

Nutten Stoven Residential Home

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Inspection report

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Nutten Stoven Residential Home provides residential care for older people. The service is registered to support up to 30 people, and 25 older people and people with dementia were using the service when we inspected.

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

People's experience of using the service varied and the care and support provided was at times inconsistent. Staff were kind and caring, but staffing levels meant there was limited time to spend with people and provide meaningful stimulation or activities. Some people spent long periods of time socially isolated.

People living with dementia and more complex needs did not always receive effective care. The service was not designed to provide this type of support. We made a recommendation about researching and implementing good practice guidance to improve practice in this area.

People praised the care and support staff provided, and staff told us they felt supported by the registered manager. However, a robust system of supervisions and annual appraisals had not been followed to monitor performance and wellbeing. Staff had the opportunity to complete a range of training, but clear management information was not available to help make sure all staff were up-to-date with their training.

Improvements were needed to make sure medicines were managed safely. Detailed records were not always in place to help monitor the care provided, for example in relation to accidents or incident; it was not always clear what actions had been taken in response to issues or concerns.

More robust auditing was needed to monitor the service. Although the provider regularly visited the service, there was no formal system of regular supervisions and no audits to help monitor quality and safety. We made a recommendation about reviewing how staffing levels were monitored.

The registered manager was responsive to feedback. Safeguarding concerns and a complaint had been investigated and action taken to respond to concerns and make improvements. They took positive steps to make changes in response to our feedback.

The environment was generally clean and safely maintained. It was personalised and homely. The provider had taken steps to make the environment more 'dementia friendly'. Carpets in some areas of the home were heavily patterned and we spoke with the registered manager about considering good practice guidance in future refurbishment and redecoration work.

Staff were safely recruited. The provider employed a consistent team of staff which helped them to get to know people and how to meet their needs. Staff worked well with other professionals for their advice, guidance and support.

People gave positive feedback about the food and staff supported people to eat and drink regularly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff patiently offered people choices and supported them to make decisions.

For more details, please see the full report which is on the Care Quality Commission's (CQC) website at www.cqc.org.uk.

Rating at last inspection

At the last inspection service was rated Good (report published 24 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach of regulation in relation to how the quality and safety of the service is monitored.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Nutten Stoven Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Nutten Stoven Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 CQC. This means that 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

The first day of inspection was unannounced; we told the registered manager we would be visiting on the second day.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections.

During the inspection

We spoke with three people who used the service, four people's relatives and received feedback from three professionals about their experience of the care provided. We spoke with the registered manager, deputy manager, three care staff and the director who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at four people's care records in full and two people's care records in part. This included medication administration records and people's daily notes. We looked at three staff's recruitment, induction, training and supervision records as well as a range of other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were at increased risk of harm as we could not be certain people had received their prescribed medicines because stock levels had not been properly recorded or monitored.
- Sufficiently detailed protocols were not in place to guide staff on when to administer medicines prescribed to be taken only when needed.
- Medicine audits had not been robust enough to make sure issues and concerns were identified and addressed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were at increased risk of receiving inconsistent or unsafe care. Clear plans were not always in place to guide staff on how risks should be managed, for example, about how to support people who might become anxious or upset.
- Staff regularly encouraged people with drinks, but there was not a robust system to support them to effectively monitor and respond to the risk of dehydration.
- Robust systems were not in place to record and monitor accidents and incidents to make sure lessons were learnt if things went wrong. It was not always clear what action had been taken in response to some issues and concerns.
- Regular servicing and maintenance checks helped to make sure the home environment and equipment were safe. We spoke with the registered manager about documenting periodic checks of call bells and bed safety rails to make sure these were in safe working order.

The failure to maintain appropriate records in relation to risks and how these were managed was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People were supported by staff who had been safely recruited and checked to make sure they were suitable to work with people who may be vulnerable.
- People gave mixed feedback about staffing levels. We observed people were left unsupervised in communal areas and there was limited time available for staff to spend with people, to do activities or provide meaningful stimulation.

We recommend the provider reviews staffing levels and staff deployment.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons to help reduce the risk of spreading healthcare related infections.
- The service was generally clean and tidy, but some issues with malodours were noted, which required further investigation and monitoring.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. The registered manager worked with the local authority to investigate safeguarding concerns and acted to help keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There were inconsistencies in the quality of people's care and support; for example, staff did not always respond effectively to people who were anxious, distressed or calling out for assistance.
- Staff generally intervened with kindness and there were a number of examples where they provided very skilled care to people. However, they did not always follow good practice guidance supporting people with more complex needs due to dementia.
- Care plans did not always include enough information on caring for people living with dementia, and staff needed more guidance on how to effectively support people with complex behavioural needs when they might be anxious, distressed or refuse assistance.

We recommend the provider reviews and implements good practice guidance around supporting people with complex behavioural needs.

- The registered manager explained plans in place to deliver further training in dementia care.

Staff support: induction, training, skills and experience

- People praised the care and support staff provided; a relative told us, "[Name] is very well looked after. The staff are excellent, as they are very friendly."
- Staff had the opportunity to complete a range of training, but clear information was not available to check and make sure they had completed all of the provider's training requirements.
- Staff told us they felt supported by the registered manager, but supervisions did not evidence how staff's performance and wellbeing were monitored.
- Annual appraisals had not always been completed in line with the provider's own policies and procedures.

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

- People benefited from a welcoming and homely environment; some changes had been made to make the environment more 'dementia friendly'.
- The registered manager agreed to continue exploring 'dementia friendly' design principles in future redecoration and refurbishment work, for example carpets were heavily patterned in some areas of the service.
- Suitable equipment was in place and adaptations had been made to make sure the home environment was accessible.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink regularly; staff provided patient assistance when needed to help people eat and drink.
- People had choices at mealtimes and gave positive feedback about the variety, quality and availability of food, drinks and snacks.

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

- People were supported to maintain their health and promote their wellbeing; a relative told us, "The staff have picked up on lots of small things that have helped [Name] health wise."
- Care plans recorded some information about people's health needs and how those needs should be met.
- Staff supported people to access healthcare services; professionals told us staff sought appropriate and timely advice to make sure people received the care and support they needed.

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

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. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People were involved in decisions about their care; mental capacity assessments had been completed and best interest decisions made when necessary.
- People's rights were protected; appropriate applications had been to deprive people of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People gave positive feedback about the kind and caring staff. A relative told us, "I love this place – the staff are friendly and ever so nice. I never leave here worried about [Name]. It's home for them."
- People laughed and joked with staff showing us they valued and enjoyed their company.
- Systems were in place to support people to form positive relationships with staff; the provider employed a small consistent team of staff and did not use agency workers. Care plans included information about people's personal life history to help staff get to know them.

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

- People had choices and were patiently supported to make decisions; staff encouraged people to have choice and control, for example, about what they ate and drank.
- Care plans included information about people's wishes and views showing they had been involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained; staff knocked on people's bedroom doors before entering their rooms.
- The registered manager and staff were very proactive in making sure information was securely stored, but we spoke with them about reviewing what information was displayed on bedroom doors to ensure people's privacy was maintained.
- Staff were patient and respectful in the way they supported people, they explained what they were doing before providing support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People spent periods of time socially isolated or without meaningful activity or stimulation; there was a limited range of activities provided.
- Staff were kind and caring in how they supported people, but due to staffing levels, they were often busy and interactions were brief and task based. A member of staff said, "You don't always get time to just sit down and talk with people."
- A volunteer visited the service to deliver some activities and people could pay to join in additional classes, but improvements were needed to ensure people had more regular meaningful engagement and stimulation.
- People were supported to maintain important relationships; visitors were encouraged and welcomed to the home.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People benefited from kind support from staff that knew them well, understood what was important to them and how they liked to be supported.
- Care plans included some information about people's individual needs, taking into account their likes, dislikes and personal preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed and planned how to meet people's communication needs; some accessible information was available to help people make decisions. For example, easy to read direction signs were in place to help people find their way around the home.
- Staff tailored their approach and spoke with people in a way which helped them to understand and be involved in decisions.

Improving care quality in response to complaints or concerns

- People felt able to speak with staff or the registered manager if they were unhappy about the service or needed to complain. A relative told us, "I've never had any need to complain, but would know anything raised with them would be sorted straight away. The staff listen to me."

- The provider had a complaints procedure and a suggestion box to encourage people to provide feedback; they had responded to investigate a complaint and took appropriate action to improve the service.

End of life care and support

- People's end of life wishes had been explored and recorded in their care plans; this included information about whether people had refused resuscitation if the need arose and any wishes people had.
- Staff had received a recent compliment about the compassionate and kind support provided to a person approaching the end of their life.

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 good. At this inspection this key question had deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People did not always receive effective care and support, because robust systems were not in place to record, monitor and oversee all areas of the service, for example in relation to medicine management.
- Detailed records were not kept to help monitor the care provided, as it was not always clear what actions had been taken in response to issues or concerns.
- Although the provider regularly visited the service, they did not have a formal system of audits to support effective monitoring of the quality and safety of the service.

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

- There were inconsistencies in the quality of people's care; people did not always benefit from regular and meaningful stimulation and effective systems were not in place to support good practice when supporting people with complex needs, including in relation to people who might become anxious or distressed.
- The service was not registered to support people with dementia despite accommodating people with complex needs. We spoke with the registered manager about addressing these concerns.

The failure to robustly monitor, identify and address the issues and concerns we found was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was committed to promoting a positive person-centred culture; a relative explained, "The manager is very efficient, diligent and conscientious. They go above and beyond. They have people's interests at heart and put them first."
- They were open to feedback and responsive to suggestions about how the service could be improved.

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 understood their responsibility to apologise to people and explain what happened if things went wrong.
- Complaints were addressed in a constructive way to improve the service; feedback was given to people who raised concerns.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager held some meetings and used questionnaires to gather feedback from people, relatives and professionals about the service and how they could improve.
- Professionals praised the positive working relationships they shared with staff and the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not established and operated effective systems to assess, monitor and improve the quality and safety of the service and mitigate risks. Regulation 17(1)(2)(a)(b).</p>