

Hometrust Care Limited

# Nether Place Nursing Home

## Inspection report

Chestnut Hill  
Keswick  
Cumbria  
CA12 4LS

Tel: 01768773267

Website: [www.hometrustcare.co.uk](http://www.hometrustcare.co.uk)

Date of inspection visit:  
19 October 2017

Date of publication:  
13 December 2017

### 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

Nether Place Nursing Home is a period property that has retained many of its original features and has been extended and adapted for its purpose. It is situated in a residential area on the outskirts of Keswick. Accommodation and nursing care for up to 32 people is provided over two floors with access to the upper floor by a lift. There is a small six bedded unit for supporting people who are living with a dementia. On the day of the inspection there were 24 people living there.

At the last inspection in February 2015 the service was rated Good. At this inspection we found the service remained Good and we have made some recommendations to the registered provider.

There was a registered manager in post. A registered manager is a person who has registered with the (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 being administered and recorded appropriately and were being kept safely.

During the inspection we deemed that there were sufficient numbers of suitable staff to meet people's needs. However people told us mixed comments about their experiences of staffing levels.

Staff had completed a variety of training that enabled them to improve their knowledge in order to deliver care and treatment safely.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions that had been taken by the home to protect people.

We found that some bedroom door locks could be locked from the inside that would mean they could not be opened from the outside in the event of an emergency. We have made a recommendation that these be changed.

The schedules in place for cleaning were not always effective as we found equipment and some areas of the home required better cleaning.

When employing fit and proper persons the recruitment procedures of the provider were robust in ensuring suitable people had been employed.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made 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 supported to maintain good health and appropriate referrals to other healthcare professionals had been made.

There was a clear management structure in place and staff were happy with the level of support they received.

People living in the home were supported to access activities and pastimes of their choice that were made available to them.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate the safety and quality of the home. However we found the policies and procedures in use were not all in line with current legislation. We have made a recommendation that these are updated.

Further information is in the detailed findings below.

## 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** ●

Some areas of safe require improvement.

Some bedroom door locks did not operate safely.

Some equipment and areas of the home were not clean.

People told us mixed comments about whether there were sufficient staff.

### Is the service effective?

**Good** ●

The service remains Good

### Is the service caring?

**Good** ●

The service remains Good

### Is the service responsive?

**Good** ●

The service remains Good

### Is the service well-led?

**Good** ●

The service remains Good

# Nether Place Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 19 October 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors 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, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service to plan our inspection and the areas to look at.

We also looked at the information we held about the service and information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Some people who lived at the home could not easily tell us their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. It is useful to help us assess the quality of interactions between people who use a service and the staff who support them.

During the inspection we spoke with the registered manager, the clinical manager, five people who used the service, three relatives and three staff. We observed how staff supported people who used the service and looked at the care records and medication records for nine people living at Nether Place Nursing Home. We looked at the staff files for six staff that had been employed. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole team. We also looked at records of maintenance and repair, the fire safety records, food safety records and

quality monitoring documents.

# Is the service safe?

## Our findings

### Our findings

We received mixed comments from people who lived at Nether Place Nursing Home and their relatives or visitors about whether there was sufficient staff. One person said, "There is staff about but it can be stretched sometimes, especially if people go off sick." Another person said, "I don't push the buzzer much but the once I did they [staff] came storming up the stairs, as I don't call them often and they were worried." One person commented, "There is enough of them except at night sometimes." We also observed at times staff were not always readily available.

A relative we spoke with told us, "They are short staffed sometimes but they do their best." Another visitor said, "The staff work very long shifts and there has been a lot of staff changes." A member of staff we spoke with said they thought there were sufficient staff. We looked at the staffing rotas for two weeks before the inspection, the week of the inspection and for the following week. We saw that there was a structured team of staff and a designated senior or manager on every shift. We saw that the number of staff on each shift varied on the odd occasion where absences had occurred.

During the inspection we observed that, in the main, people had their needs met in a timely manner. The numbers of staff on duty was determined by the dependency needs of people living in the home. The registered manager collated information about people's needs and depicted the numbers of staff required on each shift. During the inspection we observed people were left unattended for short periods in the communal lounges and dinning areas including on the dementia unit.

We discussed our observations and the comments people had made about the differences of experience about staffing on the different units with the registered manager and clinical manager. They reassured us that the deployment of staff at certain times through the day would be reviewed to ensure that the numbers of staff on each shift were sufficient to meet people's needs.

Although there were cleaning schedules in place and in the main the home was reasonably clean, we found that some pieces of equipment in use were stained and covered in old food matter. We also observed that between meals the tables and floors in the dinning areas were not cleaned. During care tasks such as serving meals and drinks Personal Protective Equipment (PPE) was seen in use by staff. This ensured people were protected from the risks of infection.

We found that some of the bedroom door locks in use could not be opened, should it be necessary in an emergency, if they had been locked from the inside. We recommended that the service changed these.

We looked at how medicines were managed. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We looked also at the handling of medicines liable to misuse, called controlled drugs. These were stored, administered and recorded correctly. Regular checks on controlled drugs were carried out. We found suitable care plans, risk assessments and records were in place in relation to the administration of medicines. We saw there were plans in place that outlined

when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines. We also saw that where appropriate people had been supported to administer and manage their own medications. This meant that people received their medicines safely.

We looked at six staff files for recruitment and saw that the necessary checks on employment had been completed. Records we looked at relating to any risks associated with people's care and treatment were current and accurate. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks. We looked at records of the accidents and incidents that had occurred. We saw where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made.



## Is the service effective?

### Our findings

People living at Nether Place Nursing Home told us they enjoyed the food. One person said, "The food is okay and we get a choice of meals." Another person told us, "The food is good, very good in fact." We saw meals were served where people chose to have them. The registered manager told us, "We do trays for people who prefer to eat upstairs and they don't need any assistance and we take all the meals down to the dementia unit. One staff member stays to help there, then we serve the main dining room." We observed that some people required assistance and we saw that they were offered assistance. However we observed that not all people received timely support with their meals and people were left sometime before help was actually given. One person said, "I just wonder whether they should have more staff at lunchtime when people have such mixed needs."

We saw people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where people had been identified as at risk of malnutrition and weight loss we saw that this had been appropriately managed. We saw access to snacks, fruit and drinks was readily available. An area of the home had been thoughtfully converted into a 'tea room' which was accessible to everyone and their relatives. People could make their own drinks have homemade cakes and there was a small sweet shop and a traditional ice cream cart. We were told this room was used frequently and enjoyed very much by people living in the home and their relatives.

We looked at the staff training records which showed what training had been done and what was required. We saw staff had completed induction training when they started working at the home. Staff had received regular updates on important aspects of their work such as dementia care. Staff we spoke with were able to tell us about training they had received.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection applications had been made to the local authority for people living at the home whose liberties were being deprived.

Best interest decisions had been made for people who were not always able to make difficult decisions for themselves and where relevant independent advocacy could be arranged. This meant that people's rights were protected and appropriate consent obtained.

Where people were living with dementia there was minimal signage and décor to show people what different areas were for. How the environment is decorated could improve in helping people with memory problems to be able to move around their home more easily and more independently. We discussed this with the registered manager who had some environment improvements planned.

## Is the service caring?

### Our findings

People we spoke told us they liked living in the home and they liked the staff that cared for them. One person said, "They [staff] are most polite and pleasant" and "It's okay here, the staff are very good to me." Another person told us, "It's alright here, it's quite alright. I tried three other homes until I settled here." A relative said, "They [staff] do their best, they are good carers."

We used the Short Observational Framework for inspection, (SOFI) to observe how people who were living with dementia, and who could not easily express their views, were being supported and approached by staff. We observed that there were some appropriate and kind interactions. We observed staff knock on doors before entering people's rooms demonstrating privacy and dignity. All of the people we spoke with said the staff supported them to do as much as they could for themselves so as to maintain their independence.

People had access to advocacy services and independent support should they require or want this. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

We saw people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life.

We saw that people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

## Is the service responsive?

### Our findings

During the inspection we saw that staff interacted with some people who used the service to engage them in an activity of colouring. On the day of the inspection the registered manager told us their activities coordinator was unwell. Staff we spoke with told us, "We usually have the activities organiser and they do skittles or jigsaws or just want people want to do really." One person living in the home we spoke with said, "There are things to do ,quizzes and games and things." Another person told us, "There is lots to do if you want to and my family comes in when they want." We saw the home had installed a webcam in a bird nesting box and the footage was made available for people in the home to watch as the birds had nested.

There was a complaints process in the home and people we spoke with were aware of who to speak with if they wanted to raise any concerns. We noted that the current procedure required reviewing to be in line with current legislation.

A number of people who lived in the home could not easily express their views or wishes about the care and support they received. From speaking to staff and observing how they supported individuals we saw that the staff were knowledgeable about the needs of people who were living at the home.

We saw that people had been able to bring some personal items into the home with them to help them feel more comfortable with familiar items and photographs around them. Bedrooms we saw had been personalised with people's own furniture and ornaments to help people to feel at home and people were able to spend time in private if they wished to.

We looked at the care records for five people living in the home. We saw that a full assessment of people's individual needs had been completed prior to admission to the home. This would determine whether or not they could provide people with the right level of support they required. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them.

We could see in people's care records that the home worked with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services in order to meet people's needs.

## Is the service well-led?

### Our findings

People we spoke with told us they thought the home was well managed. One person told us, "I would just go down and see [registered manager] if I had any concerns, they are quite approachable." Staff we spoke with said that they enjoyed working in the home. A staff member said, "I love working here it's good." People were asked their views on the service by a feedback questionnaire and attending residents meetings. However one person told us that these were not always well attended.

As well as informal discussions with people and their relatives about the quality of the home, we also saw resident meetings had taken place. These were for the service to address any suggestions made that might improve the quality and safety of the service provision.

There was regular monitoring of any accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed. Where required CQC had been notified of any incidents and accidents and appropriate referrals had been made to the local authority.

We saw there were formal systems of auditing in place to assess the safety and quality of the services provided. The registered manager carried out regular monitoring of the service provided to people via auditing systems. We saw records showing a variety of audits were carried out on a regular basis including audits of cleaning. However even with a cleaning schedule and records relating to premises and equipment checks we found that there were some areas of the home that required deeper cleaning. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon.

During the inspection we noted that some of the policies and procedures in use did not always refer to current legislation or good practice guidance. The registered manager told us these were currently under review by the company's head office. We were also told by the registered manager about the providers imminent plans to extend the building and improve the overall facilities at Nether Place Nursing Home.