

Nethermoor House Limited

Nethermoor House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Nethermoor House is a residential care home providing accommodation for people who require nursing or personal care to up to 19 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 13 people using the service.

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

People were safeguarded from abuse by staff who have been trained in recognising abuse and understand how to report any concerns. People had risks to their safety assessed and plans put in place to meet them.

People were supported by enough safely recruited staff to meet their needs. Medicines were administered safely to people and staff were observed following safe infection prevention control practices. Where incidents occurred, the provider had a system in place to review and learn from these to prevent reoccurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had systems in place to ensure people received person centred care and people and relatives told is they were happy and content at the home. The provider had systems in place to check on the quality of the service. Checks carried out resulted in actions being taken to drive improvement.

The staff received support from the registered manager in their role and felt involved in the service. The provider had systems in place to support learning and develop the service and worked in partnership with others to deliver peoples care.

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 April 2020) 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

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Nethermoor House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 was carried out by one inspector and calls were made to relatives by an Expert By Experience following the site visit. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Nethermoor House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Nethermoor House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke with 3 people using the service and 8 relatives. We also spoke with 7 staff including the registered manager, deputy manager, senior care and care staff. We looked at the care records for 3 people and 5 medicine administration records. We looked at records relating to the management of the service, including audits carried out within the home, recruitment files and training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to have effective infection prevention and control procedures in place. This was a breach of regulation 12 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 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were able to have visits from their family and friends and this was managed safely by staff.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the service. One relative told us, "We have had enough

time to get a good feel of the home, and I am happy that [person's name] is safe and they are well looked after."

- People were protected from the risk of abuse. Staff understood how to recognise the signs of abuse and could describe how they would report any concerns.
- Where incidents had occurred, these had been reported to the appropriate body for investigation.

Assessing risk, safety monitoring and management

- People and their relatives told us staff supported them to manage risks to their safety. One person told us, "Staff help me take a bath or a shower and we use equipment to keep me safe." One relative told us, "There are always two staff when [person's name] uses the hoist. They are very experienced."
- People had risks to their safety assessed and plans put in place to reduce these. For example, risks around nutrition and hydration, skin integrity, and medicines administration had been assessed and guidance was included in people's care plans on how to manage these risks.
- Staff could describe how they supported people to manage risks to their safety and how these were reviewed when things changed. One staff member told us how they supported one person to prevent choking whilst eating and drinking. Another staff member told us how they supported people to reduce the risk of their skin becoming sore and breaking down using equipment and regular movement.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People told us staff sought consent when they were being supported.
- Where required people had mental capacity assessments and decisions taken in their best interests.

Staffing and recruitment

- People were supported by enough staff to meet their needs safely. One person told us, "There is always staff here to help me when I need it."
- We saw people did not have to wait for their support and staff confirmed there was always enough staff on duty to ensure people's needs were met. The registered manager told us they used a dependency tool to ensure there were enough staff to meet people's needs.
- Staff were recruited safely. Records showed the provider undertook checks to ensure staff were safe to work with vulnerable people including accessing the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People told us they received their medicine as prescribed. One person told us, "The staff give me my medicines and they are always on time."

- People were supported to have their medicines administered safely. Staff had received training in safe medicines administration and were observed following safe practices. We saw guidance was in place for staff on how to administer medicines.
- Medicines were stored safely, and accurate records were in place of administration. We saw medicines were checked regularly to ensure they were stored at the right temperature. Staff completed medicine administration records to show when people had received their medicines.

Learning lessons when things go wrong

- There was a system in place to review incidents and accidents. The registered manager told us they had a system to check all incidents and look for patterns and trends.
- We saw there was a traffic light system in place to assess incidents and there were protocols for staff to follow. For example, a falls protocol was in place to ensure actions were taken to prevent reoccurrence.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection the providers quality assurance systems were not always effective in identifying and driving good care. At this inspection we found the provider had made improvements.
- The registered manager had systems in place to check people's needs were met and monitor the quality of the care they received. For example, checks on daily records and charts were completed and any issues were discussed with staff during the handover.
- Audits were in place to ensure the service operated safely. For example, medicines audits were done and regular checks on peoples care plans were completed to ensure accuracy. There were checks on the building safety and cleanliness

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when things go wrong

- People received person-centred care. One person told us about their preferences for meals and another about how they spent their time. A relative told us, "[Person's name] doesn't always eat very well and they try them with different foods and do encourage them to eat."
- People were supported by staff who treated them with respect and kindness. One person told us, "The staff here are very kind, they know me really well and help me with what I need." A relative told us, "The staff always knock on the door before entering and are really respectful to [person's name]."
- Everyone we spoke with was positive about the support people received. One person told us, "Its home, it is lovely here." A relative told us, "I go once a week and the staff are the same, they do have continuity, which I like." Another relative told us, "They have had people in to entertain the residents, and they have Quizzes and try to get them dancing, the staff really do interact with all the residents."
- The provider understood their responsibilities with duty of candour and ensured relevant people were informed when things went wrong.

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

- People were involved in making decisions about the home and were asked for their feedback. The registered manager told us people had shared their views about how they wanted the lounge redecorated.

People told us about how the cook spoke to them every day for feedback about their meals.

- The registered manager was accessible to people, relatives and staff. Everyone told us they felt supported. One staff member told us, "We have good support from the registered manager, they listen and are easy to approach they take on board our ideas of staff and they really supportive."
- People's needs and preferences were considered including their protected characteristics. There was information in peoples care plans about their life history, what was important to them and specific information for example about their religious beliefs.

Continuous learning and improving care; Working in partnership with others

- The service had a learning culture. One staff member told us, "We have monthly supervisions in place and we can request training, we get asked about different areas of training, I want to get my level 5 done, this has been agreed now."
- The registered manager had made extensive changes since the last inspection and learned from different professionals coming into the home. For example, there had been changes to the way infection prevention control was managed and a champion role had been created to support ongoing development.
- The registered manager told us they worked in partnership with other agencies to provide peoples care. We saw people had input from different health professionals in their care plans.