The Fountain care Management Ltd

Nettleton Manor Nursing Home

Inspection report

Moortown Road
Nettleton
Market Rasen
Lincolnshire
LN7 6HX

Tel: 01472851230
Website: www.nettletonmanor.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 20 and 21 February 2017 and was unannounced. Nettleton Manor provides accommodation, nursing and personal care for up to 43 people. On the day of our inspection 27 people were using the service who had a variety of needs associated with dementia and physical health conditions.

At the time of the inspection the service did not have a registered manager working at the service. The previous registered manager had retired in October 2016 and the new manager had applied to the Care Quality Commission to become registered. Following our inspection their registration was approved. 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 who used the service were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The manager shared information with the local authority when needed.

The risks to people's safety were assessed when they were admitted to the service and measures identified to reduce the risks. Staffing levels were sufficient to support people's needs and people received care and support when required. Medicines were managed safely and people received their medicines as prescribed at the times they needed them.

People were encouraged to make independent decisions, however staff did not always follow the principles of the Mental Capacity Act (2005). Although people had not been deprived of their liberty unlawfully the assessments undertaken around people's mental capacity lacked sufficient detail to show the correct processes had been followed during the assessments.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when required.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care. People were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner.

People felt they could report any concerns to the management team and felt they would be taken seriously.

There were audits and analysis in place to monitor some aspects of the quality of the service. However there was a lack of robust audits around cleaning and this had an impact on the cleanliness of the service.

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

People were protected from the risk of abuse and risks to their health and safety were well managed.

People received their medicines as prescribed and medicines were managed safely.

There was enough staff to meet people's needs and staff able to respond to people's needs in a timely manner.

Is the service effective?

Requires Improvement

The Service was not always effective

People were supported to make independent decisions however the procedures in place to assess people's mental capacity did not always follow the principles of the Mental Capacity Act (2005).

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to maintain a nutritionally balanced diet and adequate fluid intake. People's health was effectively monitored and responded to.

Is the service caring?

Good

The service was caring

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity were supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good

The service was responsive

People were supported to raise complaints and concerns to the management team.

People, or those acting on their behalf, were involved in the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to pursue a range of social activities within the home.

Is the service well-led?

Requires Improvement

The service was not always well led.

Whilst there were some systems in place to monitor the quality of the service there was a lack of regular audits to effectively monitor the environment.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

Nettleton Manor 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.

We visited the service on 20 and 21 February 2017, this was an unannounced inspection. The inspection team consisted of two inspectors, 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with six people who used the service, eight relatives, three members of care staff, two registered nurses, a cook and a kitchen assistant, an activities coordinator, and the manager. 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 looked at the care plans of five people and any associated daily records such as food and fluid intake charts. We looked at four staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and the medicine administration records for five people.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at the service, a number of people told us the staff made them feel safe. One person said, "Everything make me feel safe, the attendants (care staff) are always around." Relatives we spoke with had confidence that their relations were safe. One relative said, "[Name] is safe and in the best place." Another told us that they felt their relation was safe as staff checked on them regularly. All the people and relatives we spoke with felt the staff were trustworthy and treated people's safety as a priority.

Staff we spoke with showed a good understanding of their responsibility for keeping people safe. Staff we spoke with were able to discuss the different types of abuse people who lived at the service could be exposed to and how to recognise these. They told us they had received regular training in identifying different types of abuse and how to deal with any concerns they had regarding people's safety. One member of staff told us they would report any issues in the first instance to the registered nurse on duty. The member of staff was confident any issues identified would be dealt with appropriately, but they were also aware they could report any on-going concerns to the Care Quality Commission (CQC) or the local authority. A senior member of staff told us that all staff received safeguarding training and they also ensured safeguarding was discussed individually with staff during supervision.

The manager was aware of their responsibilities with regard to safeguarding people in their care. They had notified us of any issues regarding people's care and had undertaken the necessary actions required to ensure people's safety.

The risks to people's safety was assessed when they first came to the service and updated regularly to ensure staff had the information they required to keep people safe. Relatives we spoke with told us their relations had measures in place to reduce known risks to their safety. For example one relative explained their relation had bed rails in place and this had preventing them rolling out to bed, they told us staff checked on the person hourly. The relative told us they had discussed the measures with staff and had determined this was the safest option for their relation.

Staff we spoke with were able to discuss the different measures in place to reduce particular risks to the people in their care. For example some people were at risk of tissue damage. Staff were able to discuss the different measures in place such as using pressure relieving mattresses and cushions, and changing people's position if they were unable to manage this themselves. We saw the information staff gave us was recorded in individual risk assessments and when we walked around the service we saw the measures were in place.

There were some potential risks to people related to the environment as the building in some areas was in poor condition and needed some refurbishment. For example the sluice walls and flooring was in poor repair and made the room difficult to clean effectively. This could potentially expose people to a risk of infection. We addressed this with both the manager and the owner and we were shown an action plan relating to environmental issues with a refurbishment plan in place. From this we were able to see the owner

had been gradually addressing issues in order of priority and at the time of the visit was undertaking work related to a recent fire audit and was in the process of refurbishing the laundry which had been in very poor repair. Records also showed that there were regular checks and service contracts in place to maintain equipment and environmental risks such as legionella, electrical equipment or moving and handling equipment.

People told us there was enough staff to meet their needs, and on the day of the visit we saw that staff were deployed to ensure people were monitored according to their needs. People told us staff attended to them quickly when they called. One person said, "I have never had a problem (with staff attending to their needs)." A relative we spoke with told us, "They (staff) come straight away, I have seen them come quickly to other residents when they have been needed." Another relative said, "They do the best they can. Getting good staff is difficult but they always seem to manage to find good people."

Staff we spoke with told us most of the time there were enough staff on duty. One member of staff said, "They (manager) try to ensure enough staff are rostered and if people are off sick they do try to cover that." The manager told us they used a dependency tool to establish safe staffing levels. They told us they did need to use agency care staff for approximately three shifts a month, but also had a bank of staff who they used to cover annual leave and short notice sickness. In addition staff would pick up extra shifts to ensure the rota was covered. Staff told us the manager and clinical lead were proactive in ensuring there were enough staff on duty. One senior member of staff told us that the manager would come in and work as part of the care team if they were short of staff.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People received their medicines safely and at the times they required them. One relative we spoke with was very happy with the procedure, they told us staff had arranged for liquid medicines to be prescribed for their relative who struggled to take tablets. We observed staff administering medicines and saw they did so safely. The task of administering, managing and ordering medicines was undertaken by the registered nurses who told us they had received on line training in medicines management. Whilst the clinical lead undertook regular spot checks of practice in relation medicines management there were no competency assessments in place for staff. The clinical lead was aware of this as it had been highlighted in a recent external audit by their pharmacy supplier, and the clinical lead was in the process of developing an assessment tool for the service.

Requires Improvement

Is the service effective?

Our findings

Where people lacked the capacity to make a decision the principles of the Mental Capacity Act (2005) (MCA) had not always been followed. The 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.

We found that when people had been assessed to determine if they had the capacity to make a specific decision, this had been done by the manager. They had not sought the views of people's relatives or heath care professionals as to what decision needed to be made in the person's best interest. There were some decision made that did not show these had been made as the least restrictive option, for example people who used a wheelchair wore a lap strap without any consideration shown if there was a lesser restrictive option that could have been used.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. All the records we viewed contained evidence of DoLS applications being made. For some people the applications had been made inappropriately.

We also found conflicting information in people's care files as to whether they did or did not have capacity to make decisions for themselves

We discussed these issues with the manager who agreed to review the mental capacity assessments and DoLS applications in place to ensure their decision making processes around the MCA and DoLS was in line with the principles of the MCA. Following our inspection we received information from the manager to show they had reviewed mental capacity assessments and DoLS applications in line with the mental capacity act.

People we spoke with told us they were cared for by competent and well trained staff. One person said, "Of course they are trained and they know me." Relatives we spoke with had confidence in the abilities of the staff who cared for their relations. One relative said, "I have no question about it (training). They (staff) look after [name] well," The relative went on to say staff had the skills to manage people's needs. Another relative told us "The staff are training all the time."

Staff we spoke with told us they were well supported with training to give them the skills they needed for their roles. The registered nurses had specialist training for managing different medical devices which some people required for particular medical conditions. One nurse told us not only did they receive training and regular update training for managing this equipment, but there was also professional support 24 hours a

day, seven days a week should they need further advice. The nurse also told us of further training they and their colleagues had undertaken to ensure they could meet the needs of the people at the service such as urinary catheterisation and wound management.

Care staff we spoke with also told us that as well as the mandatory training they were required to undertake, they were supported to undertake further training to enable them to meet the needs of the people they cared for, such as understanding dementia and managing challenging behaviour. One member of staff also told us they had received a structured induction when they started work at the service. They had been given a check list to ensure everything was covered and had been required to complete their on line mandatory training within three month of starting at the service. The member of staff also told us they had been given the opportunity to undertake a nationally recognised qualification in care.

People were able to be involved in making decisions about their care and provided consent where possible. People told us that staff asked for their consent before providing any care or support. One person told us staff would ask them if they wanted to get up, as some days they wanted to stay in bed later. They told us staff listened to what they wanted. Another person we spoke with said, "They (staff) always ask permission and tell me what they are going to do before they do it."

Staff we spoke with understood the importance of gaining consent before providing care for people. A senior member of staff told us they witnessed care staff introducing themselves to people and talking to them about their care before assisting them. Staff showed a good understanding of assisting people who may not be able to give verbal consent or whose mental capacity fluctuated. One member of staff told us they watched people's body language and tailored their responses accordingly. They said, "I don't force people to do things they don't want." They told us if someone refused care they would wait and try later or ask another member of staff to offer assistance to the person as sometimes that worked.

People were supported to maintain a healthy diet and the people we spoke with told us they enjoyed the food at the service. Relatives we spoke with told us their relations were given enough to eat and drink. One relative said, "The food is very good I have eaten here several times you get three courses, I have no qualms about it." Another relative told us in between meals people were given 'endless snacks and drinks'.

Staff we spoke with had a good knowledge of the different diets people required and the support they needed when eating and drinking. One member of staff told us they knew the preferences and nutritional needs of the people they cared for and told us the information was also in their care plans. Staff told us people's weights were monitored regularly and if there were changes in a person's weight this would be highlighted to the nurses and a plan put in place to support the person. The nurse we spoke with told us they would refer people to the GP, dietitian or the Speech and Language Therapy team (SALT) who provide expert advice on swallowing or choking difficulties. We viewed a number of records and saw appropriate referrals had taken place and people received the level of nutritional support they required.

People told us their health needs were well managed by staff. They told us they could easily get to see a doctor if they needed to. People told us they had regular access to a chiropodist and an optician. Relatives we spoke with told us staff kept them informed if there were any health issues relating to their relation.

Staff we spoke with understood the importance of dealing with any health issues promptly. One member of the care staff said, "We all mange this (health issues). We can go to the nurses and they listen." The nurses we spoke with told us they had the support of the local GP who came into the service once a week to check on people and would visit if they were called for a more urgent health need. If the nurses had concerns out of normal working hours they told us they would ring 111 for advice from the out of hours team. The nurse

also told us they would have no hesitation in calling for an ambulance if required.

We spoke with two visiting health professionals who were complimentary about the way people's health needs were managed at the service. One health professional told us they were called appropriately and in a timely manner to deal with issues. Another health professional echoed these comments saying if they were called staff had ruled out any issues that might mean the referral to their team was not necessary. They said the staff at the service showed a good understanding of people health issues.

Good

Is the service caring?

Our findings

People we spoke with told us the staff who cared for them treated them with respect and were caring towards them. One person said, "They (staff) are kind and nice all of the time and they are chatty when they have the time to talk to me. They really do care for me." Another person said, "I think the staff know me, the care is good here because all the helpers are sensible and do what they are supposed to do." Relatives we spoke with also thought staff were caring and thoughtful. One relative said, "They show so much love and compassion. The home is very good I can't tell you how lovely they (staff) are." The relative went on to say, "I don't think you could get better care."

Staff we spoke with told us there was a caring attitude among their colleagues. A senior member of staff told us the care staff were 'brilliant, caring and kind.' Care staff we spoke with told us there was a caring attitude throughout the staff groups in the service. The interactions we witnessed during our visit supported this. Staff clearly cared about the people they supported. There was a feeling of calm during the visit. Staff worked professionally without hurry and noise. Staff spoke with people in a kind tone of voice and used effective communication skills such as establishing eye contact with people before speaking with them. They were patient and understanding when supporting people whatever they were doing. On one of the days we saw a member of staff had come to visit some people bringing their baby in to see them. We saw the positive effect this had on people who were genuinely delighted at this visit. .

People told us they were given choices about how they received their care. They were encouraged to express their views and felt their opinions were valued and respected, they felt staff listened to their decisions in respect of their daily care, and these were acted upon. One person told us staff did things 'the way I like it.' They went on to tell us they had the choice of when to get up each morning and whether they wanted breakfast in their room or the dining room.

Staff we spoke with confirmed they offered care the way people wanted it. Our discussions with staff showed they had an excellent knowledge of the people they cared for. The manager told us they tried to involve people and their relatives in the formulation of their care plans. They told us "We encourage relatives to have input, and we take the care plans to relatives when they visit and go through them." The manager told us they were looking at different ways to keep relatives up to date with their loved one's care, such as email contact for people who lived far away. We saw evidence in the care plans to show people or their relatives had been either involved or invited to be involved in their care planning. One relative we spoke with told us, "[Name's] report sheets are up to date I look at them regularly."

People had opportunities to follow their religious beliefs. Some people had visits from members of their faith and the manager told us they and their staff worked with relatives to ensure people's spiritual needs were considered and catered for.

Where people had needed the support of an advocate this had been met. An advocate is a trained professional who supports, enables and empowers people to speak up. The manager explained how they had recently facilitated the support of an advocate for a person to ensure they received independent advice

for a particular situation and ensured their best interests were considered.

People were treated with respect and dignity. People we spoke with told us the staff were very good at maintaining their privacy, people told us staff always knocked on bedroom and bathroom doors before entering and were discrete when discussing personal care. One person told us, "They (staff) keep things private when helping me." Relatives we spoke with told us they felt that their relation's privacy and dignity was respected. One relative said, "Yes (staff) deal with privacy well."

Staff we spoke with showed a good understanding and were empathetic when discussing how they maintain people's privacy. One member of staff talked to us about being discrete when dealing with people's personal care. They said, "I cover people and make sure curtains are closed when I give care," The manager told us they had dignity champions in the home. Dignity champions re-enforce to the importance of maintaining people's dignity. This is done through leading by example or challenging poor practice. The manager said there were regular discussions in staff meetings about people's privacy and dignity.

Good

Is the service responsive?

Our findings

The people and their relatives we spoke with felt that they received the care and support they required and that it was responsive to their needs. The care plans we viewed gave good accounts of the daily issues people faced. Pre admission and admission assessments had been completed and care plans were in place to provide individualised information on people's care and support needs. The different aspects of care for each person were recorded, clearly covering areas such as how to support someone with their particular mood changes, personal care or how best to communicate with them.

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences as soon as they were admitted to the service so person centred care could be provided. Whilst we saw one or two of the care plans would have benefited from greater detail relating to some people's health needs, there were some good examples of managing people's individual needs in other care plans. For example one person who was prone to a recurring infection had detailed information in their plan about the signs and symptoms staff should watch for and what they should do about them. We discussed the differences in the care plans with the manager who told us they were aware some plans would benefit from more detail to assist staff and these were being reviewed and updated. The manager told us one of the nurses had been tasked with the job of reviewing the care plans specifically for this reason and they had allocated time for the nurse to complete these.

Staff we spoke with had a good knowledge of people's individual needs and were able to tell us how they managed these. Staff told us they did read the care plans but they also felt the daily communication around people's needs was good. Care staff felt the nurses kept them updated regarding changes to people's care and the nurses told us the care staff were responsive to changes in people's needs.

People we spoke with told us the staff in the service went some way to engage them in social activities they enjoyed, but some people told us some activities they enjoyed were not available for them, such as sing a-longs. However we did see there were a number of activities on offer to people during our visit. People had access to a hairdresser who attended on one of the days of our visit. We also saw staff engaging people in individual one to one activities such as board games or puzzles.

The service employed an activities coordinator whose programme of events that we saw included crafts, cake decorating, bulb planting and hand and nail care. Staff we spoke with had a good knowledge of the types of things people enjoyed doing. We saw there were social assessments in people's records to give staff information about their life histories, important events and interests. This meant staff could engage with people about the things that they had interests in and were important to them. During the visit we saw staff use this information to engage people in conversations.

People and their relatives felt they were able to raise any issues or concerns to anyone at the service and they would be responded to in an appropriate way. One relative told us if they had concerns they would talk to the manager or nurse. But they also told us they did not have any complaints. Without exception other relatives we spoke with told us they felt any complaints or concerns they had would be dealt with.

Staff we spoke with were aware of the provider's complaints procedure and were able to tell us how they would manage concerns or complaints. One staff member said, "I would try to help the person sort out the issue, but if I couldn't I would escalate it up to the manager, and I would record what I had done." We saw the service displayed the provider's complaints procedure in the entrance of the service and the manager had a complaint file, however there had been no complaints about the service in the last few months. The manager told us they and the staff worked to resolve any minor issues to people's satisfaction before they got to the stage of a complaint.

Requires Improvement

Is the service well-led?

Our findings

The manager was undertaking a number of audits and analysis of incidents to maintain the quality of the service however some of the audits we viewed were not always reflective of what we found. We viewed an infection control audit that had been undertaken in December 2016, but this did not contain evidence that the laundry and sluice rooms had been inspected. Following our inspection the registered manager provided evidence that these areas had been audited prior to our visit. However actions highlighted on the audit sheets we were provided with had not been followed up. For example one section of an audit noted an area was dirty, during our visit we had highlighted these issues to the provider.

Our examination of both these rooms during our visit showed there were issues of poor repair and cleanliness in these areas. Whilst we saw there was refurbishment being undertaken in the laundry area the sluices had not been cleaned on a regular basis. This also related to a number of other areas at the service, including the kitchen.

Whilst there were cleaning schedules in place they had not been completed consistently. This was consistent with our observations of the overall cleanliness of the service. The lack of regular and robust audits relating to these areas had meant these issues had not been identified in a structured way and addressed. This had an impact on the quality of the service provided for people. We discussed this with both the manager and owner who told us they would address the issues we raised.

The service did not have a registered manager in place when we visited. However a new manager had been appointed and was in the process of applying to become registered with the CQC. Following the inspection visit their registration with us was completed. 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 we spoke with told us the manager, owner and clinical lead were approachable and open. A number of relatives told us the manager was friendly and made them feel welcome when they visited the service. One relative said, "The new manager is approachable." On the day of our visit both the manager and clinical lead were visible around the service. We observed them interacting with people on a regular basis and it was evident that they had a good rapport with people. Many people knew the names of the manager and the clinical lead and people told us they felt confident in approaching them if they wanted to discuss anything with them. People and relatives we spoke with told us the management team were approachable and responded to issues raised with them.

Staff told us the manager was approachable and was a significant presence in the home. They said they felt comfortable making suggestions about possible improvements within the home and felt the manager was proactive in developing an open and inclusive culture within the service. One member of staff told us the manager was approachable and the clinical lead gave good back up, they said "We have a good rapport." Another member of staff who had recently started work at the service echoed these comments and told us

they enjoyed working at the service, they said, "The care is brilliant and staff made me feel very welcome."

Throughout our inspection we observed staff working well together and they promoted an inclusive environment where friendly banter was being undertaken between staff and people who used the service. We saw staff were supporting each other and it was evident that an effective team spirit had been developed.

Staff were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures. We also found the management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). Our records showed we had been notified of significant events in the service and the issues had been managed effectively. We also contacted external agencies such as those that commission the care at the service and were informed they had not received any concerns about people residing at the service.