

Mr Richard Allistone and Mr Patrick Allistone

Netherclay House

Inspection report

Netherclay
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Netherclay House is a residential care home for 42 older people, some of whom are living with dementia. There are 35 bedrooms in the main building, as well as five apartments in the grounds. There were 30 people living at the service at the time of inspection.

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

People were relaxed and felt safe with the staff who supported them. People's and relatives comments included; "I love it here, it's very calm, staff are absolutely lovely I couldn't live in a better place" and "I know my relative is totally safe there."

Staff understood the risks posed to people and how they should support people to keep them safe, although care records needed to be more detailed about this. Accidents and incidents were reported, analysed and monitored to improve safety and quality. People were kept safe because the building was well maintained and regular servicing and maintenance checks of equipment and utilities were carried out.

We were assured measures were in place to reduce the risk of infection during the pandemic. The service was clean and well maintained. Staff used personal protective equipment and followed all government guidance in relation to the COVID 19 pandemic to help prevent the spread of infection. We have made a recommendation to the provider about seeking expert advice in relation to use of a chemical product as part of their infection prevention and control measures.

People were protected from abuse as staff were aware of their responsibility to report any safeguarding concerns. People's needs were met in a timely way. There were enough staff on duty, who had been safely recruited, trained and supported. People's received their medicines safely and on time.

People, relatives, staff and professionals all gave us positive feedback about the management of the service and about standards of care. There were systems in place to monitor the quality and safety of the service. When areas of improvement were identified, actions were taken to address them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (Published 2 March 2018). At this inspection the rating has remained Good.

Why we inspected

This was a focused inspection prompted in part due to concerns to look at how risks were managed following three recent falls at the service, which resulted in significant injuries. Also, because of some

concerns raised about the culture at the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the Safe and Well-led domains only. Our report is based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Caring, Effective and Responsive key questions were not looked at on this occasion.

Follow up: We will work alongside the provider and local authority to monitor progress. We will 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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Netherclay House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors who visited the service. An Expert by Experience spoke with relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Notice of inspection

We announced the inspection 24 hours before we visited to discuss the safety of people, staff and inspectors with reference to Covid 19. We visited the service on 20 January 2021 and held a virtual meeting with registered manager and their deputy on 21 January 2021 to discuss leadership and quality monitoring systems.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. Prior to the site visit,

the registered manager sent us documents we requested that related to the key questions we planned to inspect. We sent an inspection poster with our contact details to ask for feedback, and asked the provider to circulate to people, relatives and staff. We used all this information to plan our 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.

During the inspection

We met eleven people who used the service and spoke with them about their experience of the care provided and spoke by telephone with 12 relatives. 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 spoke with a lead partner, the registered manager and their deputy. We also spoke with seven other members of staff including senior care staff, care workers and housekeeping staff. We reviewed a range of records. These included five people's care records and their medicine records. We also looked at records relating to the management of the service such as incident and accident records, health and safety records, audits and staff recruitment, training and supervision records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed monitoring data, risk assessments and quality assurance records. We sought feedback from professionals who regularly visit the service and received a response from three of them.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were relaxed and felt safe with the staff who supported them. People said; "I feel safe here, staff are very nice, we all get on" and "I couldn't live in a better place." A relative said; "Staff are always looking out for (my relative), who went in because of falling all the time at home, and they've not had a fall since." Visiting professionals said, "The staff have a good working knowledge of people and will ring the surgery with any concerns" and "We have a really good relationship with the staff. They follow our advice."
- We followed up how the service managed risks for people, following three recent falls at the service where people sustained serious injuries.
- Risk assessment tools were used to identify people at increased risk of falls, pressure ulcers, and of nutrition/hydration risks with preventative actions taken to reduce risks. Staff had a detailed knowledge of people's individual risks and how to reduce these.
- For example, for a person at increased risk of falling, staff had made a referral to the community rehabilitation team. They used a pressure mat in person's room to alert staff when they were moving around, so staff could check on them and offer assistance. Staff also arranged mobility equipment to help the person keep safe and promote their independence.
- However, we found people's care records and risk assessments lacked the detail staff described about the steps they were taking to minimise risks. The registered manager agreed to update those records to address this.
- The provider used a chemical product which had not been risk assessed or properly labelled as part of their infection prevention and control regime. This was not in accordance with the requirements of the control of substances hazardous to health (COSHH). Following the inspection, the registered manager submitted a risk assessment, which suggested they needed further advice about safety and efficacy of this product for use in care homes.

We recommend the provider seek further professional advice about the safe use of this product.

- Other environmental risks were well managed with good health and safety systems and an ongoing programme of servicing and repairs. Personal emergency evacuation plans were in place to support people to leave the building safely in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. They appeared relaxed and comfortable around staff and said they felt safe at the service.
- Staff had undertaken training and were aware of signs of abuse. They knew how to raise concerns and were confident they were responded to.

Learning lessons when things go wrong

- Accidents and incidents were reported by staff and monitored by the registered manager with further actions taken to investigate and mitigate risks.
- Incidents and accidents were analysed for themes and trends. The registered manager and deputy shared any learning through daily handover meetings, staff meetings and supervision.

Staffing and recruitment

- There were enough staff to support people safely and meet their needs in a timely way. People were well cared for, call bells were promptly responded to and staff had sufficient time to support people with eating and drinking.
- Staffing levels considered the dependency of the people who used the service and were reviewed and changed as needed. Staff confirmed staffing levels allowed them to care for people safely.
- Where additional staff were needed due to staff absence, staff worked additional shifts and the registered manager and deputy manager also worked on the floor. Agency staff were occasionally used, when needed.
- Staff were recruited safely. All the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

- Medicines were safely managed. Medicines were stored securely and at the correct temperatures. There were suitable arrangements for medicines needing extra security.
- People received their medicines as prescribed. The Medicine Administration Records (MAR) were well completed, which meant we were assured medicines had been administered.
- Only staff who were trained and assessed as competent, administered medicines. Medicines were audited regularly and any handwritten amendments to MAR charts were signed and checked by two members of staff. This helped to reduce the risk of errors occurring and make continuous improvements.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. However, we observed two occasions where staff unhooked their mask from one ear to speak. This was brought to the attention of staff and the registered manager and rectified immediately.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.

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. This was because there was no registered manager in post. At this inspection this key question has 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.

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

- The provider was committed to providing high quality care for people in an environment where they could feel at home. People had good outcomes and their health and wellbeing was prioritised by the service. Relatives and healthcare professionals expressed confidence in the service.
- People using the service confirmed they were happy and well cared for. Comments included, "They (staff) are all very good. Any problems I talk to senior staff" and "They (staff) are all very nice. Relatives said; "I have a high confidence in the management of Netherclay House" and "I couldn't think of a better place for [my relative] to be." Health professionals said, "They provide a caring and safe environment. We have no concerns about people there" and "This is a good service."
- We followed up some concerns reported about conflict between the lead partner, a member of staff and a visiting professional. These incidents had been investigated and dealt with proactively by the registered manager. Relatives, staff and professionals said the lead partner engaged well with people and had their best interests at heart, which we confirmed through our observations.

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

- Staff and professionals spoke highly of the registered manager and expressed confidence in their leadership ability and style of management. Comments included; "(The registered manager) is very well organised, I hear her giving staff instructions, she is a real presence there;" "(The registered manager) has high standards. Really good communication with me. Hand on heart I can say it is well managed."
- All staff demonstrated a good understanding of their roles, including in relation to safeguarding, managing risks and working in partnership with other professionals.
- Regular checks and audits were completed to assess the quality and safety of the service. However, we found some audits, such as care plan audits, could have been more detailed and informative. We signposted the registered manager to some good practice quality monitoring information, which they committed to reviewing to further improve current audits.

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 notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

- Where mistakes were made, the registered manager was open and honest with people and families and made improvements. Relatives said; "They (management team) are always ready to chat and listen to concerns," and "I have always had a very good response to anything I have asked them to do."

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

- People, their families and friends were given opportunities to have their say about the service and areas for improvement. Although a 'resident survey' had not been completed as usual, due to the pandemic, regular residents' meetings were held to hear people's feedback and suggestions. Where suggestions were made, these were acted on. For example, changes in menus or activities and by involving people in choosing colour schemes when redecorating.
- Relatives said; "[The registered manager] is always very happy to listen and helpful with any concerns" and "I have always had a very good response to anything I have asked them to do."
- Regular staff meetings were held to engage with staff and seek their views. Staff were confident to approach the registered manager with any suggestions or concerns.

Working in partnership with others; Continuous learning and improving care

- The staff worked in partnership with other health and social care professionals to ensure people received the care and support they required in a timely way. Where specialist services were involved in providing support for people, the advice they had given had been included in care plans.
- External health professionals said communication with the service was good. Comments included, "My dealings with the registered manager and staff are very positive" and "Staff are always very professionals with us."
- The registered manager was keen to ensure a continuous learning culture at the service. They spoke about planned improvements as a result of audits. For example, monitoring of accidents/incident reports showed a recurring theme whereby staff did not always fill in all parts of the form. The registered manager planned to review and update the form in response to prompt staff to add more detail and help them identify individual strategies to reduce the risk of recurrence.
- The service had an annual development plan. Since we last visited, several environmental improvements had been achieved. For example, redecoration of communal areas and improved pathways outside.
- Monitoring of training records showed some staff were overdue update training, for example, safeguarding. The registered manager was aware training had been delayed due to the pandemic but this was being arranged.