Advinia Care Homes Limited

Netherton Green Care Home

Inspection report

Bowling Green Road
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service: Netherton Green Care Home is a care home that was providing personal and nursing care to 112 people aged 65 and over at the time of the inspection. The service was split into four units. Windmill and Primose unit provided care to people with a diagnosis of Dementia, Darby unit provided care to people who required end of life care and Saltwells unit was a short stay rehabilitation unit.

People's experience of using this service:
People's care needs were not always responded to in a timely way. There were some errors in the recording of medication. People were supported by staff who knew how to manage risks to keep them safe and report any concerns of abuse. Staff followed safe practices in relation to infection control.

People were supported by staff who were trained in how to meet their needs. People's needs were assessed prior to moving into the home. People had their dietary needs met and had access to healthcare services where required. People had their rights upheld in line with the Mental Capacity Act.

People were supported by staff who were kind and caring to them. People were treated with dignity and their independence was encouraged. People were supported to make choices and be involved in their care.

People's needs were met by staff who knew their likes, dislikes and preferences with regards to their care. People who required end of life care had been asked about their wishes. Complaints made had been investigated and resolved.

There were systems in place to monitor the quality of the service and identified areas for improvement were being acted upon. People were given opportunity to feedback on their experience of the service.

Rating at last inspection: Requires Improvement (Published 05 March 2018)

Why we inspected: This was a planned inspection based on previous rating.

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

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 effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Netherton Green Care 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 one inspector, three assistant inspectors, a Specialist Advisor who was a registered nurse and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service.

Service and service type: Netherton Green Care Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means 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 Inspection was unannounced.

What we did: We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority to gather their feedback about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 10 people living at the service and 11 relatives. We also spoke with nine members of care staff, a member of kitchen staff, and the registered manager. As some people were unable to share their views with us, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care for people who are unable to speak with us.

We looked at 10 people's care records as well as records relating to recruitment, complaints, accidents and incidents and quality assurance.

Requires Improvement

Is the service safe?

Our findings

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

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.

Staffing and recruitment

● People across all units gave us mixed feedback when asked if there was enough staff to support them. Some people were happy with the staffing levels and told us, "If we press the buzzer, they are here within minutes. There is always someone keeping an eye" and, "I press it and they [staff] always come."

●Other people told us they had extended waits when they had requested support from staff. One relative said, "[My relative] has to wait if they need changing, especially at mealtimes". Another person told us that when they use their call buzzer in their room they can 'wait for ages'.

● Staff we spoke with told us they did not feel there were enough staff to support people safely. One member of staff told us, "There is not enough staff to meet people's needs". Another member of staff added "The care is rushed. I think they do need more staff".

● Our observations across all four units showed that the availability of staff varied. Whilst some people's care needs were met in a timely way, we observed on two of the four units that people did experience extended waits for support. For example, we saw one person on Windmill Unit ask staff for support to the toilet. Staff told them they would assist and walked away. After 10 minutes, the person started to shout out and become distressed. The inspector intervened and requested staff support the person to the toilet. A similar incident occurred on the Saltwells unit .

● We raised the concerns around staffing levels with the registered manager. She told us that they were aware that more staff were required and had already taken action to recruit. The registered manager informed us that it was their intention to recruit 8-10 more bank staff to ensure that any staff shortages could be covered. The registered manager had also ensured that where agency staff were used, that this was done in a safe way, with regular agency staff being used for consistency. There were no formal systems in place to review staffing levels. The registered manager informed us that any changes to the numbers of staff on each unit would be considered if raised by the unit managers during their daily meeting. The registered manager could provide examples of how they have increased staffing levels previously to accommodate people's changing care needs.

Using medicines safely

● We found that across Saltwells and Primrose units, there were errors in the recording of medications. For example, on Saltwells unit, the room and fridge temperatures had not been recorded consistently in the previous three months. It is important to monitor the temperatures where medication is stored as some medication may be adversely affected by temperature. On Primrose unit we found that where people had pain relief patches applied, the placement of the patch on the person had not been consistently recorded. On Primrose, we also found some medications had been given and not signed for. This meant that the amount of tablets recorded on the Medication Administration Record did not match what was available. However, these were identified as recording errors and did not indicate that people had not received their

medication as required.
● People were supported to take their medications in a safe way. We observed staff across the four units support people to take their medication. Staff told the person it was time for their medicines and stayed with them while they took this.

Systems and processes to safeguard people from the risk of abuse
● People were kept safe and supported by staff who understood what action they should take if they had concerns about abuse.
● One member of staff explained the actions they would take to report concerns. They told us, "We would inform the management".
● We found that the registered manager understood their responsibilities in relation to safeguarding people from abuse and had notified the relevant authorities of concerns where required.

Assessing risk, safety monitoring and management
● Risks to people's safety were assessed and action taken to keep people safe. There were assessments in place to inform staff how to manage people's individual risks. Staff knowledge of how to minimise risk reflected the information held in the assessments. For example, where people were identified to be at risk of developing sore skin, assessments were in place to monitor this and staff could explain the actions they should take to minimise this risk.
● Staff understood the actions they such take in an emergency such as fire. Staff understood their role if a fire was to be found and the action they should take to ensure people's safety.
● Safety checks on equipment such as hoists and fire systems had taken place. Where there were faults or repairs required, these had been actioned in a timely way to reduce risk to people.

Preventing and controlling infection
● There were effective systems in place to ensure the control of infection. Each unit was seen to be clean, tidy and odourless. Staff understood their responsibility in relation to infection control and were seen to be using personal protective equipment such as aprons and gloves where required.

Learning lessons when things go wrong
● The registered manager was proactive in learning when things had gone wrong. We saw that where accidents had occurred, the nature of the incident was reviewed and action taken to reduce the risk to people in future.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

● At the last inspection, it was found that the environment was not always suitable for people with Dementia. At this inspection, we found that work was underway to improve the décor for people living with Dementia. Primrose unit had undergone a period of redecoration and now had a bar area decorated to look like a real public house, as well as a hallway decorated to look like a garden. In addition, memory boxes had been placed outside each person's room to support them in identifying which bedroom was theirs. Signs around the unit were available in pictorial format. Work was due to start on Windmill unit to ensure the décor there reflected the work done on Primrose unit and improve the environment for people living with Dementia.

● All other units design and décor met the needs of people living there. Each unit was spacious and had adequate outdoor space for people to use if they wished.

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

● Prior to moving into the home, people's care needs were assessed to ensure that people's needs could be met. These assessments included looking at people's medical history as well as their care needs. People's needs were regularly reviewed as part of the service 'Resident of the day' programme in which people's care needs were reviewed and any changes reflected in people's care records.

● The assessments completed considered any protected characteristics under the Equality Act; such as people's sexuality or any religious and cultural needs.

Staff support: induction, training, skills and experience

● People were supported by staff who had been trained effectively. New staff completed an induction that included completing training and shadowing a more experienced member of staff. All new staff had been enrolled on the Care Certificate. The Care certificate is an identified set of standards that care staff must adhere to.

● Staff spoke positively about the training they received and felt they could request further training if they needed this. One member of staff told us, "The training is really good, there is loads on offer". Although some staff members had previously reported problems in accessing their online training, this had been resolved by the provider who had given staff support to do this.

● The training provided was relevant to the needs of the people living at the home. For example, training had been provided in areas such as Dementia Care and Catheter Care. Where gaps in training had been identified, the registered manager had been proactive in ensuring staff completed this.

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

● People were happy with the variety of food and drink available to them. One person told us, "It's nice. I eat what I want. Sometimes the dinners are too big, but I leave what I don't want". Another person added, "I eat well. I've got a healthy appetite".
● People's dietary needs were met. Kitchen staff were aware of people who had specific dietary requirements and had systems in place to ensure they were informed of any changes to people's dietary needs.
● At mealtimes, people were given choices about where they would like to eat and what meal they would like. We saw people use adapted cutlery to support them in eating independently but where people did require support to eat, this was provided by staff.

Supporting people to live healthier lives, access healthcare services and support
● People had access to healthcare services where required. On Saltwell unit, there were Occupational Therapists and Physiotherapists from the local hospital on site daily to provide rehabilitation to people where required.
● Records showed that people had been supported to access a variety of services including the GP, Podiatry and Nurse practitioners.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Staff understood the principles of MCA and how they should gain consent before supporting people. We saw examples of staff seeking consent including before applying clothes protectors on people at mealtimes.
● We found that where applications had been made to deprive people of their liberty, this had been completed in line with MCA. Staff understood who had a DoLS in place and any conditions associated with this.

Good

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

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 told us that staff were kind and caring to them. One person told us, "The staff are lovely. They are great. I can't fault any of them". Another person added, "The staff can't do enough for you. They are very nice" and "They are my angels. They really look after me".
- Staff spoke about people in a kind and compassionate way. We saw that staff had developed friendly relationships with people and expressed that they would like to spend more time with people as staff numbers meant this was not always possible.
- We saw staff treat people in a caring way. Where one person had become upset during an activity, staff responded to this and sat with them, holding their hand until they felt better.

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

- People were supported to be involved in decisions about their care and were given choices. We observed people being giving choices that included what activity they would like to do, where they would like to eat their meals and what drinks they would like.
- Relatives also felt involved in their family members care and told us that staff kept them informed on how their relative is. One relative told us, "They [staff] always phone me to update me and I feel involved in [person's]care".
- Records we looked at showed that people had been involved in planning for their care and their choices with regards to their care had been clearly recorded.

Respecting and promoting people's privacy, dignity and independence

- People felt that they were treated with dignity and staff could provide examples of how they promote dignity. One member of staff told us, "It's shutting their bedroom door, closing curtains (when supporting with personal care) and keeping personal information".
- We saw examples of staff promoting people's dignity. For example, staff would knock doors before entering people's rooms and could be heard referring to people by their chosen name.
- The registered manager informed us that they had planned further training in promoting dignity and were working towards having a 'Dignity Champion' on each unit to promote and ensure people's dignity.
- People's independence was promoted and we saw that people were encouraged to mobilise independently and complete tasks such as eating their meal independently as much as possible.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
● People's care needs were recorded alongside their likes, dislikes and preferences with regards to their care. Care records held personalised information such as people's life history, hobbies and family members. Information relating to people's religious and cultural needs had also been considered and recorded. People had been asked about their preferences with regards to the gender of care staff supporting them.
● Staff knew people well and their knowledge reflected the information held in people's care records.
● People had been supported to maintain relationships with those who are important to them. For example, where there were couples living at the service, a Valentines meal was held for them in the dementia café to ensure they got to spend Valentine's day together.
● Each unit within the service had an activity co-ordinator who was responsible for planning activities. The activity co-ordinators informed us how they would amend activity plans based on people's level of engagement in each activity. They explained that where activities had not been well received, these would be removed from the activity plan. The activities available for people differed within each unit. For example, Primrose and Windmill unit had activities available for people throughout the day that included exercise, sing a long's and trips to the local shops. Saltwell and Darby unit were quieter and had less opportunity for activity. On these units we saw people sitting together watching television or staying within their rooms. We spoke with the registered manager about this who informed us that this was partly due to the nature of these units and the care needs of the people there. Both of these units did have activity co-ordinators who would engage with people on a one to one basis where they chose to remain in their rooms.

Improving care quality in response to complaints or concerns
● People had been informed on how they could make complaints and felt comfortable in doing so. One person told us, "I would say if anything was wrong, yes, but there isn't anything". Another person added, "If you want to make any complaints you speak to the chief person".
● Where complaints had been made, these had been investigated and resolved. The registered manager had also informed the complainant of the outcome of their investigation.

End of life care and support
● There were people living at the home who were at the end of their life. There were care records in place for people that detailed how they should be supported at this time. This included the care support they required alongside any specific wishes they had in relation to their death. We saw that support had been gained from local palliative care teams to ensure people had the medication they needed to remain comfortable.
● Where people did not require end of life care, we saw that people had still been asked about any wishes they had regarding their death so that staff were aware of their wishes in advance.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives felt the service was well led. One person told us, "I'm quite happy here. The staff are alright here. We can have a laugh and a joke. I'm quite pleased with it to tell the truth". A relative added, "It's like a big family here".
- Staff also spoke positively about the management at the home. One member of staff told us, "[Registered Manager's name] is lovely, she does come on the unit regularly. If there has been events like a cardiac arrest recently, she comes to check on staff. She is lovely to talk to".
- The registered manager was proactive in learning where things had gone wrong. We saw that where there was learning from complaints made, this was shared with staff to ensure that improvements could be made where needed. Further, during the inspection, we found that some medicines on Darby unit had been temporarily stored on the floor due to there not being room in the medicines cupboard. When this was raised as a concern, the registered manager took immediate action and had sourced additional storage space before the end of the day.

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

- There were systems in place to monitor the quality of the service. This included regular audits of care records, medicines and accidents and incidents.
- The registered manager had identified where there were areas for improvement and had plans in place to drive improvements. For example, we found that some care plans were only partially complete and had sections either not completed or not signed. We raised this with the registered manager who was aware of this issue. The registered manager explained that they were currently in the process of changing all of the care records from those belonging to the previous provider, to new ones reflective of the new provider. As a result of this changeover, the registered manager had acknowledged that some records may not be fully updated yet but had systems in place to identify where records needed further work through the 'Resident of the day' review system. The registered manager was also aware of the need for further staff and was taking action to recruit more staff. Although the auditing system for medication had not identified the errors found at this inspection, we saw that the systems in place to monitor medications would have identified these errors during the next medication audit.
- The registered manager was aware of their responsibilities as the registered person and understood the regulatory requirements of their role. They had submitted notifications when needed to CQC as required by law.

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

● People were given opportunity to feedback on the quality of the service. People had been asked to complete service user satisfaction surveys. We saw the responses provided and found that where recommendations for improvement had been made, the registered manager had acted and responded to these. People and their relatives had been encouraged to provide feedback via an external website. We looked at the feedback given on these and found that these were positive with people giving positive reviews about the care provided.

Continuous learning and improving care

● At the last inspection, it was identified that further work was required in relation to Dementia Care. In response, the registered manager had developed their own learning as well as that of the staff team to improve the care provided to people with Dementia. As well as improving the environment through a period of redecoration, the registered manager had also sourced additional training in Dementia care and made links with organisations who advise on meaningful activities for people with Dementia. A dementia café had also been put into place for people to visit as they wished within the service. This meant that the provider and registered manager had acted on the previous feedback provided to improve care for people with Dementia.

●The registered manager had implemented systems to recognise the good practice of staff and encourage best practice in future. There was an 'employee of the month' scheme in place where staff could be nominated and win a prize for their work in the previous month.

Working in partnership with others

● The registered manager showed a commitment to working with others to improve the care provided at the service. As one unit was a rehabilitation service, the unit worked closely with the local hospital to ensure people could receive short term rehabilitation away from a hospital setting. The registered manager has also researched and made links with 'Dignity in Care' to implement dignity champions within the service and joined an online community of other professionals to introduce meaningful activities for people with Dementia.