

Mr Richard Allistone and Mr Patrick Allistone

Netherclay House

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Netherclay House is a residential care home for 41 older people, some of whom are living with dementia. There are 35 bedrooms in the main building, as well as five apartments in the grounds. There were 35 people living at the service at the time of inspection.

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

The registered manager had identified that accurate records and record keeping was an area for improvement. They were taking immediate action to address shortfalls and implement new care plans.

There were some gaps in recruitment records. The provider took steps during the inspection to obtain full employment histories from 2 members of staff.

The premises needed some internal and external updates. The registered manager shared the action plan in place to update the premises.

There were enough trained and experienced staff on duty to meet people's needs in a timely way. People said staff responded quickly when they used their call bells. One person said, "If I ring the bell they come in a nice time".

Staff knew people well and risks to people's health, safety and wellbeing had been identified. People said they felt safe at Netherclay House, and shared examples with us. Comments included, "I feel very well and well looked after".

People were protected from the risk of abuse as there were systems in place to reduce the risk. People confirmed staff were considerate and kind in their approach. Accident and incidents were managed safely. The registered manager had oversight of accidents and incidents and used this information to drive service improvements. People's medicines were managed safely. Records confirmed people received their medicines as prescribed.

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.

People and their relatives were complimentary about staff and of the care provided. Staff supported people in a personalised way and respected people's choices and decisions. Staff were kind and respected people's dignity and privacy.

People's health and wellbeing was monitored. People were given the support they required to meet their nutritional needs and most told us they enjoyed the food offered to them. People had access to a range of

activities and were supported to maintain relationships that were important to them.

The provider had an effective complaints process in place. Feedback was sought and acted on. There were systems in place to monitor the quality and safety of the service. When areas of improvement were identified, actions were in place to address them.

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

Rating at last inspection

The last rating for the service under the previous provider at the premises was good, published on 02 March 2018

Why we inspected

This was a planned comprehensive inspection of a new provider. A new provider registered with us on 18 April 2019 and this is the first comprehensive inspection. A focused inspection was completed on 20 January 2021 and rated safe and well led as good.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have recommended the provider continue to develop accurate and up to date records (care plans) to ensure people continue to receive the care they need in a way they prefer.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Netherclay House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 2 inspectors

Service and service type

Netherclay House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Netherclay House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality and contracts team and the safeguarding team. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

At the beginning of the inspection we asked the registered manager to display our poster asking staff and relatives to share their views.

We met people who lived at the home and spoke with 13 of them about their experience of the care provided. We also spoke with 2 relatives and 2 professionals visiting the service. We spoke with 10 members of staff including the registered manager, a provider representative, care and activity staff and ancillary staff, including the cook, the maintenance person, the administrator.

We reviewed a range of records. This included 4 people's care records and a selection of medication records. We looked at 2 staff files in relation to recruitment, along with a selection of agency staff records. A variety of records relating to the management of the service, including fire safety, maintenance records, staff rotas, minutes of staff meetings and audits were also viewed.

Following the site visits, we received feedback from 4 relatives and 3 professionals who had worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last focused inspection, we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm

Staffing and recruitment

- Recruitment checks on prospective staff did not always include information about their full employment history, nor were all gaps in employment history explained. The registered manager took immediate action to obtain the outstanding information from 2 staff. The provider amended the application form to ensure this important information was captured in future.
- Other important information had been obtained prior to new staff starting work at the service. For example, proof of identity, references from recent employers, their right to work in the UK and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have.
- There were enough staff on duty to meet people's needs in a timely way. The registered manager used a dependency tool to help determine staffing levels. People who required additional support to mobilise or those who required assistance at mealtimes were supported safely and patiently by staff.
- People said staff responded quickly when they used their call bells. Comments included, "If I ring the bell they come in a nice time" and "The staff are very good. They never keep me waiting."
- During the inspection staff were on hand to respond quickly to people's needs and requests. Staff reported there were enough staff to support people's needs. Where there were shortfalls due to vacancies or sickness, regular agency staff were used, who knew the service and people living there. The registered manager explained recruitment was on-going to fill staff vacancies.

Assessing risk, safety monitoring and management

- Staff knew people well and risks to people's health, safety and wellbeing had been identified and risk assessments were in place to minimise the risk of harm. These included fire evacuation plans, and risk assessments relating to mobility, falls, and nutrition. However, we found that risks were not always reviewed, and some records did not reflect staff knowledge or practice. For example, three people used sensor mats in their room, which alerted staff to their movements. One member of staff told us, "They are not there to stop people moving, but to alert us if they are moving around so we can ensure they remain safe".
- While people were able to confirm the purpose of the mats, with one saying, "That mat is to keep me safe", there were no risk assessments in place for their use. The registered manager agreed and informed us all care plans were in the process of being updated including all risk assessments. We found no evidence that people were at risk of harm due to the shortfalls found in these records. Following the inspection, the registered manager wrote to us to confirm all care records had been reviewed and updated.
- People said they felt safe at Netherclay House, and shared examples with us. Comments included, "I feel very well and well looked after. I am at risk of falls, so I have the mat to let them know if I am wondering" and "I do feel safe here and I don't think I am at risk anymore. My (family) are pleased I'm in here as they know I

am safe". Relatives comments included, "I cannot praise the home and its staff highly enough" and "Mum is safer than anywhere else. We are very happy with the care".

- The provider and registered manager shared information relating to risks consistently with the staff group including in handovers and other meetings. Staff were aware of people's risk and how to manage risks to ensure their wellbeing.
- Kitchen staff used cleaning schedules to monitor the cleaning of the kitchen and temperature of the fridge and freezers. However, we reviewed cleaning records over a four-week period in October 2022 and found gaps in the cleaning schedules. We remained unsure if this was a recording error or the cleaning had been missed. We shared our concerns with the registered manager who assured us more supervision and monitoring of the records and cleaning in the kitchen would take place.
- During this inspection, the service received a visit from an environmental health officer to assess the kitchen safety. They gave the service a rating of 4 out of 5 due to minor issues, which were being addressed.
- Environmental and maintenance checks were carried out to ensure any concerns were identified and rectified. For example, regular checks on window restrictors, hot water and fire safety systems were carried out. All equipment, such as hoists and passenger lifts were subject to periodic inspection and servicing to ensure they were safe and fit for purpose.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as there were systems in place to reduce the risk. People confirmed staff were considerate and kind in their approach. Comments included, "The staff are very polite. They listen to me. They do a very good job" and "The staff are kind and careful".
- Staff were aware of their individual responsibilities to identify and report any concerns. Staff had received safeguarding training to help them understand the importance of their role in safeguarding people. They were aware of who to contact outside of the service, including the local authority and the Care Quality Commission (CQC).
- A professional said they had not witnessed poor practice or any concerns during their regular visits. They added, "Staff are very helpful here. They have a good knowledge of people's needs".

Using medicines safely

- Medicines were managed safely. Stocks were monitored to ensure people had their medicines available when needed and medicines were stored securely and at the correct temperature.
- Staff responsible for the management of medicines had received training and their competency confirmed.
- Records confirmed people received their medicines as prescribed.
- The supplying pharmacy had visited the service in May 2022. Overall, they found medicines were safely managed. Where minor recommendations had been made, they had been addressed by the registered manager.

Preventing and controlling infection

At the time of our inspection, the service was experiencing an outbreak of COVID-19.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely. At times we saw staff wear their masks below their nose or around their chins or necks. We reminded staff on occasions about wearing their masks correctly.
- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was following current government guidelines on allowing visitors into the service. There were processes in place in the event of an outbreak of infection to ensure visits could still take place safely.

Learning lessons when things go wrong

- Accident and incidents were managed safely. The registered manager had oversight of accidents and incidents and used this information to drive service improvements. Analysis of incidents was used to assess whether preventive measures were missed, and lessons were learnt to keep people safe.
- The registered manager had ensured that lessons were learnt when things went wrong. For example, improvements had been made to the management of medicines following an incident. Incidents were discussed with the staff team to help reduce reoccurrences.

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.

This is the first inspection of this key question for this registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to moving to the service to ensure their needs and expectations could be met. Where possible, the registered manager visited people at home or in hospital to assess their needs and share information about the service.
- Assessments covered a range of daily activities such as mobility, eating and drinking and set out the level of support people were likely to require. This supported the development of personalised care planning.
- People and their representatives were involved in the assessment and decisions made about the level of support they received.
- People told us the process of moving to the service had been made easier by the kind attitude and approach of the registered manager and staff. One relative said, "I cannot praise the home and its staff highly enough. (Person's name) has settled in very well and is very happy there". Another relative said, "The manager and her team were brilliant, understanding our guilt and very respectful. They made it easier to cope".

Staff support: induction, training, skills and experience

- Staff were suitably experienced and trained to meet people's needs. People spoke highly of the staff. Comments included, "The staff do a very good job. The manager is particularly good". A relative said, "They (staff) are all happy, friendly and know what they are doing". A professional commented, "Staff here have a good knowledge of people. We have no concerns".
- Staff received a range of training and refresher training in areas such as moving and handling, safeguarding and infection control as well as training related to people's needs.
- Staff said they felt well supported by the registered manager and the training and support provided to them. One said, "The training has been excellent and really helped me". The provider had an in-house trainer and training was provided face to face and online, which suited staff's learning needs.
- New staff completed an induction programme to make sure they were able to provide safe care. Staff who were new to working in care completed an induction in line with the Care Certificate which is a nationally recognised training programme. It helps to make sure staff have the basic skills and knowledge required for their role.

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

- People were given the support they required to meet their nutritional needs and most told us they enjoyed the food offered to them. Comments included, "The food is very good. Good selection and choice, and good quality" and "They do the texture of my meal as I want it". One person said they found the food could be 'variable' but added, "Sometimes it's really good. We get a choice at lunch and suppertime".

- A food satisfaction survey had been completed in August 2022. Results showed overall people described the food as good. The registered manager continued to work with people's suggestions. Themed meals were planned to include a curry night, and Chinese and French cuisine, as suggested during residents' meetings.
- The dining environment was a pleasant area where tables were laid with napkins and flowers. There was a colourful menu highlighting the choices of the day. As the service was experiencing a COVID outbreak, people were served all meals in their rooms. Throughout the inspection people were observed to have jugs of juice in their rooms and were offered drinks and snack throughout the day.
- Information regarding people's dietary needs was available in their care plan and specific diets could be accommodated if needed. Kitchen staff were aware of people's preferences and needs.

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

- The premises needed some internal and external updates. For example, one wet room had a door that needed to be repaired due to dampness, and two locks on bathroom doors did not always work. There were areas in hallways and staircases where wallpaper had been torn and ripped. Some gutters were overflowing when it rained. One of the assisted baths had been decommissioned. The provider had plans to install a wet room. The registered manager shared the action plan in place to update the premises.
- The accommodation provided spacious communal areas with a selection of places for people to spend their day and meet with visitors. People personalised their rooms and told us they liked having their personal belongings around them. One person told us, 'I really like my room and have all my favourite things with me especially my family photos'.

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

- Staff worked in partnership with external health and social care professionals to ensure people's health needs were met in a timely way. People had access to their GPs, social workers, mental health teams, occupational therapists and district nurses. One professional said, "They (staff) are all very helpful". Another told us, "The manager is easy to get hold of via email or the phone and is responsive in her approach to contact us regarding queries. The staff overall are very welcoming when we attend for visits and appear to understand who we are and how we can support them".
- People's health and wellbeing was monitored. Records showed people attended health care appointments as needed. Staff could identify if people were not well and knew what action to take in an emergency.
- A relative described the improvement to their loved one's health with the support of staff. They added, "As my (loved one's) disease progresses, we are thankful he's so comfortable at Netherclay and know the team will guide us and support him through what's to come".

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 MCA 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, and some hospitals, 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, whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood and could demonstrate a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. They could demonstrate they put these into practice and people's human and legal rights were respected. This was confirmed by people we spoke with. People's choices and decisions were respected. People said staff always included them in decisions about their care and support. One person said, "It is easy and free here. I can do as I like".
- The provider gathered information regarding consent. Where people were unable to make decisions best interest meetings were held with the appropriate representative. We reviewed the most recent audit and noted the registered manager was updating DoLS applications where required.

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.

This is the first inspection of this key question for this registered service. This key question has been rated good. 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

- The registered manager led by example to create an ethos where people were treated with kindness and respect. People were positive about the relationships they had built with staff and described staff as kind, polite and careful. Comments included, "They (staff) do their very best for us. They are all so kind and caring" and "Yes the staff are always kind and come quickly if I call them".
- Relatives said they were assured their loved ones were treated with respect. Comments included, "I can't praise the staff enough, they all seem to genuinely care and that's all a family could wish for" and "I have been very impressed with the way the staff and home have dealt with an extremely difficult situation and the care and consideration for my (loved one's) wellbeing has been second to none".
- People were cared for by staff who knew their needs well. Throughout the inspection, we observed staff interacting with people in a friendly and supportive way. Staff responded promptly to people's requests and did not rush them.
- People's cultural, religious and diversity needs were met. For example, some people attended a regular religious service and leaders of different religious denominations had visited the service to meet people's religious needs.

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

- People were involved in their daily routines. People said they could get up and go to bed when they chose. They confirmed they could make decisions about where and how they spent their day. Some people liked to take part in the regular activities on offer, while others chose not to, and this was respected. We saw one person chose to remain in bed until mid-morning, they told us they were comfortable, and this was their preference.
- People were supported to express their views through residents' meetings and the use of satisfaction surveys. People said they would be happy to speak with the registered manager or staff if they had any concerns.
- Some people were unsure if they had been involved in the review of their care plan. One person said they thought they had been involved but said "I really can't remember". All care plans and associated records were being reviewed at the time of the inspection. The registered manager said they would ensure people and/or their representative were fully involved.

Respecting and promoting people's privacy, dignity and independence

- Care and support was provided in a way that respected people's privacy and dignity. Staff knew when people needed their space and privacy and respected this. For some people this was very important. One

person told us, "Staff are around if I need them, but they know I like to spend time on my own".

- We noted staff understood what was important to people to promote their self-esteem. People told us staff were very helpful when they required support with personal care, for example having their nails painted or support with their makeup. One person said, "Staff help me do my nails and know I like to look nice". A member of staff told us, "We always make sure (name) has their lipstick on as it is very important to them". A relative said, "It is fantastic here and we appreciate their help. They are very kind to (person)".
- People were supported to maintain their independence and regain some daily living skills. A relative told us about the vast improvements to their loved one's abilities. They added, "We thought those skills had left (person) for good but thanks to (the registered manager) and her team who took the time to get to know him, and then gradually encourage him, we have seen a huge improvement in him".

Is the service responsive?

Our findings

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

This is the first inspection of this key question for this registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care to meet their needs and preferences including the preferred gender of staff supporting them with personal care tasks. This was because staff were knowledgeable about individuals' needs and preferences. However, this level of detail was not always reflected in all care plans. Some care records lacked detail. For example, the use of senior mats had not been included in some people's care plans.
- One person's care plan had not been fully completed since their admission several weeks before the inspection. The person said they were settling into their new home and that staff had been helpful. They had no concerns about the care and support provided to them.
- Despite the gaps in records, relatives told us their family member received person centred care. Comments included, "We have been so pleased with (person's) care. All staff are lovely and (person) gets on well with everyone. Good communication with me, they ring if anything changes" and "They never know when we're coming...yet standards never slip".
- Two professionals said in their experience people received person centred care. However, they added, "We have noted that this person-centred approach is not always documented effectively and feel that the care plans could have further detail and be updated more regularly".
- The registered manager explained all care plans were being reviewed. A new format was being introduced to ensure they were more detailed as the registered manager had identified the current versions needed improvement.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been identified and recorded so that staff had access to relevant information about how people should be supported with these. For example, care records identified if a person had a sensory loss and what staff should do to improve and support communication.
- When needed, information was made available to people in a variety of formats.

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 had access to a range of activities, both group and individual activities. The activities coordinator was passionate about their role and told us, "If I go home and I have made people smile I am happy".
- The programme of activities showed there was something interesting to take part in most days. Including, exercise classes, singing and dancing sessions; arts and creative crafts, quizzes and movie afternoons. Special occasions were also celebrated throughout the year with various events organised.
- The activities programme was on display and shared with people so they could plan how they wanted to spend their time. People said they enjoyed the activities. Comments included, "I normally go downstairs for the activities. I enjoy seeing everyone"; "I do like to go to the activities I like the one where we play football with the balloon. (the activities person) is good" and "The activities are very jolly!".
- Professional feedback included, "On several occasions, we have seen staff participating in activities with their residents and adapting these activities to be person-centred as a result of this, these residents appear content living at Netherclay House".
- As the service was experiencing a COVID outbreak at the time of the inspection, people were confined to their rooms. The activities person visited people in their rooms to ensure they were not socially isolated.
- People were supported to maintain relationships that were important to them. People told us they enjoyed visits with their loved ones. One person told us, "I often go out with my (family member), they can come and see me when they want".

Improving care quality in response to complaints or concerns

- Arrangements were in place to listen to and respond to any concerns or complaints. The registered manager viewed complaints or concerns as a positive way to improve the service. They had a personal approach and preferred to deal with issues in person.
- People and their relatives knew how to raise concerns and were confident these would be addressed appropriately. Several people said they would be happy to speak with any member of staff should they have any concerns.
- All concerns and complaints were responded to appropriately by the registered manager. All were documented, investigated and clearly recorded.

End of life care and support

- People could be confident that they would receive kind and compassionate care at the end of their lives. Feedback from one relative included, "Thank you so much for all the care for my (loved one). They felt safe and well cared for... your kindness and love in the last few days was amazing ... at a very difficult time for me, my family and I were given so much support".
- No one was receiving end of life care at the time of the inspection. Systems were in place for people's end of life wishes to be recorded and acted upon.
- Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

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 our last focused inspection, we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People experienced a good standard of care and support, which resulted in good outcomes for them. People and relatives spoke positively about the service and the delivery of care. The registered manager and the staff team were committed to providing good quality care for people. People's health and wellbeing was prioritised by the service.
- Relatives and healthcare professionals expressed confidence in the service. Comments included, "They appear a cohesive team, well led and friendly" and "We have been very impressed with the way the staff and home have dealt with an extremely difficult situation (during the pandemic) and the care and consideration for my (loved one's) wellbeing has been second to none. We'd like to add our 'Well Done Netherclay' to the list of commendations."
- The registered manager had identified that accurate records and record keeping remained an area for improvement. They were taking immediate action to address shortfalls and implement new care plans.

We recommend the provider continue to develop accurate and up to date records (care plans) to ensure people continue to receive the care they need in a way they prefer.

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

- The registered manager was experienced, and staff were clear about their roles and responsibilities. We found the service was generally well-organised, with clear lines of responsibility and accountability. A relative said, "I find the home is well managed with very competent staff".
- The provider had a range of audits and checks, which were carried out to monitor the quality and safety of the service. There were systems to review accidents, incidents, complaints and falls for any themes or trends. This ensured appropriate action had been completed.
- Throughout the inspection the registered manager was open and transparent, and proactive in their responses to our findings. Some actions were already in the process of being implemented. Some were still to be fully completed such as the new care planning process and the redecoration of parts of the premises. These had been identified by the provider and the registered manager and were being addressed as part of their own action plan.
- Staff described morale as good and they all told us they enjoyed their work within the service. The staff team worked well together, and communication between the staff and the registered manager was effective. Comments from staff included, "It is a lovely team to work with. The manager is so helpful and

supportive" and "It is pretty good here. Good staff team and the manager really knows her stuff".

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 was aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent when incidents occur. Any issues raised were investigated and reported to the relevant agencies with outcomes recorded. We had been notified of events where necessary.
- Relatives and the professionals described good communication with the service and confirmed they were informed of any incidents or accidents.

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

- People who used the service and their relatives were asked for their views about the care and support provided. General satisfaction surveys and themed surveys were used to obtain people's feedback.
- Regular 'residents' and family' meetings were held to discuss issues such as activities and menus. Where people had made suggestions, these had been acted on. For example, the inclusion of curry on the menu and various suggestions for activities. A colourful and informative monthly newsletter was produced and shared to keep people up to date with what was happening at the service.
- Records confirmed staff meetings took place regularly and were opportunities for staff to discuss any changes, concerns or areas of support they may need.

Working in partnership with others

- Staff worked effectively in partnership with health and social care professionals to achieve good outcomes for people. Any recommendations or advice from healthcare professionals was used to deliver the care and support to people. This helped to ensure care and support was up to date with current practice.
- Visiting professionals described an open culture at the service, with the registered manager and staff willing to learn and improve.