

Nethermoor Care Home Limited

Nethermoor Care Home

Inspection report

50-52 Bridge Street
Killamarsh
Sheffield
South Yorkshire
S21 1AL

Tel: 01142481418

Date of inspection visit:
15 February 2019

Date of publication:
10 April 2019

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:

Nethermoor Care Home provides care and accommodation for up to 33 older people, some of whom are living with dementia. On the day of our inspection there were 25 people living at the home.

People's experience of using this service:

- People and relatives made many positive comments about the home and said they would recommend it. A person said, "It's a lovely cosy place. I am very happy here."
- The home was well-staffed. A person told us, "If I press my buzzer someone will come pretty quickly. I've never had a problem."
- People felt safe at the home. The staff were caring and kind. A person said, "All the carers are eager to help and we have a good old chit-chat every day."
- People said they had their medicines safely and on time. Staff administering medicines did not rush people and reminded them what their medicines were for.
- The home was clean and fresh throughout. People and relatives said this was always the case and the cleaning staff worked hard to keep it that way.
- People said they were happy with the choice and range of food. A person said, "I think the food here is great. It's all home cooked. I look forward to my meals."
- People were encouraged to choose their daily routines. A person said, "I can get up and go to bed when I like. It's all down to me."
- Staff understood people's needs, wishes and preferences and what was important to them. For example, two people were supported to keep pets in their bedrooms. A person said, "I don't know what I'd do without [pet]."
- People had access to a wide range of activities including crafts, baking, curling, and tea dances. A person said, "Some weeks I'm out nearly every day with the carers, even if it's just to the shops. It's nice to get out and have a bit of fresh air and see the world."
- The home was well-managed and people and relatives said the registered manager was friendly and approachable and dealt with any issues they raised.
- The registered manager and the provider carried out audits to ensure the home was running effectively and documentation was in order and up to date.

Rating at last inspection:

Nethermoor Care Home was last inspected on 01 March 2016 (report published on 05 July 2016) and was rated as 'Good' overall.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

At this inspection we found the evidence continued to support a rating of 'Good'. More information can be

found in the 'Detailed Findings' below.

Follow up:

We will continue to monitor intelligence we receive about Nethermoor Care Home until we return to visit as per our inspection programme. If any concerning information is received 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Nethermoor Care 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:

This inspection was carried out by an 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. Our expert by experience's area of expertise was the care of older people.

Service and service type:

Nethermoor Care Home 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.

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

Notice of inspection:

This inspection took place on 15 February 2019 and was unannounced.

What we did:

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form

that asks the registered provider to give some key information about the home, what the home does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made our judgements in this report.

We reviewed other information that we held about the home such as notifications. These are events that happen in the home that the registered provider is required to tell us about.

During our inspection visit, we spoke with eight people who lived at the home, six relatives and friends, the registered manager, the deputy manager, the activities co-ordinator, two care workers, the cook, and two visiting professionals.

We looked two people's care records. We also looked at records in relation to the management of the home such as quality assurance checks, staff training records, safeguarding information and accidents and incidents information.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and relatives said people and their possessions were safe at Nethermoor Care Home. A relative told us, "I've got no concerns about safety here. I know [person] is safe."
- People said they would speak out if they were concerned about safety and felt confident their concern would be taken seriously and dealt with.
- The provider had systems in place to protect people from abuse and avoidable harm. This included staff training in protecting people from harm.
- Staff understood their responsibility to speak out if they thought a person was at risk of harm or abuse. A care worker said, "I would tell the manager or whoever was in charge and they would report it to social services. All the staff here know that."

Assessing risk, safety monitoring and management

- People had risk assessments telling staff how to care for them safely without, as far as possible, undermining their independence.
- People had equipment to help them stay safe, for example, 'crash mats' next to their beds, pressure relief cushions and mattresses, and walking aids.
- Staff carried out weekly audits to ensure the premises and equipment were safe and fire safety standards were maintained. People had personal emergency evacuation plans so staff knew how to assist them to leave the home in the event of an emergency.
- If people were at risk of leaving the home unaccompanied, staff followed the Herbert Protocol. This is a simple risk reduction procedure consisting of a form containing vital information about a person that is shared with the police if they go missing.

Staffing and recruitment

- The home was well-staffed. People and relatives said there were enough staff on duty to meet people's needs. A relative said, "I've never seen any problem with staffing. There always seems to be plenty of staff around."
- We saw a care worker responding swiftly when a person in their bedroom pressed their call bell to ask for their blinds to be drawn as the sun was in their eyes.
- The registered manager worked out staffing levels using a formula based on people's needs at any one time. Staffing levels were reviewed monthly and more frequently if necessary. For example, if a person was ill the registered manager increased staffing levels so extra support could be provided.
- Staff said the home was busy at times but were confident they could always meet people's needs. A care worker said, "The staffing levels are good and we use teamwork if we're busy to get round to everyone."
- The registered manager and provider operated a safe recruitment process. This included pre-employment

checks and face to face interviews.

Using medicines safely:

- People said they had their medicines safely and on time. Staff administering medicines did not rush people and reminded them what their medicines were for.
- Since we last inspected the registered manager and staff had improved the home's medicines systems. This helped to ensure their arrangements for the ordering, storage, administration and disposal of people's medicines were in line with good practice and national guidance.
- Staff were trained to manage medicines safely and managers carried out regular checks to ensure they remained competent.
- The home's contract pharmacist was carrying out a review of the home's medicines on the day of our inspection visit. The contract pharmacist provided good practice advice which staff took on board and actioned.

Preventing and controlling infection:

- The home was clean and fresh throughout. People and relatives told us this was always the case and the cleaning staff worked hard to keep it that way.
- Staff were trained to prevent and control infections and used appropriate personal protective equipment like gloves and aprons when they needed to.
- There was information displayed in the home about the prevention and control of infection including effective hand washing guidelines.

Learning lessons when things go wrong:

- The registered manager reviewed accidents or incidents to identify any learning that would minimise the risk of them happening again.
- For example, after one person fell, staff reviewed their care plans and risk assessments and referred them to a local falls team for assessment. They also updated the person's mobility care plan to tell staff to walk with this person when they mobilised.

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

Good: 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:

- People's needs were assessed before they moved into the home. The assessment process considered the views of the person themselves, their relatives (where appropriate), and health and care professionals.
- The assessment process identified protected characteristics under the Equalities Act 2010. This included people's needs in relation to their culture and religion.
- Staff were trained in equality and diversity and provided positive, non-discriminatory care and support.

Staff skills, knowledge and experience

- People and relatives said the staff were well-trained and knew how to meet people's needs.
- New staff completed the Care Certificate, a nationally recognised induction programme for people working in care, and progressed to National Vocational Qualifications to increase their skills and knowledge.
- Training courses were online or face-to-face and staff discussed what they had learnt in meetings and supervisions.
- Staff told us they received daily support and guidance from the registered manager. A staff member said, "If there's anything I'm not sure about I ask [registered manager]. She's very experienced and can advise us on most things."

Supporting people to eat and drink enough with choice in a balanced diet

- People said the food was good, they enjoyed their meals, and there was always a choice. A person said, "I like all the meals, but I like the salads best – they're always fresh and tasty."
- Lunchtime was lively and sociable. People had a sing-song while they waited for their meals to be served. If people needed assistance with their food, staff provided this. People were encouraged to eat at their own pace and have plenty to drink.
- The cook knew people's specific diets, allergies and preferences. They told us, "We've plenty of choices for the residents. If people don't feel like eating the day's meal we make anything they want instead, like an omelette, or toast, or whatever they fancy."
- Staff assessed people's eating and drinking needs and referred them to dieticians and the SALT (speech and language therapy) team if they needed specialist support.

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

- People and relatives told us people's healthcare needs were met. A relative said, "If [person] is poorly, the care staff call the GP and they tell me what's happening. They do pick up on it if [person] isn't well."
- A visiting healthcare professional told us, "I have no concerns about the care here." Relatives told us care

workers accompanied their family members to hospital appointments.

- Records showed people accessed GPs, chiropodists, district nurses and mental health specialists.

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

- The home needed re-decoration and improvement in some areas due to scuffed and damaged paintwork and walls. A relative said, "The place is a bit faded, but the care is good so I suppose you can't have everything." The registered manager said a plan was in place to continually improve and upgrade the premises.
- The premises were not ideally suited to people with mobility needs due to some narrow corridors and bottlenecks, however people accessed the areas they needed to with staff support where necessary.
- Bedroom doors were painted in different colours and there were people's pictures and names on them. Staff had framed people's artwork and displayed it on the walls to provide colour and interest.
- There was a choice of two lounges downstairs, plus an activity room. A person said, "I like to be a bit quiet so I prefer sitting in this lounge because I get a bit more peace."
- The home had three enclosed garden areas where people could sit. One was in the process of being developed and improved and people were involved in making decisions about what they would like in this area.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The registered manager and staff were working within the principles of the MCA. Restrictions on people's liberty were authorised and conditions on authorisations met.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives said the care workers were kind, caring and patient. A person said, "If the carers aren't too busy they'll always have a chat with you. They are lovely people."
- Care workers knew people well and began conversations with them by referring to their family members or favourite subjects. One care worker told us a person liked a famous movie actor and had visited their house. The person enjoyed the actor being mentioned and had a conversation with us about them.
- A care worker assisted a person with their mobility whilst carrying their handbag. They quietly reassured the person that the bag was safe and kept the handbag in their sight.
- Care workers encouraged people to make informed choices. For example, they physically presented people with choices of food and drink so they could see which they might prefer.

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

- People told us care workers listened to them about how they wanted their care provided and would make changes if they asked them to.
- A relative told us they were involved in their family member's regular care plan reviews. They told us, "We have care plan reviews and meetings with all the professionals involved, so I think we're fully involved in all of the care."
- A care worker told us, "We'll sit with the residents and do their care plans with them, and sometimes with their relatives too."
- People said they could choose when to get up and when to go to bed and where to spend time during the day.

Respecting and promoting people's privacy, dignity and independence:

- People said care workers treated them with respect and upheld their dignity and privacy. A person told us, "The carers always close my curtains before they do anything. They're very good like that. They knock on my door as well - they don't just barge in."
- People told us staff helped them to stay as independent as possible. We saw that care staff encouraged people to mobilise around the home at their own pace.
- Staff maintained confidentiality regarding people's personal information. Care records were securely stored and computers were password protected.

Is the service responsive?

Our findings

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

Good: ☐ 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

- The staff team were responsive to people's needs. They followed people's personalised care plans to ensure they had the care and support they needed.
- Care plans included information about people's preferred routines and likes and dislikes so staff could support people in the way they wanted.
- Some people chose to receive care in their bedrooms. Staff completed care records for each intervention and observation so it was clear the amount of care people received.
- A few people could be distressed at times due to living with dementia. Staff used different strategies to reassure them and reviewed their care to see what worked best. For example, staff discovered that one person was more settled during the day if they were encouraged to have a lie-in rather than get up early.
- The home's three activity co-ordinators provided a full and varied activity programme over a seven day week. In-house activities included crafts, reading, baking, watching films and singing. Community activities included curling, pantomimes, tea dances, cinema trips, and church coffee mornings. On the day of our inspection visit people took part in an exercise activity and a quiz.
- A relative said, "There's lots of creative stuff going on here. It's a good place for someone who likes to keep busy." Another relative told us, "[Family member] likes curling at the leisure centre best. They've adapted the game so anyone can play. It's brilliant. The pantomime trip was great too. They make a real effort here to get people out and about."
- A staff member said, "We went to the cinema for a trip out and people enjoyed it so much we've bought a projector so we can show films in the home. For people who spend most of the time in their bedrooms we have things like one to one board games and we can supply books that people like. In the summer we have barbecues outside and people like sitting out in the garden in the nice weather."

Improving care quality in response to complaints or concerns:

- People and relatives knew how to complain and the home's complaints policy was on display in the home. A relative said, "We've never had any big problems, but for any niggles I've gone straight to the manager and she's sorted things out straight away."
- One person raised some concerns which the registered manager was already aware of. The registered manager told us she was working with the person, their family, and the local authority to see what improvements could be made.
- Records showed the registered manager and staff investigated complaints and acted, as necessary, to put things right and made improvements to the home.
- A complaint made in late 2018 had been investigated but staff had not recorded the outcome. The registered manager said she would ensure this record was brought up to date.

End of life care and support:

- People had the opportunity to record their end of life wishes if they wanted to and some people had done this.
- Staff were trained in end of life care and worked with GPs and community nurses to ensure people were comfortable and pain-free 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.

Good: ☐ 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; and how the provider understands and acts on duty of candour responsibility

- People and relatives said the home was well-managed because they were happy with the care provided. A care worker told us, "It's friendly here with a great atmosphere and a homely feel."
- The home was in the centre of a village and part of village life. Many of the people, relatives and staff knew each other well having lived alongside each years. Staff supported people to take part in village activities, clubs and groups.
- The registered manager promoted transparency and honesty. They openly discussed issues with people, relatives and other agencies if anything went wrong.
- The home's last CQC inspection report and rating was displayed in home and in the window so it could be seen from outside.

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

- People and relatives said they knew the registered manager and deputy well and said they were helpful and approachable. A care worker said, "I trust the managers. You can talk to them about anything and they will always listen. They are supportive of the staff and care about the residents."
- Staff understood their responsibility to provide a good-quality, personalised service, based on the provider's ethos and values.
- The registered manager understood their legal responsibilities and sent notifications to CQC as required.
- The provider audited aspects of the service including medicines, health and safety, and staff training. The last audit, carried out December 2018, identified the need for 'twiddle muffs' for people living with dementia and new training videos. The registered manager purchased these.
- At the time of our inspection visit the home didn't have a clear system of audit setting out when audits were to be carried out and by whom. We spoke with the registered manager, and the provider by telephone, and both agreed this would be put in place.

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

- The registered manager arranged meeting for people and relatives so they could share their views on the home. Relatives said they knew about the meetings but preferred to share their views directly with the registered manager rather than wait for meetings to take place.
- Meeting minutes showed people and relatives were asked for their views which were recorded so

improvements could be made to the home where necessary.

- The registered manager had an 'open door policy' and her office was accessible within the home. She made people and relatives welcome when they visited her, listened, and acted to resolve any issues or queries they had.
- Staff attended meetings, supervisions and appraisals to share their views on the home and good practice. At the last meeting, in January 2018, managers and staff discussed medicines records, training, and health and safety with a view to improving the way they worked.

Continuous learning and improving care

- The registered manager told us the staff team were continually striving to improve the home. She discussed any issues with relatives, the provider and staff and worked to bring about positive change.
- The registered manager said the premises were an ongoing project. At the time of our inspection visit two bedrooms were being redecorated and other areas maintained and improved.
- The registered manager followed guidance from Skills for Care (a national care workers training organisation), NICE (National Institute for Clinical Excellence), the NHS, and the local authority to develop best practice at the home.

Working in partnership with others

- The registered manager and staff worked in partnership with other health and social care professionals, such as GPs and local authority staff, to reduce risk and ensure people had access to the services they needed.