

Future Care Limited

Nashley House Retirement Home

Inspection report

27 Montpelier
Weston Super Mare
Somerset
BS23 2RN

Website: www.nashleyhouse.com

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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

About the service: Nashley House is a care home registered to provide accommodation with personal care for up to 52 people. The service is intended for older people and does not provide nursing care. 48 people were living at the home at the time of the inspection.

What life is like for people using this service: People were relaxed, comfortable and confident in their home. The feedback we received from people and relatives was good. Staff we met and spoke with were happy working at Nashley House and enjoyed their roles and responsibilities.

Staff understood their responsibility to keep people safe from harm. People were supported to take risks and promote their independence. Risks were assessed, and plans put in place to keep people safe. There was enough staff to safely provide care and support. Checks were carried out on staff before they started work to assess their suitability to support people in a care setting. Medicines were well managed, and people received their medicines as prescribed. People were protected by the providers infection control policy and procedures.

The service was effective in meeting people's needs. Staff received regular supervision and training. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were provided with a healthy, balanced diet whilst promoting and respecting choice.

Everyone we spoke with agreed that staff were caring and kind. Comments included "The staff are all very kind and nice people; they are so polite and respectful. They always address me by my name" and "The staff are all very friendly and caring, and very supportive towards me, I cannot thank them enough for all they do." Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service.

The service was responsive to people's health and social needs. People received person-centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. People were encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was well led. One relative wrote to the home after a recent event; [Manager] and [Deputy Manager], what a party! Thank you for giving my mother and everyone involved in Nashley House a wonderful day.

Quality assurance systems were in place and based upon regular, scheduled audits, which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

Rating at last inspection: Good. The last inspection report was published on 22 December 2016.

Why we inspected: This was a planned comprehensive inspection. All services registered with CQC must have an inspection within the first year of their registration.

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?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Nashley House Retirement 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by a lead inspector, an assistant inspector 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.

Service and service type: Nashley House is a care home without nursing. People receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did: Before the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about an important event, which the service is required to send us by law.

Some people at the service may not be able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used pathway tracking. This is a method of reviewing people's care and the associated records to check that their health and social care needs are met.

We spoke individually with 12 people, seven families and three health and social care professionals were

happy to speak with us and share their thoughts about the home. We spent time with the provider and registered manager. We spoke individually with six staff. We looked at five people's care records, together with other records relating to their care and the running of the service. This included five staff employment records, policies and procedures, audits and quality assurance reports.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

People and relatives told us they felt safe and in 'good hands'. Comments included, "I feel safe here with the staff around me, I would rather be at home, but I realise I cannot cope; here I am safe and sound", "I feel safe in this home, I have been in other homes, but was worried, since moving here I feel relaxed and at home". A relative said, "My [Person] is safe in this home, we as a family never have to worry about [Person], everything is fine here."

Assessing risk, safety monitoring and management

- Staff managed risks relating to people's health and well-being. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people. Specialist equipment included pressure relieving mattresses, profiling beds, designated stand aid and equipment to help people shower and bathe safely.
- Equipment was checked by the maintenance person and the lift was maintained by an outside contractor where necessary.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing levels

- During the inspection, the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support.
- People, relatives and staff told us there were sufficient numbers of staff on duty.
- Staffing levels were flexible according to people's fluctuating needs'.
- The service ensured there was a suitable mix of skills and experience during each shift.

Systems and processes

- The provider followed safe recruitment procedures. Disclosure and Barring Service (DBS) checks had been carried out for all staff to check whether they were suitable to support vulnerable people.
- Staff understood the processes to follow to safeguard people in their care. The manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

Using medicines safely

- Policies, procedures, records and practices demonstrated medicines were managed safely. There had been no significant errors involving medicines in the last 12 months. The registered manager confirmed that systems in place worked well.
- People told us their medicines were administered in the way they preferred and on time. Where people

wished to manage their own medicines, risk assessments were put in place and they were supported to do so.

- All medicines were managed safely and in line with national guidance.
- Staff completed training in medicines administration and their competency was checked annually or following any error to make sure their practice was safe.
- Staff had accurate guidance about people's medicines, including those they only needed at certain times. Medicine administration records (MARs) confirmed people received their medicines as prescribed.
- Medicines, including controlled drugs, were securely stored and at the correct temperature. There was a clear system for checking all prescribed medicines and records for their receipt and disposal.
- We observed staff administer people's medicines safely and according to their needs. The staff member wore a tabard asking for people not to interrupt them during this time. This meant staff had dedicated time to support people with their medicines.

Preventing and controlling infection:

- The provider had infection prevention and control policies in place. Staff had received training and had access to the equipment they needed to prevent and control infection including, disposable gloves, aprons, sluicing facilities, and cleaning materials. For example, the provider had introduced two new Infection control-wipes stations at both entrances. They had also introduced a mobile personal protective equipment to reduce possible infections.
- The service was exceptionally clean, homely and free from any unpleasant odour.
- The laundry area provided an easy to clean environment.
- The service had been inspected by the Food Standards Agency and awarded the highest rating of '5: very good'. Food was stored and prepared in a clean environment. The registered manager told us the kitchen cupboards will be replaced.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and this provided opportunity for any themes or trends to be identified.
- There was evidence of learning from incidents that took place and appropriate changes were implemented.
- The provider used the South West ambulance traffic light system to identify the severity of accidents and incidents. The ambulance service had also provided staff with training to enhance their ability to respond and support people effectively following an accident or incident.

Is the service effective?

Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were completed for those who were considering moving into the home. The information supported the registered manager and prospective 'resident' to decide as to whether the service was suitable and their needs could be met.
- Care and support was reviewed and evaluated so that people received support that was responsive and person centred.

Staff support: induction, training, skills and experience

- People and relatives said they felt staff were suitably trained and experienced to support them. Comments included, "The staff in this home seem very good at their jobs, you get a choice in everything."
- The service ensured staff received training updates and they were suitably skilled to meet people's needs. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively. Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications.
- The service had a small, committed group of staff. Staff worked well as a team and there was a continuous theme of supporting and supervising each other. Staff received supervision regularly and felt they were supported by the provider and registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People received a healthy balanced, nutritious diet. The chef was accommodating and respected choice and preferences at mealtimes.
- The senior managers had introduced aromatherapy smelling units around the house with food smells to encourage people to eat. Staff were monitoring the results.
- People enjoyed freshly prepared meals and told us they were enjoyable and there was plenty to choose from. Hot and cold drinks, cakes, biscuits and fruit were available throughout the day including night time.
- People who were at risk of dehydration or weight loss were monitored and specialist advice was sought where required. For example one person was at risk of choking and required who needs supervision. To ensure their safety and independence the person had been provided with a small spoon to slow down the eating process. During the inspection the speech and language therapist was at the service reviewing another person.

Staff working with other agencies to provide consistent, effective, timely care

- The service ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. One professional spoke with us about how the Dementia Wellbeing team had helped to support them with a person who had raised anxiety levels,

including strategies to calm and distract them.

- The provider also told us they had introduced an air conditioning system and ice machine for drinks in order to improve symptoms and well-being.

Additionally, the senior managers were in the process of introducing season effective disorder lamps to reducing the symptoms people experience in the evenings due to dementia.

Adapting service, design, decoration to meet people's needs

- Prior to the home opening the provider had extensively reconfigured the premises internally to ensure the design was suitable for its intended purpose. The home had a pleasant calm ambience and was extremely clean and well maintained.
- Great care and attention to detail had been taken into consideration with regards to furniture, fixtures, equipment and soft furnishings. In addition, people had made their bedrooms feel homely with their own personal effects. Each bedroom had a spacious ensuite.
- The service had a lift and a stair lift. People could choose which to use.

Ensuring consent to care and treatment in line with law and guidance

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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People confirmed that staff always consulted with them before care and support was provided. Relatives said they felt involved in important discussions about people's care.
- People were supported by staff that had received training and understood their responsibilities around consent and mental capacity. They knew what they needed to do to make sure decisions were made in people's best interests.
- Care plans explained where people could make decisions for themselves or if they needed further support.
- Where people had assigned representatives or family members involved in making decisions about their care, the provider had confirmed they were lawfully authorised to do so.
- The registered manager understood her responsibilities in relation to this. Records confirmed she had made a referral to the local authority to seek lawful authorisation where it was unsafe for a person to leave the service unaccompanied.
- The service had submitted DoLS applications for people. These had been processed by the local authority.
- Daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home and socialising together.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect, and involved as partners in their care.

Ensuring people are well treated and supported

- People had good relationships with staff and they looked comfortable and relaxed when approached. There was a friendly, welcoming atmosphere and we observed positive interactions between people and staff. People smiled and chatted with staff, sharing humour and conversation about their day.
- Staff frequently asked people how they were feeling, whether they needed any help and how they wanted to spend their time. There was a good staff presence in the communal areas, they were responsive to the needs of individuals and gentle with assistance.
- People and relatives provided complimentary feedback about the staff and the service. Their comments described staff as, "lovely, very kind, very caring". One person said, "All of the staff are very good, nice, kind people, I like them all never a cross word here, we are a family." A relative told us, "From the cleaner up to the manager every member of staff has an important job to do, they are all wonderful, I cannot fault them at all, wonderful, kind people." A staff member told us they enjoyed their job because, "Its all good and positive for the people."
- Staff were respectful and attentive, they listened to what people had to say with patience and interest. People were provided with emotional support when they felt anxious or needed reassurance. For example, staff sat with people and held their hand or gave them a hug to provide comfort.
- Staff knew people well and shared detailed information about how people preferred their care and support to be given. These details were reflected in people's care plans.
- Staff were proud about how they supported people and felt they received care that was caring and respected individual wishes. The provider told us, "I know what good care looks like and I will expect nothing less".
- During our visits we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example, where staff promoted an atmosphere that was calm and conducive to dining.
- Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to lounge/dining rooms in the home. Family and friends were invited to special events.

Supporting people to express their views and be involved in making decisions about their care

- We saw throughout our visit people choosing how they spent their day. Two people had decided to have a lie in bed that day. Staff respected this decision and periodically went to see if they were ok and if they required anything. People told us, "The staff are very well trained, they do the job well, I get a choice in everything, nothing ever happens unless you agree, nothing is forced on you at all"
- Staff told us they had time during the day to sit with people individually and this provided an opportunity for people to talk about their day and ask if they needed anything.
- People and relatives confirmed making decisions and independence was promoted.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with agreed they were treated with respect and dignity, and their privacy was maintained. We heard a person who sounded distressed and anxious in their bedroom. A member of staff was supporting them. They calmed the person and alleviated any distress by introducing a soft speaking tone and by maintaining a positive, smiling demeanour. It was a positive observation.
- People looked well cared for. They were supported with personal grooming and staff had sustained those things that were important to them. This included preferred style of clothes that were clean and ironed, shaving, manicures, and access to weekly visits with the home's hair dresser.
- Independence was always promoted. One person had been supported by the registered manager to choose and purchase a scooter to enable them to access the community. We saw people had been assessed for walking aids due to restricted mobility. Staff were seen assisting discreetly, keeping an eye on them, but giving them the space and room to move around independently.
- Staff were keen to ensure people's rights were respected and they were not discriminated against regardless of their disability, culture or sexuality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans and they took part in developing these so that they respected individual wishes. This meant care documentation provided staff with details about how people wished to be supported and cared for.
- Staff were knowledgeable about people and how they wished to be supported. They knew about people's lives before they moved to the home and their past and current medical history and needs.
- During our visit we saw people being cared for and supported in accordance with their preferences. People told us, "I get to choose everything here, what I do, what I eat, where I sit everything, including how I would like my room decorated"
- People's changing needs were responded to quickly and appropriately. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required.
- People were offered and provided with activities and outings of interest. They handpicked what they liked to do or take part in and staff respected their decisions. People had enjoyed theatre trips, coffee mornings in town, Museums, takeaway nights and individualised outings.
- The service also celebrates many cultural, religious and national festivals throughout the year such as St George's day and Shrove Tuesday.
- Activities were discussed at the 'residents' meetings. People took part in their interests and hobbies and were encouraged to express, discuss and share new ideas. One person told us, "Never a dull moment here, the children come from time to time, we have games in the lounge, we go out on trips and last week end we had a garden party for the queen's birthday, always something going on here."
- People were provided with an opportunity to make a positive contribution to the community. There was a knitting group which had knitted blankets to a dog charity. People had also donated towards the local hospice and a donkey sanctuary

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Systems were in place when information needed to be shared with people in formats which met their communication needs.

Improving care quality in response to complaints or concerns

- People felt they had formed relationships with staff and they felt confident to express their views. Small things that had worried people or made them unhappy were documented in the daily records. There were clear accounts of any concerns raised, and how they were dealt with and communicated to staff. This

information was also shared with staff in shift handovers. Two relatives told us, "There is a notice board. You always know what's going on," and "You are kept in the loop. The manager always calls you to let you know if anything has happened."

- People told us they were listened to and concerns were taken seriously and acted upon. Comments included, "If I wanted to or I felt the need to complain I would go straight to the office, however that will never happen, they are so proactive here, nothing to complain about at all."

End of life care and support

- People were cared for when they required end of life care, with the support of GP and other community health care professionals.
- Where people's wishes were known about how they wished to be cared for at the end of their lives, this was recorded in their care files.
- Healthcare professionals described the home's care for people at the end of their lives as "excellent", "exemplary" and "next to none".
- Staff were supported through training and guidance. The service had received very positive feedback from family members whose relatives had received care at the end of their lives.

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

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

Planning and promoting person-centred, high quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Systems in place contributed to the smooth, effective operation of the service whilst still retaining its person centred nature. We observed a good, cohesive group of staff who worked well as a team.
- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff. The provider was proud of their service, empowered staff at all levels and told us it was important they felt valued. Staff spoke with us about the provider. Comments included, "I just feel they have really supported me and pushed me. Confidence building" and "It's alright, it is like a big home, big family, we are working together like a team. I never feel like I'm on my own. There's always someone to help me."
- The registered manager led by example and was 'caring, kind and respected'. People and staff spoke well about her and their overall satisfaction of the whole service provision. Comments included, "The manager is called [Name], very nice and very friendly, we have regular meetings with the manager, you can have your say on how things are going" and "The managers are very good, friendly and so approachable, I have been asked to provide feedback on the home, but I have not got around to it, I should just to say a really big thank you."
- Monthly audits were carried out for health and safety, infection control, the environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required. For example when the lift broke down due to an unforeseen incident and could not be fixed within a timely period, the provider sourced and had a stair lift installed within 5 days so there would be limited impact on our residents ability to all areas of the home.

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

- The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- Systems were in place to monitor and evaluate services provided in the home. Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent reoccurrences and improve quality. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handover reports, staff meetings and written daily records.
- The service sought the views of everyone using the service by way of annual surveys. This information was

being collated at the time of the inspection so that the registered manager could respond to any concerns/suggestions. We had a look at some of the completed surveys which evidenced positive outcomes. Comments included, "You all have done a sterling job looking after my dad [Person] for the last year. I know he has had his ups and downs. Your care, devotion and concern for his welfare made his last year exceptional. We have nothing but the highest praise and regards for all that you do at Nashley." Additionally senior managers told us people had requested a dog. This had been sourced and we observed during the inspection, this provided joy to people.

- The service had received regular reviews from relatives on carehome.co.uk and are currently rated first place on the Residential home category.
- The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. Relatives told us communication was effective and they felt fully informed about their loved ones and any significant changes.
- Other methods of communication included planned meetings for 'residents', relatives and staff. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings that were effective, meaningful and enjoyed.
- Social events were organised to enable people and their families to get together.

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.
- The service had worked in partnership with South West Ambulance to improve the quality of monitoring and evaluation of incidents and accidents.
- The provider and registered manager attended local provider and care home forums and in order to network with others, share ideas and keep up to date with best practice.