

Nethercrest Care Centre (Dudley) Limited

Nethercrest Nursing Home

Inspection report

Brewster Street
Netherton
Dudley
West Midlands
DY2 0PH

Tel: 03452937642

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 3 November 2016 and was unannounced. Our last inspection took place in August 2015 and the provider was rated as Requires Improvement. During the previous inspection, a breach was found in Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 due to concerns about the management of medications. A follow up inspection in February 2016 showed that the provider was now meeting this regulation.

Nethercrest Nursing Home is registered to provide accommodation and personal care to a maximum of 41 people who may have physical disabilities or a diagnosis of Dementia. At the time of the inspection there were 34 people living at the home.

There was 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.

People's needs were not always met in a timely way during busy times of day. People were supported by staff who understood how to report concerns of abuse and manage risks to keep people safe. Staff had undergone recruitment checks prior to starting work and staff managed medications in a safe way.

People's consent was sought in line with Mental Capacity Act 2005 but staff knowledge of Deprivation of Liberty Safeguards was inconsistent. People had their dietary needs met but mealtimes were unorganised. Staff were provided with training and supervision to enable them to support people effectively and people were supported to access healthcare services where required.

People were not given choices consistently and privacy was not always respected. People were supported to maintain their independence where possible and there were no restrictions on family and friends visiting.

People were involved in the assessment and review of their care. Activities were in place and people knew how to complain. Complaints made had been investigated fully.

Audits completed by the registered manager had not been effective in identifying the issues raised in this inspection and feedback provided by people had not been analysed to identify trends or patterns. Staff felt supported by the registered manager and knew how to whistle blow if needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People's needs were not always met in a timely way during busy times of day.

People were supported by staff who knew how to identify abuse and manage risks to keep people safe.

Medications were managed in a safe way.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff sought people's consent in line with Mental Capacity Act 2005 but did not always understand what Deprivation of Liberty Safeguards were.

People were not consistently given choice at mealtimes or provided with meals in a timely way.

Staff were given training and supervision to support them in their role.

People were supported to access healthcare services where required.

Is the service caring?

Requires Improvement ●

The service was not always effective.

People were not consistently given choices to involve them in their care.

People's privacy was not always respected.

People were supported to maintain relationships with people important to them and to be independent where possible.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and review of their care.

Activities were available for people.

Complaints made were investigated and resolved by the registered manager.

Is the service well-led?

The service was not always well led.

Audits completed to monitor the quality of the service were not effective in identifying the issues we found at the inspection.

Feedback received was not analysed to identify patterns with a view to making improvements.

Staff felt supported by the registered manager and people spoke positively about her.

Requires Improvement ●

Nethercrest Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 3 November 2016 and was unannounced. The 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.

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 reviewed the information we held about by home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We also spoke with the local authority commissioning team to obtain their views about the home.

We spoke with eight people living at the home, five relatives, two members of care staff, one nurse, the kitchen assistant and the registered manager. As some people were unable to tell us their views of the service, we used a 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 looked at three people's care records and nine medication records. We also looked at records held on staff recruitment and training, accidents and incidents, complaints and audits completed to monitor the quality of the service.

Is the service safe?

Our findings

People told us they felt there were not always enough staff to meet their needs. One person told us, "I worry about the numbers of staff, particularly at night". The staffing levels at night was a concern shared by other people we spoke with. Another person said, "Yes there is enough staff sometimes but when I press my bell I sometimes have to wait a bit". Staff we spoke with felt that there could be more staff available to support people and one member of staff told us, "Sometimes there isn't enough staff, if a few people need your attention at once it can be hard but I know that [registered manager's name] is looking at this". We saw that staff were visible around the communal areas of the home and that where people requested support, this was provided in a timely way. We did see that during some periods, such as mealtimes, staff appeared to be very busy and we spoke with the registered manager about how staff were deployed during these times as they were required to support people on both floors at the same time. The registered manager informed us they would look at ways to ensure that staff were more available for people during busy periods. The registered manager told us that staffing levels were set by the provider but would be increased where the need was identified. The registered manager gave an example of them increasing the number of nurses available during a morning to ensure people received their medications in a timely way. We saw that this increase in nurses had been implemented.

People told us they felt safe at the home. One person told us, "Oh yes, I always feel safe. I look after myself where I can but it's safe here, the staff make sure of that". A relative confirmed this and told us, "I do feel that [person's name] is kept safe".

Staff we spoke with understood how to identify different types of abuse and could explain the action they would take if they suspected someone was at risk of harm. One member of staff told us, "If I thought someone was being abused, I would go to the manager straightaway". Staff told us and records we looked at confirmed, that staff had completed training in how to safeguard people from abuse. We saw that where concerns were raised, the registered manager had taken appropriate action and referred these to the local authority safeguarding team where required.

People were supported to manage risks to keep them safe. Staff we spoke with had a good understanding of the risks posed to people and how they could help them to manage these. For example, we saw that one person could display behaviour that can challenge. Staff told us how they managed this risk and gave examples that included; talking to the person, reassuring them and offering them a drink. We saw staff put this into practice and where a person was becoming distressed; staff took time to sit with them, discuss how they were feeling and remained with the person until they felt better. We saw staff manage risks appropriately when supporting people to transfer from chair to chair. For example, we saw staff supporting a person using a stand hoist. The staff had begun to use the equipment when they felt that the equipment being used was not suitable for the person. Staff took immediate action to ensure the person was safe; informing the person what they were doing and seeking more suitable equipment. This showed that staff had assessed the risk to the person and took appropriate action to keep them safe. Risk assessments had been completed to provide staff with guidance on how to manage risks. The risk assessments were individual to the person and looked at areas such as; pressure areas, falls risks and moving and handling

needs.

The provider told us in their Provider Information Return (PIR) that recruitment checks included following up on references and completing other checks and we saw this was the case. Staff told us that prior to starting work, they had been required to undergo checks to ensure they were safe to work. These included providing references and completing a check with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective employee had a criminal record or had been barred from working with adults. Records we looked at showed that these checks took place. We asked the registered manager about how they ensured that staff who had worked at the home for a number of years remained safe to work. The registered manager informed us that the provider had recently started a process to update the DBS checks of long serving staff to ensure that they remained suitable for employment.

At our last inspection in August 2015, the provider was found to not be meeting Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was due to concerns about the management of medications. A follow up inspection in February 2016 showed that the provider had made the required improvements and was now meeting this regulation. At this inspection, we saw that these improvements had been sustained.

People told us they were happy with the support they received with their medication. One person told us, "Yes, I always get to take my medication. They [staff] give me my pills in a little pot and tell me what they are. They [staff] give me a drink and make sure I have them". The nurses on duty informed us that only nurses would administer medication and that they were observed giving medication by the registered manager to ensure they remained competent to do this. We observed staff supporting people with medication and saw that they did this in a safe way. The nurse informed the person it was time for their medication and stayed with them while they took these.

We saw that medication had been stored appropriately and that temperatures in medication rooms and fridges were checked daily to ensure that medication would not be adversely affected by the temperature. Where people had medications on an 'as and when required' basis, there was guidance provided to staff informing them of when these should be given. We looked at medications records held and found that the amount of tablets available matched what had been recorded on the Medication Administration Record (MAR). This evidenced that medication had been given as prescribed and that the MAR's had been completed accurately.

We saw that daily checks were completed on controlled drugs to ensure that all controlled medications were accounted for. We also saw that nurses were responsible for completing a daily check on all other medication including; checking records were completed accurately, that temperatures had been checked and that any medication to be returned had been removed. However we saw that there were gaps in the completion of these checks which meant they had not been done consistently. We spoke to the registered manager about this who informed us they would ensure that checks are completed daily. However, although these checks had not been completed consistently, we saw no evidence to suggest that medication had not been given safely.

Is the service effective?

Our findings

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us that staff sought their permission before supporting them. Staff told us they had attended training in MCA and could explain how they applied this when supporting people. One member of staff told us, "If someone has capacity, it means they are able to consent so we always ask before doing anything and wait for them to express their wishes". Staff understood ways that people could give consent other than verbally and gave examples such as using gestures or facial expressions.

Staff we spoke with had an inconsistent knowledge of what DoLS means. One member of staff told us, "I don't know what this is". Some people living at the home had a DoLS authorisation in place but staff did not always have an awareness of who required these or why. Without having an understanding of who had a DoLS authorisation in place and how to support people in line with these, staff would be unable to ensure that they were not unlawfully depriving people of their liberty. We spoke with the registered manager about this who informed us they would address staff knowledge in this area and ensure staff were aware of who required a DoLS authorisation and why.

People told us they were happy with the meals they were provided with. One person told us, "it's lovely food. I can have whatever I want. The cook will do anything I fancy". A relative told us, "There are lots of choices and if [person's name] doesn't want what's on that day, the cook will make what they fancy". We spoke with the kitchen staff who told us they were informed of people's dietary requirements when they first moved into the home. We saw that kitchen staff kept a folder with information about people's dietary needs to ensure that all staff working within the kitchen could access the information they required to meet people's needs.

We saw that in communal areas people were supported to make choices about what they would like to eat. To support people's decision making, they were shown the options available to them. However, people who chose to eat in their room told us they had not been provided with choice. One person told us, "I didn't choose this [pointing at their meal]; the staff bought it up for me". We saw that where staff were taking meals to people in their room, they did not always take the two options with them to show people their choices as they did in communal areas.

We saw that meal times were responsive to the needs of people. The registered manager informed us that people were able to have breakfast at a time of their choosing and we saw this was the case. We also saw

that lunch time was flexible and that the times meals were provided could change depending on what time people got up. However, we saw that some people were left waiting for extended periods for their meals as staff were busy supporting other people. For example, we saw that one person had been sat at the dining room table for 40 minutes and had not eaten. The person eventually left the dining area and went back into the lounge as they had not had their meal. We spoke with the registered manager about this who told us they would look at how mealtimes were organised so that people did not have an extended wait for support with meals.

People told us that staff had the skills and knowledge required to support them effectively. One person told us, "Yes, they [staff] are competent enough to care for me. They have the skills. I think they have quite a lot of training". A relative we spoke with said, "I have cut down how often I visit because I feel so confident in the staff".

The provider told us in their Provider Information Return (PIR) that staff received a full induction and ongoing support with training. Staff confirmed this and told us that prior to starting work, they had been required to complete an induction that included attending training and shadowing a more experienced member of staff. One member of staff told us, "My induction was good; I got a lot of support". Staff confirmed that following induction, they have access to ongoing training. One member of staff said, "I have had training and I learnt a lot from it". Records we looked at showed that staff received training to support them in their role. We saw that where training was out of date or there were gaps in staff training, the registered manager had taken action and could show us that staff had been booked on training courses to address this. We saw that training had been booked in areas that were specific to the needs of the people living at the home. For example, one member of staff confirmed they had recently had training in 'behaviours that can challenge' and others were enrolled for courses on falls management and palliative care.

Staff told us they received supervisions with their manager in which they could discuss any training and development needs they had. One member of staff told us, "I have had supervision; they ask me about things and see how I am getting on". Another staff member told us they had been able to request further training to support them in their role. The staff member said, "We can always ask for extra training. I asked for more in depth medication training and they provided it for me".

Staff were confident that they were given all of the information they required to support people effectively. One member of staff told us, "We get a handover [at the start of a shift] and get filled in what's been happening. They [management] make sure we have all the information we need". Nurses we spoke with told us they had separate meetings each day with the other nurses to ensure that all information about people's clinical needs were handed over. One nurse told us, "We have a handover at the end of each shift for the nurses. We go through people's clinical needs and make sure all messages are logged. There is good communication here and I am always told everything I need to know before I start work".

People told us they were supported to access healthcare services where required. One person told us, "Yes, they [staff] would call the doctor if I wanted them and the nurses come to take my blood". We saw a number of health professionals visiting people during the day including; district nurses, the GP and an optician. Records we looked at showed that people were supported to attend hospital appointments and that where concerns about people's health and wellbeing were identified; referrals were made for healthcare support.

Is the service caring?

Our findings

People told us they were involved in their care and given choices. One person told us, "Oh yes, they always ask what I want and listen to me. If I don't fancy a shower, they don't make me". We saw that some staff offered people choices but that this was not consistent. For example, we saw one member of staff taking snacks and drinks around to people in the communal lounge. The staff member did not offer people a choice of what they would like to eat, even though there were a number of options available on the trolley. We saw one person tell the member of staff that they did not want the snack they had been provided with and at that point, the staff member offered them a choice of what else they could have but this choice had not been initially given. We also saw one person request to sit in a different chair to the one they were in. The person asked the staff member on two occasions to support them into the chair of their choice but the staff member did not respect the person's choice and would only support them to sit back in their original seat. The staff member then didn't respond to the person when further requests were made to move seats. We saw that the person eventually moved themselves to the chair they wished to sit in in an unsafe way as staff had not provided the required support.

We saw that people were treated with dignity. One person had been supported by staff to put make up on and have their nails painted and we saw that others were being addressed by their preferred name. Staff we spoke with told us how they ensured people's dignity was respected and gave examples that included; covering people up during personal care, ensuring people are dressed appropriately and giving people choices. However, we saw that people's privacy was not consistently respected. We saw that people were supported to have privacy during visits from health professionals but we also saw that some staff did not knock on people's doors before entering their bedrooms which meant they were not always provided with privacy.

People told us that staff were kind and caring to them. One person told us, "They [staff are good]. They have always been kind to me". A relative we spoke with said, "The staff are friendly". We saw examples of good, caring interactions between staff and the people living at the home. For example, we saw that staff were reassuring to people who were becoming distressed and would sit and hold people's hands when talking to them.

Staff told us they supported people to maintain their independence where possible. One member of staff told us, "I will always try to get people to mobilise independently first if they are able instead of just heading straight to their wheelchair".. We saw that one person's ability to transfer independently fluctuated. Staff had given the person opportunity to stand and transfer before decided to use moving and handling equipment to encourage them to maintain this skill where possible.

People and relatives told us they were supported to maintain relationships with the people that were important to them. One relative told us, "They [staff] always make me feel welcome. They [staff] even offer [another visiting relatives name] something to eat when he visits". We saw that people had a number of families and friends visit throughout the day and that people were supported to go out with family if they wished.

Is the service responsive?

Our findings

People were unable to tell us if they had been involved in an assessment of their needs prior to moving into the home but relatives we spoke with confirmed this took place. One relative told us, "Everything was explained before [person's name] moved in". Records we looked at showed that assessments took place and looked at aspects of the person's care needs including; mobility, medication and communication needs.

The provider told us in the Provider Information Return (PIR) that people's care records were reviewed monthly. We saw that this was the case. People's care records were reviewed to ensure the information held was accurate and people and relatives we spoke with told us they had been involved in these reviews. One person told us, "Oh yes, they talk to us, ask us what we like and all that". A relative said, "I take part in annual reviews. We know [person's name] named nurse so we can also go to them with any questions [about changes to care needs]". Relatives we spoke with also told us they felt involved in their family members care and were kept informed of any changes. One relative told us, "They [staff] do keep me informed". Staff knew people's care needs and their preferences with regards to their care and their knowledge reflected what was in the person's care records. We asked staff to tell us about the people they supported and found that staff knew how people liked their support to be delivered and could explain how they supported with this. For example, we saw that one person had a photo album with pictures of their family members. Staff we spoke with told us that the person liked to carry this around with them as it brought them comfort and we saw that staff supported the person to have their photo album close to hand in line with their preferences.

We saw that activities were provided for people but people's response to these were mixed. One person told us, "Bingo is ok but after a while you know, there's nothing to do really". A relative we spoke with said, "They have activities going on everyday". We saw that during the morning there were no activities available. People were able to watch the television or listen to music but there was little interaction between people and staff. However, we also saw that people had appointments with visiting health professionals throughout the morning and relatives had been visiting so we did not see any impact of the lack of activities. We saw that during the afternoon, an entertainer provided activities to people within the communal areas that including singing and discussing significant upcoming events such as Bonfire Night. There was an activity plan in place that identified that activities took place included exercise and visits from 'therapy dogs'. There were pictures displayed showing people taking part in these activities.

People were unable to inform us if they knew how to make a complaint but we saw that information was displayed informing people of how they could complain if they wished. Relatives we spoke with confirmed they had been informed of how to make a complaint but told us they had never needed to do this. One relative said, "They [the registered manager] told us who to speak to with any concerns, she was very open with us. I visit every day and have never had any problems". We looked at records held on complaints and saw that where complaints had been made, the registered manager had investigated these and informed the complainant of the outcome to ensure they were satisfied with the response.

Is the service well-led?

Our findings

At our last inspection in August 2015 the provider was rated as Requires Improvement. A number of concerns were raised at the last inspection that we could see had been addressed at this most recent inspection. Where the provider had been in breach of Regulation 12 of Health and Social Care Act 2008 (Regulated activities) Regulations 2014 with regards to medication management, a follow up inspection in February 2016 found that the required action had been taken and the provider had sustained the improvements at this inspection. However we saw that some concerns remain. For example, people were still not consistently given choice or had their dignity respected and there continued to be concerns raised by people about staffing levels. This meant that the provider had not taken timely action in response to the concerns raised in the previous inspection.

The registered manager completed audits to monitor the quality of the service. These audits looked at areas including; the environment, medication, infection prevention, and dignity. We saw that where areas for improvement had been identified, the registered manager had kept a record of the actions they planned to take to address this. However, the audits had failed to identify the issues we raised during this inspection. This meant that the audits completed had not always been effective in identifying and acting on areas for improvement.

People were given opportunity to provide feedback on their experience of the service. We saw that questionnaires had been sent out to people living at the home, their relatives and visiting professionals. We saw that the majority of feedback received was positive. Where people had raised concerns or made suggestions of where improvements could be made, the registered manager could tell us the action they had taken in response to this. We saw that the results of the questionnaires had been shared with people. However, we could not see that the feedback received had been analysed to identify any patterns or trends. We spoke with the registered manager about this who informed us that systems to analyse this feedback had recently been issued by the provider and so in future, questionnaires would be analysed to identify areas for improvement.

People and their relatives told us they knew who the registered manager was and spoke positively about her. One person told us, "The new manager comes round most days to ask how I am". A relative we spoke with said, "[Registered manager's name] is fantastic. Always approachable if I want to know anything". We saw that the registered manager had a visible presence around the home and that people appeared relaxed in her company.

Staff told us they felt supported by the registered manager. One member of staff told us, "I do feel supported. I can approach my manager with any issues and she would sort it". Staff we spoke with told us they met regularly with the registered manager to discuss the service and gain support. This was done in staff meetings, supervisions or in the daily 'catch up' meetings. One member of staff said, "We have staff meetings once a month to discuss any changes or anything else we need to know". All staff confirmed that they had access to a manager outside of normal working hours should they require support. We spoke with the registered manager who told us they also felt supported by the provider.

We saw evidence of an open culture at the home and staff we spoke with knew how to whistle blow if needed. One member of staff told us, "I would go to Care Quality Commission or the safeguarding team [within the local authority]". We saw that the manager understood their legal obligation to notify us of events that occur at the service and that these notifications had been sent in appropriately. Notifications allow us to see how the provider responded to incidents and concerns raised at the service.

We asked the provider to complete 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. The provider had completed and returned their PIR to us within the timescale we gave and we saw that the information provided was accurate.

Following the inspection in August 2015, the provider was required to display this rating of their overall performance. This should be both on any website operated by the provider in relation to the home and one sign should be displayed conspicuously in a place which is accessible to people who live at the home. We saw that the provider had displayed the outcome of their most recent inspection in both the reception area of the home as well as on the website operated in relation to the home.