

Nynehead Care Limited

# Nynehead Court

## Inspection report

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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

Nynehead Court is a residential care home which is registered to provide care to up to 44 people. The home specialises in the care of older people including people living with dementia. At the time of the inspection 37 people were living at the home.

The care home is a large listed building set in extensive grounds. The building has been adapted and extended. Accommodation for people is provided in the older building and in a modern extension. All bedrooms were being used for single occupancy at the time of the inspection, but some could be used by people wanting to share.

Nynehead Court is also registered to provide personal care to people living in houses, known as The Mews, in the grounds of the care home. At the time of the inspection one person was receiving personal care in their own home. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received their care and support from a provider, and management team, who demonstrated a commitment to learning and improving the service offered to people. Since the last inspection there have been improvements to the quality assurance systems which have led to improvements in care and record keeping.

There were adequate numbers of staff to meet people's physical needs and provide social and mental stimulation to people. People felt safe at the home and with the staff who supported them. People looked comfortable and relaxed. Risk assessments were completed and followed to make sure people received their care safely.

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. People told us they were able to make choices about all aspects of their care and day to day lives.

People were supported by kind and caring staff. There was a stable staff team who people had built trusting relationships with. People told us all staff and managers were approachable and they felt able to discuss any concerns or worries with them.

People's care needs were assessed and met. Each person had a care plan which gave staff details about how to support people in a way that respected their individuality. People were supported to be independent if they wished to be.

People were cared for by staff who had received the training required to enable them to provide effective care. Staff felt well supported and happy in their jobs. This helped to provide a cheerful and pleasant atmosphere for people.

The care home was an integral part of the local community and provided a venue for many social events. This helped people to continue to be active members of their community.

People had access to a range of social activities at the home and in the wider community. People were supported to follow their own hobbies and to learn new skills.

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

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 5 June 2019) and there were breaches of two regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Following the last inspection, we imposed conditions on the provider's registration to ensure they carried out monthly audits and reported to the Care Quality Commission the outcomes and actions taken from the audits

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 ●

# Nynehead Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Nynehead Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

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

#### Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information received from and about the service since the last inspection. Following the last inspection, we imposed conditions on the provider's registration to ensure they carried out monthly audits and reported to the Care Quality Commission the outcomes and actions taken from the audits. We reviewed these reports before this inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

We spoke with seven people who used the service and four visitors about their experience of the care provided. We spoke with six members of care staff, the provider, registered manager and quality manager. We also spoke with two visiting professionals. 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.

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection we found medicines were not always safely administered which was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- People received their medicines safely from staff who had received specific training to carry out the task. People told us they received their medicines at the correct time. Where people needed medicines to be administered at very specific times, the most senior member of staff had an alarm to make sure these were not missed.
- Clear records were kept of medicines which had been administered or refused. This enabled the effectiveness of prescribed medicines to be monitored to promote people's health.
- Some people had medicines, such as pain relief, prescribed on an 'as required' basis. Medication administration records had information to guide staff on when these should be offered.
- On the second day of the inspection the dispensing pharmacist carried out a full audit of medicines in the home. Their audit did not identify any major shortfalls.

### Assessing risk, safety monitoring and management

At the last inspection we found that risk assessments were not always robust and did not give staff clear instructions for how to minimise risks to people.

At this inspection we found improvements had been made.

- Risks to individuals were assessed and measures put in place to minimise risks. Risk assessments were discussed with people and staff were guided by individuals about the level of risk they chose to accept.
- Everyone had their risk of pressure damage to their skin assessed. Where they were identified as high risk the staff worked with other professionals to make sure people had the equipment, and support they required. One person was being cared for in bed and we were informed they did not have any pressure damage. This demonstrated the support in place was effective in minimising risks.

- The provider had systems in place to minimise risks associated with the building including regular testing of the fire detection and alarm system and all lifting equipment.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe and well cared for. One person told us, "I am safe and comfortable." A visitor said when they left their relative, they had "Complete peace of mind," knowing they were safe.
- Risks of abuse to people were minimised because the provider operated a safe recruitment system. This helped to make sure new staff were of suitable character and had the right skills and experience to meet people's needs.
- Risks were further minimised because staff felt confident to report any concerns. All staff said that any issues raised would be fully investigated to make sure people were safe.
- There were adequate numbers of staff to meet people's needs. People told us if they rang their bell for support, staff arrived quickly. During the inspection we did not hear call bells ringing for extended periods of time showing staff supported people promptly when they requested help.

Preventing and controlling infection

- People lived in a home where staff followed good infection control practices. There were adequate supplies of personal protective equipment, such as disposable gloves and aprons, to minimise the spread of infection.
- The provider had responded appropriately to recent concerns about infection and was displaying posters regarding visitors and hand washing. This helped to minimise risks to people and staff.

Learning lessons when things go wrong

- The provider had systems in place which analysed all accidents and incidents. This enabled them to identify patterns or trends and take action to avoid re-occurrence.
- People were supported by a vigilant staff group who reported and recorded near misses to help them to prevent accidents in the future.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Nynehead Court was a large listed building which had been adapted and extended to meet the needs of older people. The home was divided into two parts, the main house and the Mulberry wing. The Mulberry wing provided care to people living with dementia, but people were able to access all areas of the building.
- Various adaptations had been put in place to support people to receive safe care. These included hand rails, a passenger and stair lifts and assisted bathing and showering facilities.
- The provider kept décor and furnishing up to date to promote a safe and pleasant environment for people. At the time of the inspection one communal bathroom was being completely refurbished.
- People were able to enjoy the extensive grounds and gardens. A number of people told us how much they liked spending time outside in good weather. For people with poor mobility there was a golf buggy so people could be driven around and enjoy the grounds.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People's needs were assessed before they moved to the home. This ensured Nynehead Court was able to meet their needs and wishes. One person told us, "Two ladies came out to see me. That was very helpful."
- People received care according to their specific needs because initial assessments were used to create individual care plans. Care plans we looked at gave clear information for staff to follow. One member of staff said, "Care plans are really good now they're electronic. You can't miss anything because they have alerts."
- People received their care and support in accordance with best practice guidance and up to date legislation. Staff received regular training to make sure their practice was in accordance with current best practice.
- People and their families had confidence in the staff who supported them. One person said, "I feel totally safe with staff. They hoist me from my bed. They know exactly what they are doing." A visitor told us, "The staff are so attentive and very well trained."

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

- People had their nutritional needs assessed and met. People were generally happy with the food served. One person said, "Food is good and varied." Another person commented, "Sometimes the food is superb but other times not so."
- The provider monitored people's views on meals and the service they received. A recent catering survey

had resulted in some improvements such as changes to the vegetables served with meals, and ensuring people eating meals in their rooms were supplied with appropriate condiments.

- People were able to choose where they ate their meal. There was a large dining room in the main house and a dining area in the Mulberry wing. We observed meals being served in both areas and also noted trays were taken to people who wished to eat in their rooms. Food was well presented, and people received the encouragement and support they required to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of healthcare professionals to meet their individual needs. Staff supported people to attend appointments outside the home.
- The provider recognised the importance of good oral health for people. Staff had received training in this subject and the provider was sourcing a visiting dental service for people who did not have dentists locally.
- Staff monitored people's health and well-being and worked with other professionals to make sure they received the care and treatment they needed. One visiting professional told us the staff were very quick to notice changes in people and seek advice and support. One person said, "They always get a doctor or nurse to you if you're not well."
- Staff followed instructions and recommendations made by other professionals to make sure people received the correct care. One professional told us, "Advice given is followed to the letter. No concerns at all."

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we gave a recommendation that the provider revisits the guidance relating to the Mental Capacity Act 2005 in relation to recording how they support people to make decisions.

- Since the last inspection the provider had introduced an electronic care plan system which had sections for assessing people's capacity and recording best interests decisions. These had been well completed.
- Staff had received training and had been issued with pocket guides about the Mental Capacity Act. Staff spoken with knew how to support people with decision making and said that in some instances they liaised with other professionals, advocates and family members to make decisions in people's best interests.

- The registered manager had applied for people to be legally deprived of their liberty where they required this level of protection to keep them safe.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The management team led by example to make sure people were well cared for and treated with respect and kindness. During the inspection all staff were polite, friendly and respectful of people.
- People were very complimentary about the staff who supported them and said they were always kind and attentive. One person told us, "All the staff are polite and helpful." Another person commented, "Staff are very kind – without exception. Very attentive." A visitor said they found all the staff, "Wonderful and very kind."
- People had built trusting relationships with a stable and caring staff team. Staff told us they always had time to spend with people which helped to build and develop relationships.
- People were respected as individuals and staff cared for them in a non-judgemental way. Discussions with staff showed they respected people's personal preferences and lifestyle choices. Staff made sure people were able to follow their chosen faiths by inviting religious representatives to the home and supporting people to attend church.
- Staff had received compliments about the care they provided. One relative had written saying, "Your genuine tenderness and kindness is something that rises above professionalism which is always there all the time."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Everyone we spoke with told us staff respected their choices and decisions. People said when staff assisted them with personal care, they were gentle and respectful. One person said staff were, "Very nice when they help you. Very professional."
- People were well dressed showing staff took time to help them with personal care. One person was being cared for in bed. When we visited them, we found them to be very comfortable and clean. Staff regularly visited them to make sure they were comfortable and had everything they needed.
- People's independence was promoted. People felt able to continue to live their lives as they chose. One person said, "I still like to go out for a walk, and I do." Another person told us they liked to do things for themselves and staff were very respectful of this.
- The service offered a range of accommodation which enabled people to be as independent as they wished to be. In the grounds of the care home there was a selection of self-contained houses where people lived independently with support from staff if they wanted it. One person had help with personal care, some people attended social activities and others were assisted with meals and shopping.

- People were supported to go out to shop and socialise which promoted their independence. There were two vehicles which enabled people to go out regularly. One person told us, "I don't drive anymore but I still like to do a bit of shopping for myself. There are regular trips to the town."

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

- People and/or their representatives were involved in all decisions about their care and support. One visitor said they and their relative had been fully involved in creating a care plan. They said, "All the things we wanted them to know have been recorded."

- People were consulted on a day to day basis about how and when they wanted their care provided. Where people were unable to fully express themselves, staff used their knowledge of people and offered simple choices. One member of staff said, "We would absolutely never force anyone to do anything. If for example someone is reluctant to get up, we wouldn't make them. But we would make sure we kept offering them help so we were there when they wanted us."

- People were consulted on the running of the home through regular meetings. Minutes of meetings showed people were kept up to date with changes and able to comment on all areas of the service provided. There was also a monthly newsletter to keep people up to date.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection we found that care plans were not always person centred and did not provide staff with enough information to meet people's needs. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider had moved to an electronic care plan system. There were tablet computers and lap tops to enable staff to complete care plans with people. Care plans we saw were comprehensive and unique to each individual. This enabled staff to provide people with person centred care and support.
- People received personalised care because staff knew them well and respected their wishes. We asked staff about one person who was unable to express their views to us. Staff said they enjoyed classical music and that their faith continued to be very important to them. When we visited this person in their room, we found there was classical music playing. We also heard how a member of staff had arranged for a religious representative to regularly visit them.
- People had choice and control over their day to day lives. One person told us, "I do feel free. There are no rules which you have to follow." People moved around freely and were able to spend time in their rooms or in communal areas according to their choice.
- People were able to follow their own routines. There were no set times to get up or go to bed and staff fitted their routines around what support people wanted. One person said, "It suits me. No one tells you what to do." Another person told us, "You can do just what you like."

End of life care and support

- People could be assured that at the end of their lives they would be cared for with professionalism and compassion. Staff liaised with other professionals to ensure people had access to appropriate pain relief to maintain their comfort and dignity. People's wishes about the care they wanted to receive at the end of their lives were respected.

- People's relatives had praised the care given to people at the end of their lives. One relative had written to the staff saying, "The supreme effort that everyone made in her last few weeks went far beyond what we could have imagined. Making everything as comfortable as possible." Another had written thanking staff and said they were, "Thankful that her final days were peaceful."

#### Meeting people's communication needs

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.

- People's care plans contained information about their communication needs. Where people required glasses or hearing aids to promote good communication there were reminders in care plans for staff to support people with these.
- The provider informed us that information could be made available in different languages to meet individual needs. Pictures were used in some communications to make them accessible to all. The registered manager told us these were being developed to include menus.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider ensured people were not socially isolated by welcoming visitors to the home. Visitors said they were able to visit at any time. One visitor said, "They always make me feel welcome, whatever time of day I arrive. I feel they care about me too."
- People who liked to spend time in their rooms had regular opportunities for social interaction. A tea trolley went around the home and we observed the staff member spent time with people chatting and socialising. There was also a shop trolley and a library trolley which gave further chances for people to socialise. One person told us they liked to spend the day in their room but said, "There are plenty of visitors and I don't feel lonely."
- People were able to join in with a wide range of activities according to their interests. As well as group activities the activities organiser made sure a member of staff spent time doing one to one activities, with everyone, at least every week.
- People were very happy with the activities available. One person said, "There is always something going on, you couldn't be bored here." Another person told us, "There's plenty on offer, you can pick and choose."
- People were able to continue to follow their own interests and hobbies. One person had space made available for woodworking and another person had an art studio set up.
- People received on-going social stimulation even if they chose not to join in with activities. During the inspection staff offered constant stimulation. We saw staff never entered a room without talking to people and often sharing a joke. This led to people being alert and animated.
- People continued to be active members of the community. People hosted and took part in fundraising events. The orangery at the home was used for exhibitions, activities and village gatherings. Local pre-school children regularly visited the home to share activities.

#### Improving care quality in response to complaints or concerns

- All complaints were fully investigated and used to continually improve the service people received. For example, one person had complained there was always cake in the afternoon and they were putting on weight. In response to this, fresh fruit was made available at tea breaks to make sure people had a choice.

- People felt able to complain without fear of recrimination. One person said, "I would certainly complain if I needed to. They would sort out anything." A visitor told us, "I would absolutely talk with the manager if I wasn't happy. They are very approachable and get things done."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved 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; Continuous learning and improving care

At the last inspection we found that quality monitoring systems had not been effective in identifying and addressing shortfalls in the care people received. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we imposed conditions on the provider's registration to ensure they carried out monthly audits and reported to the Care Quality Commission the outcomes and actions taken from the audits.

At this inspection we found improvements had been made and they were no longer in breach of regulation 17.

- People benefitted from a provider who acknowledged shortfalls in the service and took action to address these. Since the last inspection a quality manager had been appointed to support the management team in embedding quality assurance processes into the culture of the home. These had resulted in compliance with the regulations.
- Quality assurance systems consisted of audits, observations and feedback from people. These systems led to improvements to the service people received. For example, people's rooms had been fitted with individual medication cupboards which reduced the risks of errors. Surveys regarding food had led to increased choice for people.
- People could have confidence in the providers commitment to ensure the home was always well led. The registered manager was due to leave the home after over ten years in the role. A new manager had been appointed to work alongside them until they took over the role. This helped to ensure a smooth transition for people and staff. One member of staff said, "The plans are working well. We have got to know the new manager and have no concerns about the future." A visitor said, "It is all very well organised, and we have been kept informed."
- The provider had robust contingency plans to make sure people continued to receive care in situations such as extreme weather or infection outbreaks. At the time of the inspection clear plans were in place for dealing with the COVID 19 pandemic.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and representative of the provider were very visible in the home. People said they were very approachable. One person told us, "You can talk with the manager or any of the staff, about anything." A visitor said, "I have regular contact with the manager."
- The provider had notified the Care Quality Commission and other appropriate agencies of significant incidents.

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

- People lived in a home where the management and staff were committed to providing person centred good quality care. People felt valued and listened to. One person said, "I feel very lucky to be here." A member of staff said, "I care for people how I would want a member of my family cared for."
- People were cared for by a staff team who felt well supported and happy in their jobs. This created a happy and comfortable environment for people. One person said, "The staff are a cheery lot. Nothing is ever too much trouble, or if it is, they never show it." A member of staff said, "We are a great team and we work together for the people here. I feel proud of the work we do."

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

- Nynehead Court was an integral part of the local community. The orangery and grounds were used for various community social functions and leisure classes. This enabled people to continue to be actively involved in community life.
- People attended the village church and provided refreshments at the care home following the service. On the Sundays there was no service in the church a service was held in the care home which the whole congregation were invited to.
- People and staff were involved in decisions about the home and were able to make suggestions. This was done through informal chats, regular meetings and surveys.
- Staff worked in partnership with other professionals to make sure people received the care and treatment they needed. Staff told us they had good relationships with local surgeries. Visiting professionals said they were always made to feel welcome and staff contacted them for advice when required.