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Netherclay House

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

Overall summary

This inspection was unannounced and took place on 13 and 17 August 2015.

Netherclay House provides personal care and accommodation for up to 42 people. In addition to the main care home, accommodation and personal care is provided to people in four self-contained flats adjacent to the main house. The home specialises in the care of older people. At the time of the inspection there were 35 people at the home.

The last inspection of the home was carried out in September 2014. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Summary of findings

During both days of the inspection there was a relaxed and cheerful atmosphere; staff and people living in the home were happy and at ease when they spoke with us. We observed friendly but professional banter with staff discussing the weather and being able to sit in the garden for tea and cakes. People told us Netherclay House was always homely and relaxed. Visitors said they always felt welcomed and were always offered a cup of tea.

People were supported by sufficient staff to meet their needs. People spoken with said they felt there were enough staff working in the home. One person said, "There always seems to be plenty around when you need them, I never hear bells ringing for any length of time and if you ask for help they are there straight away."

Records showed there were adequate staffing levels on each shift. The registered manager confirmed staffing levels could be flexible to meet the care needs of people and to support other staff with activities such as parties and trips out. We observed staff took the time to chat and socialise with people and call bells were answered promptly. Staff told us they only had to ask and the provider would increase staffing to meet increased needs. One staff member said, "We never feel rushed or pushed to get work done. There is always time to sit and have a chat".

Some staff spoken with said they felt they would benefit from an extra staff member in the afternoon during supper and when people asked to go to bed. We relayed this information to the registered manager and quality and service development manager who said they would look into providing a staff member to cover the "twilight" shift to support staff to help people eat and go to bed.

The provider's vision for the home was to provide a, "Secure, relaxed and homely environment in which the care, well-being and comfort of all residents are of prime importance." Everybody spoken with said Netherclay House was homely relaxed and a safe place to live. One visitor said, "It is always so relaxed and cheerful here they are chatting and laughing every time I visit." One healthcare professional said, "There is always a homely relaxed atmosphere in this home."

Staff had received training in identifying and reporting abuse. Staff were able to explain to us the signs of abuse and how they would report any concerns they had. They stated they were confident any concerns bought to the registered manager would be dealt with appropriately. There was a robust recruitment procedure in place which minimised the risks of abuse to people. People told us they felt safe in the home and they all knew who to talk to if they wanted to raise a concern or complaint.

People's health care needs were fully assessed and care and support was provided on an individual basis. One staff member told us, "Communication is good, we have regular handovers and the care plans are changed if resident's needs change." This meant people's individual changing needs were considered and catered for in consultation with them or a family member if necessary. Care plans and care practices were monitored to ensure people's preferences were being followed and improvements were made when needed.

People saw healthcare professionals such as the GP, district nurse, chiropodist and dentist. Staff supported people to attend appointments with specialist healthcare professionals in hospitals and clinics. Staff made sure when there were changes to people's physical wellbeing, such as changes in weight or mobility, effective measures were put in place to address any issues.

Everybody spoken with told us they enjoyed the food, they all said the food was good. People were offered choices and the food was nutritious and well presented. People who needed assistance with eating were supported in a dignified and unhurried manner. Most people ate in the dining room, lunch was observed to be relaxed unrushed and a social occasion. Some people chose to eat in their room and food was delivered promptly and covered so it was still warm when it arrived.

People could join in a range of activities, such as bingo, a games afternoon, a creative workshop, an exercise workshop and visiting entertainers. For people who chose to stay in their room the activities programme include one to one sessions to prevent them becoming isolated. There were magazines and newspapers around the home for people to read. One lounge had a computer which the activities person could assist a person to use.

There were systems in place to monitor the care provided and people's experiences. Quality audits were carried out by the quality and service development manager. Action plans were put in place to address any issues found. These included staff meetings, supervision, further training and changes to the way the service was provided.

Summary of findings

A regular survey was carried out asking people and their relatives about the service provided by the home.

Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

Summary of findings

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.

People were provided with enough experienced and skilled staff to support their needs.

People were safe because the provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People's medicines were managed well and staff received training to support them to do this.

Good

Is the service effective?
The service was effective.

People who lived at the home received effective care and support because staff had a good understanding of their individual needs.

Staff received on-going training and supervision to enable them to provide effective care and support.

People's health needs were met and they could see health and social care professional when needed.

Good

Is the service caring?
The service was caring.

Staff were kind, compassionate and respected people's diverse needs recognising their cultural and social differences.

People's privacy and dignity was respected and they were able to make choices about how their care was provided.

Visitors were made welcome at the home at any time.

Good

Is the service responsive?
The service was responsive.

People received care that was responsive to their needs because staff had a good knowledge of the people who lived in the home.

People had access to a range of activities and were able to pick and choose what they took part in.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Good

Is the service well-led?
The service was well led.

There was a management team in place who were open and approachable.

The management team listened to any suggestions for the continued development of the service provided.

Good

Summary of findings

There were systems in place to monitor quality and seek people's views.

Netherclay House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 17 August 2015 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection, the provider 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in September 2014 we did not identify any concerns with the care provided to people.

At the time of our visit there were 35 people at the home. We spent time observing care practices and interactions between staff and people who lived at the home. We also attended the handover meeting between staff working in the morning and those working in the afternoon.

We spoke with ten people, five visiting relatives, seven members of staff, the registered manager the relief manager and the quality and service development manager. We looked at records which related to people's individual care and to the running of the home. These included four care and support plans, four staff personnel files, records of complaints and quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and with the care a support they received from staff; one person said, "Yes I feel very safe living here, if I didn't I wouldn't stay." Another person said, "Yes I feel safe, they listen to you, and are all very kind."

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. Staff were able to tell us about the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse; contact details for the local authority safeguarding team were displayed in the home for people, staff and visitors to read.

Risks to people were minimised because relevant checks had been completed before staff started to work at the home. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were of good character. The DBS checks people's criminal history and their suitability to work with vulnerable people. One staff member we spoke with confirmed they had not started work in the home until their references and DBS check had been received. They said their interview had been very thorough.

People's risks were managed well. Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. They had been identified and where possible discussed with people or someone acting on their behalf. For example one person had been identified as at risk of falls due to Parkinson's. The risk assessment gave staff detailed guidance on how to ensure the person was safe without taking away their independence. Staff demonstrated they were aware of the risk and the way to enable the person to stay safe whilst maintaining their dignity. Other risk assessments included the risk of developing pressure ulcers and falls. People at risk of developing pressure ulcers had been assessed and the protective equipment was put in place to reduce the risk.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. The relief manager confirmed the numbers of staff on each shift could be flexible dependent on the needs of people in the home. They said they assessed the needs of people using a dependency tool during their quality assurance checks. These showed how much support individuals needed. One staff member spoken with said, "When asked you always say yes more staff would be great. But really we have enough staff to work comfortably and have time to chat and socialise with people." They added, "If we thought we needed more staff we would only need to talk with the management they always listen." People spoken with said they felt there were enough staff working in the home. One person said, "There always seems to be plenty around when you need them, I never hear bells ringing for any length of time and if you ask for help they are there straight away."

Some staff spoken with said they felt they would benefit from an extra staff member in the afternoon during supper and when people asked to go to bed. We relayed this information to the registered manager and quality and service development manager who said they would look into providing a staff member to cover the "twilight" shift to support staff to help people eat and go to bed.

People received their medicines when they needed them. One care plan stated very clearly the person's medicines were "time critical". This meant they had to be given at a certain time to ensure the person was safe mobilising. During the inspection we observed this person receive their medicine at the correct time and time intervals. This meant they were able to mobilise around the home safely. One person said, "The staff look after my tablets for me they are really good, always on time and I never have to remind them." There were procedures in place for the safe management and administration of people's medicines; these were followed by staff. Medicines were only administered by senior staff who had received specific training to make sure their practice was safe.

Some people were prescribed medicines on an 'as required' basis. The medicine records for these people included a PRN (as required) protocol. This showed staff when the medicine may be needed and included information about any possible side effects. For example the protocol for one person said they were able to understand when they required the medicine and could

Good

Is the service safe?

request it when necessary. During the afternoon handover the senior staff member reported one person had asked for their PRN medicine to be re-ordered from the doctor as they felt they needed it again. We observed staff offering pain relief to some people following lunch. This meant people were able to manage any pain and discomfort appropriately.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place.

Risks to people in emergency situations were reduced because, a fire risk assessment was in place and arrangements had been made for this to be reviewed annually. Personal emergency evacuation plans (PEEP's) had been prepared for each person: these detailed what room the person lived in and the support the person would require in the event of a fire.

Risks to people, visitors and staff were reduced because there were regular maintenance checks on equipment used in the home. These included checks of the fire alarm system, fire fighting equipment, fire doors, and hot and cold water temperatures. Specialist baths, passenger lifts and the call bell system had also been serviced and were maintained in good working order. The maintenance person and quality and service development manager checked these had been completed as part of their regular audit of the environment.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said the staff were good at understanding their needs and how they preferred to be looked after. One person said, "The staff are really good they understand what I need and they are there when I need help." Another person said, "I used to be a nurse so I can tell when they have been trained well. I think they are all well trained here and look after people well. I remind them every now and then of my background to keep them on their toes." One visitor said, My [friend] hasn't been here long but they have settled in well and the staff really know what they need and how to make them feel at ease."

The staff team was stable with many staff having worked in the home for a number of years. The staff teams had worked together to ensure they all knew what people's personal preferences and needs were this enabled them to build a close working relationship with people in the home. This meant people experienced a consistent approach to the care and support they received. For example all staff spoken with could explain how they looked after each individual and how they preferred to be cared for.

We spoke with staff and reviewed training records. Staff said there were opportunities for on-going training and for obtaining additional qualifications. This included annual updates of the organisation's statutory subjects such as, manual handling including use of hoists, medication, safeguarding vulnerable adults, infection control, health and safety, health and hygiene, first aid and nutrition. Records showed all staff had attended all the statutory training.

The training manager explained that staff were informed when their updates were due and when the sessions would be available. Staff confirmed they could also request training specific to people's needs such as dementia care or diabetes care. For example on the day of our inspection there was a training session on end of life care for staff who had been chosen to be end of life champions. They would be trained to support other staff in providing appropriate end of life care. The training manager confirmed they would also use the training facilities provided by the local hospice to ensure best practice was followed.

The quality and service development manager explained how they also involved the training manager when they identified trends in their quality audits that indicated staff required training. They would arrange training and supervision for the staff identified to ensure safe and effective procedures were followed.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. The training manager confirmed the induction had followed the common skills for care induction standards. However they were now following the new care certificate and worked closely with skills for care and care focus a local training organisation who support care services, to provide the appropriate training for all staff rather than just the new staff. The skills for care common standards and the care certificate are nationally recognised standards for people to achieve during induction.

One staff member confirmed they had followed a thorough induction process. They said they had received classroom based training and had then worked alongside an experienced member of staff before they were permitted to work alone. Staff records showed new staff had attended induction training before working in the home.

Records showed people were involved in their care plans and consented to the care they received. All of the care plans we looked at included the signatures of the person or a representative showing they had agreed to the plan being in place. One person said, "I know all about my care plan and they discussed it with me before I signed it. But it is not written in stone they ask me all the time if I am happy with the way they do things and if I want anything changed." One staff member said, "It isn't about what they have signed in the care plan, it is about how they feel that day or at that time so we always ask for consent before doing anything."

People's health and wellbeing was monitored regularly which meant staff could take appropriate action to ensure people received effective care and support. For example one person who had started to display challenging behaviours had been referred to the community psychiatric team for an assessment. There were regular handover meetings between staff to make sure any information or

Good

Is the service effective?

observations were passed from one staff group to the next. The handover meeting we attended demonstrated staff passed on their observations of people's health to make sure they continued to be monitored.

People told us they saw health care professionals if they needed to. Records showed regular appointments had been made with a chiropodist, optician and a dentist. One visiting healthcare professional said they visited regularly and always found the staff helpful and willing to listen and understand what the person's specific needs were and how they could be best managed.

Everybody spoken with said the food in the home was good; One person said, "Brilliant," smiled and gave the thumbs up sign. Another person said," I enjoy every meal they are nicely presented and taste good. Everything is home-made and you can tell." Whilst a third person said, "They do some lovely meals and if you don't fancy what's on the menu they have alternatives for you." A visitor said, "My friend hasn't been here long but I swear they have already put on some weight they look really well and eat everything they have been offered."

Meals were served from the kitchen adjoined to the dining room, therefore was always served hot and fresh. Food taken to people in their rooms was plated up, covered and taken to them straight away.

Most people liked to go to the dining room for their lunch, the room was alive with conversation and laughter. On the first day of our inspection everybody sang happy birthday to one person. One person told us how they enjoyed a glass of wine with their lunch. During lunchtime we saw people were offered assistance in a supportive and dignified way. Staff sat the table with them and supported them discreetly. Lunch was relaxed and nobody was rushed to complete their meal and leave the room. The cook demonstrated an informed understanding of people's likes and dislikes as well as their specific dietary requirements whether they were for medical or cultural reasons. The minutes of a recent resident's meeting showed people had been asked for suggestions of meals they would like to see on the menus.

Where people had been identified as at risk of weight loss and malnutrition appropriate professionals had been involved and care plans had been put in place to address these issues. Staff were aware they needed to provide more support to some people to maintain a healthy diet. For example the care plan for one person identified as at risk of choking showed they had been referred to the appropriate professionals. Their care plan clearly described the support they should receive. We observed staff provided that support in line with their care plan. Staff spoken with knew the needs of this person and understood the way their drinks needed to be thickened, the consistency and the reason behind the need. Snacks and drinks were available throughout the day. People in the garden were observed drinking tea and eating cake and a jug of squash and cups were available within reach.

The manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Most people were able to make decisions about what care or treatment they received. One staff member told us, "We get plenty of training and we all recognise people's right to make they own decisions. Sometimes you just need to give them that extra bit of time to take in the information. We never assume they do not have capacity to make a decision."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was familiar with this legislation and had carried out appropriate assessments to ensure people were not deprived of their liberty and had their legal rights protected. The relief manager had carried out assessments for some people and the appropriate DoLs applications had been sent to the local authority who were in the process of considering the documentation.

Good

Is the service caring?

Our findings

People said they were supported by caring staff, everybody spoken with told us they felt staff were caring and respectful. During the inspection we observed staff were kind, compassionate and treated people with dignity and respect. The atmosphere in the home was cheerful and people appeared relaxed and comfortable with the staff that supported them. One person told us, "The really good thing here is they listen, and when they listen they really care about what you are saying." Another person said, "They are all very kind, I don't think I can think of one member of staff who is not." One visitor said, "I have never heard a cross word or any staff complaining. They all appear to care and really look after people in a compassionate way."

People said they thought staff responded appropriately to their requests. One person said, "It's cracking here, I have been here quite a while and I don't have any worries. They look after everybody very well." Another person said, "It's a care home, you don't want to be in one but if I have to I am glad it's here as they do care about what I want and when." One health care professional said, "I have observed some very caring and compassionate interactions between staff and residents, if I was looking for a home for my mum I would come straight here."

We observed very caring conversations with people, for example we observed a person become upset and tearful during lunch, and they felt unable to stay in the dining room. The relief manager soothed the person in a very compassionate and understanding manner helped them to their room and arranged for their diner to be taken to them. Staff later checked on the person regularly to ensure they were settled and safe.

People told us they could see their friends and relatives whenever they wanted. Visitors came and went throughout the day. One visitor told us they felt they were welcomed and enjoyed seeing their friend. People told us they could maintain contact with friends and family in the community and go out if they wanted to. The front door was not locked and people were assisted to sit in the garden after lunch chatting and laughing with staff.

People said staff respected their privacy. All rooms at the home were used for single occupancy. People told us they could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff always knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

We saw people were treated with respect for their dignity. For example one person identified as at risk of choking received assistance to eat in their own room to preserve their dignity.

People were able to make choices about their care. They told us they could choose when they got up or went to bed and whether they took part in an activity or not. Life histories had been recorded in care plans so staff knew what the person liked to talk about, their hobbies and likes and dislikes.

People's wishes if they had a sudden collapse or emergency situation were clearly recorded. Care plans showed some people had asked not to be resuscitated in the event of an emergency while others clearly stated they wished all measures to be taken. We asked the relief manager how staff would know in an emergency what the person's wishes were. They explained during their quality audit earlier that week they had raised this as an issue and had redesigned the handover sheet that senior staff carried. This document stated clearly what each person's wishes were. Staff said it was useful information and readily available if needed. The creation of a role for two staff members as end of life champions meant they would be talking to people about how they would like to be cared for in the future. Staff were receiving their first training sessions on the second day of our inspection. One champion said, "We have looked after a few people at the end of their life who have asked to stay here. We have received really good support from the hospice and district nurse teams but we felt we would like to be champions as well to ensure people's wishes are known and fulfilled."

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences.

Staff demonstrated a clear knowledge of the needs of the people in the home. This meant they were able to provide care that was responsive to individual needs. Staff were able to give us detailed information of how they would care for each person as an individual. One staff member told us, "The communication here is so good there is no way you would not know if someone's needs had changed. The care plans are really clear and they are changed when necessary, and we have regular handovers." One person said, "I think they know all about me, and if they don't I can quickly remind them. I have a chat with the girl who comes and checks I have everything; I think they are all given so many people to speak up for." One staff member said, "We are all key workers for a group of people. I find that the best part of my role, I go in and sort their drawers and arrange to do some shopping for them, but most of all I go and have a chat. You get to know people really well."

Before a person moved into the home their needs were assessed to ensure the home was appropriate to meet the person's needs and expectations. One person said they had been able to look round the home before they moved in. Another person explained they had been on respite care for two of three occasions then decided to stay.

The registered manager confirmed they would only take a person into the home if they felt they could meet their needs. They confirmed the assessment would include the person as far as was possible, healthcare professionals and relatives involved in their care. The quality and service development manager said they were looking at ways of improving the initial assessment so it was more holistic and included all areas of the person's life and wellbeing.

Following the initial assessment each person had a personalised care plan which reflected their individual needs. The care records were up to date and included entries to show when people's needs changed. Care plans included regular reviews and showed people and their relatives had been involved. Daily records showed the needs identified in care plans had been met, for example people were monitored for falls or weight loss in line with their care plan. During the inspection we observed staff follow care plans when they indicated a person needed to be monitored during the day to prevent falls. A record of checks was maintained to ensure the person's care plan was being followed and they were safe.

There were also care plans for specific needs identified. For example one person had started to exhibit challenging behaviours. This had been discussed during staff handover, the care plan had been revised and gave staff clear guidance on the way to diffuse and manage any challenging behaviours in the future.

The service encouraged and responded to people's views and suggestions. People said they felt they could discuss their care and living in the home at any time. The registered manager sought people's feedback and took action to address issues raised. One person said, "A good thing about this place is they listen, and then they do something about it." Another person said, I can talk to the manager and they really do listen and take on what you are saying."

People were able to choose whether they joined in a programme of activities or not. One person said, "I'm just having a rest after lunch, then I go down to the lounge, it's film day today." Another person said, "There is always something going on. They have people coming in and entertaining us." People and relatives were given a monthly newsletter telling them the activities for that month. The August newsletter showed there was a range of activities, such as bingo, a games afternoon, a creative workshop, an exercise workshop and visiting entertainers. For people who chose to stay in their room the activities programme include one to one sessions. This meant people did not become socially isolated. There were magazines and newspapers around the home for people to read. One lounge had a computer which the activities person could assist a person to use.

We asked people how they were involved in the day to day decisions made in the home. Two people told us about a resident's meeting they had attended, they said they had been listened to and things had happened. The minutes for one residents meeting showed people had asked for more trips during the summer. People told us they had enjoyed trips out and were looking forward to more. One staff member said they thought the registered manager was trying to arrange a minibus for those who could manage one to go to local garden centres and into town.

Good

Is the service responsive?

We looked at how people's views, concerns or complaints were acted upon. A suggestion box had been placed in the hall but this was not used very often. People said they spoke with staff daily and most of the people could make their wishes known. Staff said they would talk with people daily and especially take time with those who did not come forward themselves. One person said, "I know how to complain and believe me if I didn't think things were right I would so would my [relative]. All the information is there, who to talk to or who to write to. But I don't have any complaints and I know they listen when you say things so it doesn't become a complaint as such."

There was clear documentation to show a complaint or concern had been received and how it had been managed. Complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt. This showed the service listened to, acted on and learnt from any concerns raised. The quality and service development manager confirmed training could be arranged and any trends identified and dealt with. The organisation had responded well to concerns raised with the Somerset safeguarding team. They had worked well with the team to ensure a full investigation had been carried out.

Good

Is the service well-led?

Our findings

People were supported by a team that was well led. The home was run by a registered manager who was supported by the provider and quality and service development team. People told us they felt the registered manager was open and approachable. One person said, "The office is well placed, we walk past it every day and it is easy just to pop in." We observed people went to the office to speak with staff the manager and other management team whilst they were in the home. People were at ease with all the management team and there was a friendly and relaxed banter with some people they had known for a while. During the inspection one of the organisation's directors visited, people knew the director and said they saw them in the home regularly.

There was a staffing structure which provided clear lines of accountability and responsibility. During the inspection we met the registered manager, relief manager, house manager who was also responsible for administration, a director, the quality and service development manager and the in house training manager. Each person had clear roles within the organisation; the home could also call on their sister home and domiciliary care service for advice and support. This meant people were supported by a multidisciplinary team that worked well together to provide a service that looked at continued improvement.

Staff members had job descriptions which identified their role and who they were responsible to. Staff rotas showed there was a senior member of staff on each shift for staff to go to for guidance. Staff members said the registered manager was always prepared to work on the floor alongside them. They said this meant the registered manager understood their roles and ensured care was being carried out in line with people's care plans.

The organisation's philosophy of care was recorded in their statement of purpose. It said Netherclay House would provide a, "Secure, relaxed and homely environment in which the care, well-being and comfort of all residents are of prime importance." Comments throughout our inspection suggested this philosophy was supported throughout the home. Everybody spoken with said Netherclay House was homely, relaxed and safe. One healthcare professional said "There is always a homely welcoming atmosphere in the home; all the residents are relaxed and happy." One staff member said, "Although we are looking after the residents we like it to be relaxed and homely. But we also remember it is their home and they need to keep as much independence as they can for as long as they can."

There were effective quality assurance systems to monitor care and plans for ongoing improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified, action had been taken to improve practice. In response to an audit of care plans we saw action plans in place to address some shortfalls. This included the introduction of new hand over sheets with better information. Both the registered manager and the quality and service development manager confirmed that where trends were identified meetings with staff, staff supervision and further training could be put into place.

The organisation had a system in place that meant a full audit of the home was carried out as well as the audits untaken by the registered manager and quality and service development manager. An annual survey of people, relatives, staff and service commissioners was carried out so people could be assured that improvements were driven by their comments and experiences. We were told the service commissioners rarely responded but relatives and residents had completed a survey in May 2015. Most of the responses received were positive. Where action was required the organisation had written to relatives to show how they were going to make the improvements identified. From the survey the organisation was looking into how they could provide a small area where relatives could make tea and coffee. This meant people could be assured their opinions were listed to and drove improvement in the service.

All accidents and incidents which occurred in the home were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. Where concerns with an individual were identified by the analysis appropriate additional support was provided.

The manager kept their skills and knowledge up to date by on-going training and reading. They shared the knowledge they gained with staff at staff meetings. They also attended regular meetings for managers within the provider group which enabled them to share ideas and good practice.

Good

Is the service well-led?

The home was a member of the Somerset Care Providers Association (RCPA) which offers guidance and advice on current issues. The provider had attended meetings held by the organisation to keep up to date with local and national changes.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.