Nethermoor Care Home Limited

Nethermoor Care Home

Inspection report

50-52 Bridge Street
Killamarsh
Sheffield
South Yorkshire
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Tel: 01142481418

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 1 March 2016 and was unannounced.

The home is located in Killamarsh on the Derbyshire border. It provides care and support to 33 people who are over the age of 55; some of them are living with dementia. On the day of our inspection there were 30 people living at Nethermoor.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Medicines were not always managed safely. Some medicines required storage in a refrigerator and the temperature of the fridge was not monitored consistently. Also, when people required medicine to manage pain, records didn't show this was given. Body maps showing where medicine patches had been placed on the skin were not up to date.

One to one sessions between staff and their line managers were not up to date and the registered manager told us they had not had supervision for several months.

However, people were happy, comfortable and relaxed with staff and said they felt safe. They received care and support from staff who were appropriately trained and confident to meet individual needs. Safe recruitment processes had been carried out to help ensure people were cared for by staff who had the right skills and were of good character. There were enough staff on duty to meet people's needs in a timely way. Staff were aware of what to do if they had any safeguarding concerns.

People's nutritional needs were assessed and records maintained to ensure people were protected from risks associated with eating and drinking.

People were encouraged to make their own life choices and were supported to make decisions about what they would like to do. There were trips out to the local coffee shop which people told us they enjoyed. The local school was involved with the home and teenage children from the school volunteered to support people to be independent outside the home. Access to local health professionals was available when this was necessary.

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's consent was sought before care was given.

There was a formal complaints process in place and people were encouraged and supported to express their views. Relatives were involved in planning for their family member's care where this was appropriate.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's medicines were not always managed safely.

People were protected by thorough recruitment processes which helped to ensure their safety. Staff could identify signs of abuse and were aware of appropriate safeguarding procedures to follow.

There were sufficient numbers of staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective.

People received support from staff who had the knowledge and skills required to meet people's needs.

Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of the Deprivation of Liberty Safeguards (DoLS).

The service had developed links with health and social care professionals and people were able to access external healthcare services.

People's nutritional needs were met.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were caring and kind.

People's privacy and dignity was respected and promoted.

People were encouraged to maintain their independence and make everyday choices which were respected by staff.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

Staff had a good understanding of people's care and support needs. Care plans contained detail about how people wished to be supported. Where appropriate people's relatives were involved in the planning and reviewing of their personalised care.

People were supported and encouraged to take part in a range of activities that met their individual needs and wishes.

A complaints procedure was in place and people told us they felt able to raise any issues or concerns. They also told us they were confident any issues raised would be taken seriously and acted upon.

Is the service well-led?

Good

Is the service well-led?
People in the home enjoyed a warm and friendly environment where a positive culture was encouraged.

People, their relatives and health care professionals were happy with the service and felt able to speak with the manager if they needed to.

There were systems to review the quality and safety of the service provided.

Nethermoor Care 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 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 took place on 1 March 2016 and was unannounced.

The inspection team consisted of one inspector, a specialist adviser, who was a nurse, 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.

Before the inspection visit we reviewed the information we held about the service. This included any notifications the provider had sent to us about what was happening in the home. We also contacted the Local Authority and Healthwatch for any information they may hold about the organisation which could have informed the inspection.

During the inspection we spoke with ten people who used the service and four relatives. We also spoke with the registered manager, two senior care workers, three care workers and one community professional involved with the service. We looked at documentation, including three people's care records and daily notes. We also looked at two staff files and records related to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

We undertook a Short Observational Framework for Inspection (SOFI). A SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always stored safely. The temperature records of the fridge showed they were not consistently at the recommended levels. The reasons for this had not been followed up and it could have meant that medicines administered were not effective. We discussed this with the registered manager who said they would investigate this inconsistency to ensure medicines were stored safely at the correct temperature.

Where people required medicines through the application of a body patch we saw these should be recorded on body maps. However, we saw body maps were not always signed and dated so that checks could be taken to ensure these had been applied correctly as prescribed. We also saw people's pain charts were not completed effectively or completely. One chart identified the cause and area of a person's pain but no description of what type of pain experienced or what the effective method to relieve it was. This meant there was no system in place to assess whether the pain relief medicine was effective.

However, we observed good practices were followed when observing staff administer medicines. For example, the member of staff administering medicines addressed people by name before giving them their medicine. They also stayed with the person until they had swallowed their medicine to ensure it had been taken. We also saw the medicine administration records (MAR) had been correctly completed and staff had undertaken training in medicines administration. These practices helped to ensure medicines were administered safely as prescribed.

People told us they liked living at Nethermoor Care Home and felt safe. One person said "I'm safe here, looked after well. I'm not worried about anything." Another person said "I feel safe and well looked after" Relatives we spoke with confirmed the views of their family members about how safe they felt in the home and one said they had "No reservations" about the care their family member received. Another relative told us they believed their family member was a lot safer than they were when they lived in their own home. Our observations confirmed people were supported in a safe way. For example, we saw people being transferred from chairs to wheelchairs and this was always done in skilled and safe way.

People were protected from avoidable harm as staff had received training relating to safeguarding and had a good understanding of what constituted abuse. They were aware of their responsibilities to report any concerns. Staff told us they knew who to go to if they had any concerns that people they supported were not safe.

Overall, risks to individual people were managed well. Staff were familiar with the risks associated with the care of people who lived in the home. Risk assessments had been updated in care records and there were plans for emergency evacuations of the home if this was required. These identified the responsibilities of staff and described how people needed to be supported to leave the building in the event of an emergency. A visiting professional told us they had always seen people assisted in a safe way. However, we identified that one person was at risk of significant weight loss; weights were recorded in the person's care plan but no action had been taken to manage this risk. We discussed this with the registered manager and they

acknowledged it was important to take the appropriate action and they would monitor this situation.

People told us there were enough staff to meet their needs. One person said "There are enough staff." Another person told us they were confident that if they asked for help, staff would come quickly. A relative told us staff "Come straight away," when called. We saw there were sufficient staff on duty to meet people's individual needs. The registered manager explained how they managed staff rotas to ensure there were enough staff available and we saw from records that a system was in place to ensure adequate staffing support at all times.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who lived at the home. Records confirmed background checks were completed and references sought before people were able to start work. This included checks by the Disclosure and Barring Services (DBS). The DBS is a national agency that keeps records of criminal convictions.

Good

Is the service effective?

Our findings

People told us they were confident staff had the skills and knowledge to support them effectively. One relative said "Staff know what they're doing; they get a lot of training." We saw people were cared for by staff who undertook their responsibilities in a skilled way. For example, when people were being assisted to transfer from a chair to a wheelchair we saw this was done safely.

Staff told us the induction training prepared them for the work they undertook in the home. They explained they always 'shadowed' (worked alongside) an experienced member of staff during their induction so they could ask questions and gain confidence, before they worked on their own. The induction also included training in safeguarding, moving and handling and how to deliver personal care in a safe and effective way. Staff told us training was undertaken in several different formats including over the internet, one to one and working with experienced care workers around the home. They told us this met people's different learning styles. The induction for new staff was linked to the Care Certificate which assesses staff against a specific set of standards. To receive the Care Certificate staff have to demonstrate they have the skills, knowledge, values and behaviours expected from staff within the care environment.

The registered manager told us formal training was undertaken through the local authority and the local Clinical Commissioning Group. Training was also provided by two full time members of staff employed by the provider. These different ways of learning, as well as varied expertise brought in from outside the organisation, helped to ensure staff had the skills and knowledge to meet people's needs. For example, dementia awareness and specific health conditions.

Staff had limited opportunities to meet with their line manager on a one to one basis. The registered manager told us they were aware that staff supervisions had not taken place in a timely way. The registered manager also informed us their own supervision had not taken place for several months. This meant there were fewer opportunities for staff to explore new ideas or address concerns with their line manager.

People told us they enjoyed the food in the home and we could see there was a variety of foods available. One person said "The food is good and varied, we enjoy our food." Another person said "The food's good, you get a choice and they are very good cooks. I've put on weight." People had a choice of food and if they did not like the selections offered they could pick something else. One person told us they could "Choose what I want." We saw this happened at lunch time when one person chose an alternative that wasn't on the menu that day. Meals included fresh vegetables and salads which helped to ensure good nutritional intake for people

The menu for the day was displayed on the wall in the dining room and we saw tables were laid with cloths and cutlery. Staff were seen and heard chatting to people whilst they waited for their meals to arrive. We saw one person required assistance with eating and this was done in a dignified way, allowing plenty of time between mouthfuls and not rushing. We also saw one person was struggling to cut up their food and staff were quickly on hand to assist. People ate lunch together in one of two dining rooms, unless they chose to

eat in their rooms. There was a relaxed and calm atmosphere in the dining rooms at lunch time and we could see the food looked appetizing. We also saw people ate most of the food on their plates and they were all offered second helpings. We discussed with the chef whether alternative diets could be catered for and they were confident they could, they gave us examples of vegetarian meals that could be prepared.

People were cared for within the guidelines of the Mental Capacity Act 2005 (MCA). The 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 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home was working within the legal requirements of the MCA. The registered manager and staff understood their responsibilities and the principles of the legislation in relation to the MCA and DoLS and we saw consent was sought before care was given.

People were supported to maintain good health and external professionals were involved in the care of people who lived in the home. People told us they saw the optician and chiropodist regularly. One person told us a member of staff had noticed they were unwell whilst helping them with personal care one day and arranged for the GP to visit them. The registered manager described having close professional relationships with the local GP's surgery, speech and language therapist, dietitians, dentists and social workers.

Good

Is the service caring?

Our findings

People told us they enjoyed living in the home and one person said "Yes, the staff are good to me." We saw staff were kind and thoughtful towards people who lived in the home and supported people in a caring way. People told us staff were knowledgeable about how people wanted to receive their care and this showed they had taken time to get to know people as individuals. People also told us they felt comfortable with staff and one person told us how, when they had been very sad about something which had happened in their lives, they felt supported. They told us that various members of staff had asked if they would like them to come and sit with them as they felt "Anxious and upset". Another person told us there was one member of staff who would, "Have a laugh with me," and how much they enjoyed that.

Relatives told us they liked the warm atmosphere in the home and one relative said "It's not regimented; staff will have a chat and a laugh." Relatives also told us staff spoke with them about their family members care needs and that care and support was altered following changes in care needs.

Where people were able to tell us, they said they had been involved in the decisions about their care and support. Relatives confirmed they had been consulted about how their family member liked to spend their days and how they liked to receive their care. One person was able to remember talking about their personal needs when there was a recent change in the care provision in the home. The person had been concerned they may need to move from the home but had been reassured the staff at Nethermoor could continue to offer the level of support they needed. The person told us after the discussion happened they had felt very reassured.

When we spoke with staff they told us about the way they supported people in a kind and caring way. We saw this during the day when observing interactions and support between people and staff. We could see staff had developed positive relationships with people and people were familiar with the different members of staff. Staff were aware of people's likes and dislikes and what preferences they had for food and where to eat their meals. They told us they were always involved in updating care plans for people so they could share their knowledge of that person with all the care staff. Staff told us they got to know people by reading their care records and talking to them about their families and where they had lived previously. One member of staff told us it was important to learn about people when they entered the home by "Speaking and encouraging them (people) to do their own things".

Staff also told us they talked to people about how they would like to receive their care. Where people were not able to verbally communicate with them staff told us they watched body language and facial expressions to understand what people wanted.

We saw people's dignity and respect was maintained throughout the time they received care. The registered manager told us staff never raised their voices and this was in order to maintain a calm and dignified environment for people. We saw staff talked to one person sensitively when they required personal care and

they spoke in a respectful way.

Staff told us when a person required assistance with personal care they accompanied them to their rooms before they put on aprons and gloves in order to maintain the person's dignity. They also told us they made sure curtains and doors were closed so privacy was promoted and respected. Where people wanted to be independent with their personal care, staff waited outside their room so they were available if required. One member of staff told us people were encouraged to be independent where this was possible. Staff also explained they knocked on people's doors before entering their bedrooms and if people were asleep when they entered they left them to sleep.

One relative told us they had discussed their family member's end of life care with staff in the home. They had found staff very helpful and they were content they would be able to be with their family member at the end of their life. Staff also confirmed other relatives would be able to stay if they wished.

Good

Is the service responsive?

Our findings

People told us they were asked what they wanted to do and how they wanted to receive their support. One person told us they could get up and go to bed when they wanted to and they had discussions with staff about their wishes. Relatives told us they felt they had been involved in the planning of care for their relatives. They told us staff knew their family members well and were confident they treated them as individuals. This was supported by our observations during the day when we saw people were supported in different ways according to their wishes. A visiting professional also said to us "Staff's approach is extremely person centred."

We saw staff responded to people's requests for assistance throughout the day. We also saw staff responded when people called to them from across the room or asked about something. Staff told us they shared information about people's care needs between each other so they could respond quickly when needs changed.

Staff told us they tried to be responsive to people's needs. They knew people's routines and said they encouraged people to be independent. Staff were also aware what people's care needs were and how they liked to be supported. For example, some people preferred to be quiet and enjoyed privacy in their rooms and staff respected this.

People's individual needs and wishes were catered for and we saw people were encouraged and supported to express themselves. Several people told us they enjoyed going outside the home to the local shop. One person also told us they enjoyed going to a "Coffee morning over the road at the chapel." People also told us they enjoyed doing "Movement activities" and one person said "One of the girls takes us in another room and we sing; I like that."

There was an activities co-ordinator employed by the home who had received some training for their role. They told us they were supported well by the registered manager. Activities on offer included musical sessions, sing-alongs and dancing, as well as some individual activities where people did not want to join in the group activities. We could see there were monthly outings planned from April 2016. This included outings such as picnics and trips to local attractions. This meant people would be able to enjoy activities outside of the home.

When we asked a member of staff how they would respond if a person requested an activity which wasn't currently available, they gave a thorough answer about how they would attempt to arrange this for the person. This helped to demonstrate they were able to respond to individuals wishes for different activities.

One person told us if they were concerned about anything, including how they were treated they would "Talk to the manager or deputy manager, they always say, talk to them." People we spoke with were very clear they would talk to the manager about anything that troubled them. There was a compliments,

complaints and comments book which was left in reception so visitors had easy access to it.
However, the signage around the home was poor, especially for people who were living with dementia. People's rooms indicated their names but these were placed above the top of the door, making them difficult to see. We discussed this with the registered manager who acknowledged this told us plans were in place to change this.

Good

Is the service well-led?

Our findings

People and their relatives spoke highly of the service provided and felt the home was well managed. The registered manager was frequently seen around the home during the day and we saw them talking to people. They sat with different people and we could see they were well known to the people living in the home. When we spoke with the registered manager we saw they were proud of the open way the home was run and welcomed feedback. The registered manager told us they "Led by example." We could see they were successful in promoting an open culture in the home. We also felt the home had a warm and relaxed atmosphere.

The registered manager told us they listened to people and staff. We found the service gathered feedback from staff and people and used this to identify improvements. Relatives told us there were meetings they were invited to about the care in the home. One relative said "There are regular meetings and we get questionnaires as well." The registered manager told us that following the meetings and questionnaires they would talk to people about the things that weren't going so well and put in place actions to improve them.

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the home and said they would have no hesitation in reporting any concerns. They described the registered manager as approachable and supportive.

Although staff did not receive regular supervision they told us they felt well supported by the registered manager. However, the registered manager told us they did not always feel well supported by their head office.

Quality assurance systems were in place to monitor and review the quality of the service provision. The registered manager carried out regular audits of aspects of the service including, care plans, cleaning audits, medicines and catering. We saw staff meetings were undertaken and staff who did not attend signed to say they had read the minutes of them. This meant communication between the registered manager and the staff was maintained when staff did not attend meetings, so that they were aware of what was discussed.

The registered manager took appropriate action to protect people and to ensure they received the necessary care and treatment. We saw appropriate records and documentation in place to review accidents and incidents. These had been analysed to identify emerging trends or patterns, in order to reduce the risk of future occurrences. The registered manager had notified the Care Quality Commission (CQC) of any significant events, as they are legally required to do.

The registered manager and staff were keen to develop links with the local community and told us about relationships with the Women's Institute (WI), events at the local community centre and local schools. Placements were undertaken for children from the local school to do voluntary work with people who lived

in the home. Currently they had five volunteers who were helping when people went outside of the home for visits into the local community. The registered manager explained the location around the home had a 'village feel' and most people had lived locally before they came into Nethermoor. This meant people's lives continued with the community links they enjoyed previously.