

## Nutten Stoven Residential Home

# Nutten Stoven Residential Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Nutten Stoven Residential Home is a care home which provides personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

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

Staff had not always received safeguarding training. However, they understood their responsibility to keep people safe.

Risks associated with people's care had been identified but was not consistently recorded.

People received prescribed medicines. However, information was not always readily available for staff on the administration of 'as needed' medicines.

People felt safe using the service.

Measures were in place to reduce the risk of infection.

Positive actions had been taken to reduce accident and incidents.

There were enough staff to meet the needs of people.

Safe recruitment practices were being used.

There was no registered manager in the service. However, there was a manager in post, who was going to be applying to become the registered manager.

There was an improvement relating to quality assurance processes. Audits identified areas of improvement and action was being taken to address these. This continued to require time to embed these processes with the new senior team.

Staff and relatives spoke highly of the manager and provider, who were both open and transparent during the inspection.

Staff work with other agencies to achieve better outcomes for people's care.

People, relatives and staff were happy with the care and support available at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was requires improvement (published 23 October 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 13 August 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve relating to good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained at requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nutten Stoven Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Nutten Stoven Residential Home

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team was made up of one inspector.

#### Service and service type

Nutten Stoven Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. However, there was a manager in post who was going to be applying to become the registered manager.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection to ensure measures could be put in place to reduce COVID-19 risks.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We request information about the service relating to staffing, quality assurance and the running of the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the provider, manager, care co-ordinator, a senior care worker and a care worker.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse.
- Whilst not all staff had received safeguarding training, they had good knowledge of what to do if they were concerned about potential abuse. Safeguarding was discussed regularly, as an agenda item, in team meetings.
- The manager told us that staff would be enrolled in an online course to complete safeguarding, whilst awaiting a face to face training session, which had been booked and is being brought forward.
- Staff told us they would approach the manager and the provider if they had concerns around people using the service. One staff member said, "I would, without a doubt take concerns to [Name of manager], they would deal with it. But if for whatever reason they didn't, I would go straight to [Name of provider]."
- People and their relatives told us they felt the service was safe. One person said, "Oh yes, it's safe here."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care had been identified and positive steps had been implemented to protect people from harm. This had not always been recorded consistently. We discussed this with the manager, who took immediate action to resolve this.
- Staff knew people they supported well and knew what was required to keep them safe.
- Where people had frequent falls, this was reviewed by the manager, who took action to reduce the risk of reoccurrence and to understand why the fall occurred. For example, testing for infection, referral to the GP and implementing sensor mats.
- Where a person lived with a diagnosis of diabetes, there was information available for staff to enable them to identify signs and symptoms of high and low blood sugar. This information included what intervention was required from care staff and medical teams.

Using medicines safely

- People received their prescribed medicines by trained and competent staff. However, there was a lack of information for staff relating to 'as needed' medicines. We discussed this with the provider and manager who took immediate action to ensure this information was available.
- The management team conducted frequent medicine audits, identifying areas of improvement and had an action plan they were working on to resolve this. There was a stock balance audit completed after the administration of each medicine. This was to identify any errors in a timely way.
- Where people required medicine, which had to be given in food to ensure they received their prescribed medicines for health conditions. Records showed the doctor had provided clear instructions to enable staff to do this safely.

### Staffing and recruitment

- There were enough staff in line with the providers safe staffing tool. This was reviewed on a weekly basis and as people's needs changed. This was to ensure staff could meet peoples needs.
- The registered provider continued to carry out appropriate pre-employment checks on staff to ensure their suitability to work with people they supported. This included obtaining references and a criminal record check.
- Relatives told us there had been an improvement since the last inspection relating to activities and things to do for people. One relative commented, "There is always things for people to do. That was since the last inspection. It's nice to see what people have been making."

### Preventing and controlling infection

- There were measures in place to reduce the risk of infection to people. Staff wore Personal Protective Equipment (PPE) in line with national guidance to reduce the potential transmission of COVID-19.
- Staff and people who used the service took part in a regular COVID-19 testing programme, which enabled the provider to identify anyone who may have the virus but not showing any symptoms.
- Staff and people had access to several PPE, sanitising stations and hand washing facilities located around the service. The service appeared clean and well maintained.
- The service was following the most recent guidance relating to visiting in care homes. Each person had a named person who could visit the service following a regime of completing a Lateral Flow Test (LFT), temperature being taken, hand washing and the use of PPE.



# 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 requires improvement. At this inspection this key question has now remained the same. 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.

At the last inspection, the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection, we found there were not robust systems in place to oversee all areas of the service. However, during this inspection we found there were effective systems and processes in place to monitor quality of the service and where areas of improvement were identified, action required was clearly recorded.
- Due to the changes in the senior and management team, further time was required to fully embed, quality assurance processes and further improvement was needed relating to medicines, care planning, risk assessments, and to ensure staff training was fully up to date.
- There was no registered manager at the service. However, there was a manager in post who was going to be applying to become the registered manager. Relatives spoke highly of the manager and one relative commented, "I was so pleased when I found out it was going to be [Name of manager]."
- Both the provider and manager were responsive to our feedback and took actions straight away to address some of the improvements required.

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

- Staff felt they were supported by the provider and manager and held them in high regard. One staff member said, "[Name of manager] is amazing, they always put the residents first. They are so passionate about people."
- There was an open and positive culture. The manager demonstrated passion and kindness for people who used the service, wanting them to receive the best care possible. Throughout the inspection, they were receptive to feedback and commented, "Anything which can make people safer and make their care better, I will do."
- People were given opportunity to engage in meaningful activities.

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 provider and manager understood their responsibilities to act in an open and candid way if

something went wrong.

- Where previous concerns had been raised, this was discussed in team meetings to improve practice and investigations had taken place.
- We had received notification of incidents which took place in the service. For example, injuries.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Most staff had received supervisions and there was a plan in place to ensure all staff had received a recent supervision. Staff meetings were held regularly, where there was an agenda, which covered topics, such as; safeguarding, infection control and good practice.
- People, relatives and staff completed a survey to enable the provider and manager to obtain feedback on their experiences.
- Staff worked in partnership with others to achieve good outcomes for people. This included; Speech and Language Therapists (SALT), doctors and nurses.