilities, and of the day to day operations of the service. They could describe how they were expected to perform, and a system of designated duties for each shift and role assisted in this. We checked minutes from three recent team meetings, but found that they didn't reflect staff's input to the meetings. We discussed this with the registered manager, who told us that staff did have input into team meetings, and they would revisit the way minutes were recorded to better reflect this.

Many of the staff based at the service were therapists employed by the local NHS trust rather than directly employed by the provider. People using the service did not always understand this distinction. For example, one person raised a minor concern with a therapist who advised the person that they should raise their concerns with "a staff member." The person replied that they thought they had. We asked two other people if they understood this difference, and they said they didn't. We raised this with the registered manager, who said that they would look at ways of enabling people to better understand this distinction.

There was a quality audit system which was used within the service. It comprised monthly checks carried out by the registered manager, looking at the quality of care records, the premises, medication, supervisions and infection control arrangements. Other areas were also audited by the manager and the senior staff team. A senior manager visited the service on a monthly basis, and carried out an audit of the service, including gaining feedback from people using the service and carrying out observations. This audit system was modelled on CQC's five questions, thereby looking at whether the service was safe, effective, caring, responsive and well led.

We asked to see a copy of the service's Statement of Purpose. A Statement of Purpose is a document that registered providers are required by law to have, and to keep regularly under review. This document was up to date, but did not contain the correct information about the regulated activity that the provider was registered to carry out at this location. The registered manager told us that they would address this and notify CQC, as required by law, when it was completed.