

Nutten Stoven Residential Home

Nutten Stoven Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Nutten Stoven Residential Home is a residential care home providing regulated activity of personal care to up to 30 people. The service provides support to older people some of whom may be living with dementia. At the time of our inspection there were 12 people using the service.

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

Medicines had not been safely managed in the home. The registered manager had implemented an electronic system to manage medicines, however they failed to ensure that it was working correctly leaving people at risk of not receiving their medicines as prescribed.

The registered manager completed disclosure and barring checks on staff to ensure they were safe to work with people living at the home. However, they failed to obtain a full work history or gather up to date references from their last employment in social care. This meant risks were not fully managed.

Systems were in place to monitor the quality and safety of the care provided. While they had driven improvements from the last inspection, they had failed to identify the concerns with medicines and references.

Staff were kind and caring. There were enough staff to meet people's needs and staff received the training and support needed to provide safe care to people. They were confident to raise any concerns about people's safety and their care needs.

Risks to people were identified and care was planned to keep people safe. People were happy with the food offered and were supported to eat safely and maintain a healthy weight. The home was clean and tidy. Staff worked to minimise the risk of infection.

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.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 4 May 2023).

The provider had multiple breaches of regulation at their last inspection and we imposed conditions on their registration to drive improvements in care.

At this inspection we found improvements had been made. However, more work was needed and the

provider remained in breach of two regulations.

This service has been in Special Measures since 27 January 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nutten Stoven Residential Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to medicines, the safe recruitment of staff and the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

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 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. 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 team consisted of 1 inspector.

Service and service type

Nutten Stoven Residential Home 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. Nutten Stoven Residential Home 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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

We spoke with 3 people who lived at the home to gather their views on the care they received. We spoke with the provider, registered manager and 3 care workers. We spent time observing care. We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



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 inspection we rated this key question inadequate. At this inspection the rating has changed 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.

At our last inspection, we found the provider had not ensured there were enough staff to meet people's needs. This was a breach of regulation 18 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staffing and recruitment

- There were enough staff to meet people's needs safely. The registered manager completed a dependency tool based on people's needs to determine the staffing numbers required. Rotas showed there were enough staff on duty to meet people's needs safely.
- People spoke positively of the support they received from staff, saying they were kind and caring and never felt rushed. A person told us, "The staff are alright, they all do their best. I don't have to wait long [for care]."
- The provider and registered manager followed some of the recruitment processes to ensure staff were safe to work with people living at the home. A Disclosure and Barring Service (DBS) check was completed on staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, the registered manager had not always gathered a full work history from people. In addition, they had not always contacted the last health and social care employer for a reference. This meant that the registered manager did not have the latest information to base their recruitment decisions on.

Systems had not been established to get the full work history and up to date references for new staff. This placed people at risk of harm. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, we found people were at risk due to poor risk management, unsafe medicine practices and a lack of effective infection prevention and control. In addition, we found the provider failed to learn lessons when things went wrong. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- The implementation of a new system had affected the safety of medicines management within the service. The registered manager had introduced an electronic system to record the administration of medicines. However, we were not always assured that people had received their medicines safely and as prescribed.
- One person had not had one of their medicines recorded as administered for two weeks. This had not been identified as a concern. In addition, the stock count did not correspond with the count of medicines in stock on the electronic system. While this had been identified, no action had been taken to identify what had caused the discrepancy. This meant an opportunity to identify the issue and resolve it had been missed.
- We raised these concerns regarding medicines administration with the registered manager. They listened to our concerns and took immediate action to return to paper recording of medicines. This enabled them to be sure medicines would be administered safely and easily identify any errors.

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

- Potential risks to people were assessed and kept under review to promote their safety. People's care records provided guidance for staff on how to reduce risks. This included the equipment needed to keep people safe and care needs such as monitoring or regular repositioning.
- Where risks were identified, records showed care staff had supported people in line with their care plans. For example, repositioning charts showed people had been repositioned regularly to reduce the risk of them developing pressure areas.
- Processes were in place for the reporting and following up of accidents or incidents. Incidents were kept under review by the provider and action taken so as similar incidents were not repeated.

Preventing and controlling infection

- 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 assured that the provider was using PPE effectively and safely.
- 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

- People were supported to maintain contact with their family and friends. There were no visiting restrictions and staff welcomed visitors to the service at any time.

At our last inspection the provider had failed to ensure people were protected by an effective safeguarding system. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse, which included safeguarding

referrals being made to the appropriate organisations. The registered manager had worked with the local authority to investigate any allegations of abuse and to keep people safe.

- Staff had received training in the different types of abuse, how to recognise the signs a person may be at risk and what action to take to keep them safe. Staff were confident about raising concerns with the registered manager.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure lawful authority was obtained when people were deprived of their liberty. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

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.

- People living at the home had their ability to make decisions about their living arrangements and had consented to receiving care. Where people were unable to make those decisions, the registered manager had sought legal authority in the form of a DoLS to protect people's rights. No one at the home had any conditions on their DoLS.
- Some people had restrictions placed on them. For example, bed rails so they could not get out of bed independently or covert medicines so they could not decline their medicines. Mental capacity assessments had been completed to verify people lacked capacity to make decisions about the restriction. Best interest decisions had been completed with family and health care professionals to ensure people's freedoms were restricted as little as possible and any restrictions were in the person's best interest.

At our last inspection the provider had failed to ensure people were supported by well trained and competent staff. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started to work at the home. The induction consisted of completing training and shadowing more experienced staff. This ensured staff had the basic skills needed to provide safe care and were aware of people's individual needs.
- The registered manager had systems in place to monitor ongoing staff training and staff were prompted when refresher training was needed.
- Staff had regular supervision meetings with the registered manager to discuss their performance at work. Staff were also able to identify areas where they felt more training would be beneficial and the registered manager arranged them to access this.

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

- People's needs were assessed before they moved into the service. This allowed the registered manager to assess risks to people and whether staff were able to support people in a safe manner or required specific training.
- Systems to assess people's risks were based on best practice guidance. For example, Waterlow assessments were used to see if people were at risk of developing pressure areas.

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

- People were happy with the food offered and were offered a choice of meals. One person told us, "The food is lovely, I have no complaints about the food."
- People's ability to maintain a healthy weight was monitored and where people were consistently losing weight, they were referred to the GP. Where needed, people were supported with prescribed supplements to increase their calorie intake.
- People's ability to eat and drink safely was monitored. Advice from healthcare professionals was sought when required and modified diets such as soft meals and thickened fluids were provided. However, we saw food was pureed altogether into a brown soup instead of being prepared separately so people could choose individual foods to eat or reject. We raised this with the registered manager who told us they would address this with the cook.

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

- People were supported to access healthcare advice and support as needed to maintain their health. Records showed that people had been able to access GP advice and support when needed and had been supported to attend hospital appointments.

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

- People's had been supported to personalise their bedrooms so that they had a pleasant homely environment to spend time in.
- The provider had systems in place to ensure the home was safe for people and a pleasant place to spend time. There were several different communal spaces for people to spend time in. There was access to outside space from several of the communal lounges.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- People told us they were happy with the staff who cared for them. One person told us, "Staff are nice, really helpful. Whatever you ask them to do they help you."
- People were treated with dignity and respect. Staff interacted kindly with people and spent time talking to them about their day.

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

- People were supported to make choices about their care. Staff told us how they supported people to be able to make their own decisions by giving them choices. This helped people living with dementia who may not be able to verbalise their wishes but could make a choice between two options.

Respecting and promoting people's privacy, dignity and independence

- Where people needed specialist equipment to maintain their independence, this was provided. For example, 1 person had a special remote control so they could change their television channel without needing to get the staff.
- Staff had received training in supporting people's privacy and dignity. They explained that they did this by ensuring doors and curtains were closed before giving care, using towels to preserve people's dignity while providing care and encouraging people to do as much as possible for themselves.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At our last inspection there was a lack of needs assessment processes and the provider failed to ensure relevant people were informed or involved in planning people's care. Care was not always appropriate for people's needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- Care plans reflected people's needs and had been reviewed on a regular basis to ensure they took account of any changes people needed in their care. Staff were aware of the information recorded in people's care plans and used it to provide safe care to people. Any changes in people's needs were discussed with staff when they came on shift, so they were aware if anyone's needs had changed.

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.

- The service had assessed people's information and communication needs. Care plans recorded the support people needed to access written or verbal information.

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

- The provider had employed staff to provide activities to people 3 days a week. People were supported to take part in arts and craft sessions as well as having individual sessions with the activities coordinator for conversations or pampering.

End of life care and support

- Some people's wishes for the end of their life had been recorded in their care plans. For example, if people wanted to stay at the home instead of being admitted to hospital. We discussed the people who had not had this information recorded with the registered manager. They confirmed this was an area they were working on and would update people's care plans once they had discussed people's wishes with them.

- The registered manager liaised with healthcare professionals to support people to die with dignity. Where people chose not to be resuscitated at the end of their lives, the paperwork was in place, so everyone knew their wishes. End of life medicines were put in place to ensure people had swift access to medicine which would keep them calm and pain free.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which set out how to complain and the action they would take to investigate the concern and respond to the complainant.
- People told us they were happy to raise concerns. One person said, "I would raise complaints with a carer or the [registered] manager." The registered manager confirmed they had not received any complaints since the previous inspection.



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 inspection we rated this key question inadequate. At this inspection the rating has changed 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.

At our last two inspections, the provider failed to ensure effective quality monitoring systems were in place and risk oversight was poor. The provider failed to promote a positive culture by ensuring documentation was used to inform care practices, and staff were not given opportunity to provide feedback. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- The provider and registered manager had a set of audits in place to monitor and drive improvements in the care provided. They had identified some of the issues we found at the inspection and the registered manager had taken action to improve care. However, the audits lacked detail on the information used to assess the quality of care provided and therefore concerns had not always been identified.
- The registered manager had failed to follow the legal requirements relating to the safe recruitment of staff.
- The registered manager had failed to ensure the electronic medicines system was implemented safely. As a consequence we could not be assured people had received their medicines as prescribed. The registered manager accepted the concerns we had found with the use of their electronic medicines system. They told us they would revert to a paper system until they could be sure the electronic system was safe.

Effective systems had not been fully established to assess, monitor and drive improvements to the care provided. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living at the home and relatives told us that the registered manager and staff were kind and approachable, and the service was well managed. One person told us, "[Registered Manager] is very nice. They are lovely."
- People and their relatives had been asked for their views on the care they received. A survey had been

completed and people also had the opportunity to feedback their views at residents' meetings. The registered manager used this feedback to improve the care provided.

- Staff were positive about the registered manager and felt that they had the skills needed to manage the home. Staff had regular team meetings to be updated on changes to the home. They were able to raise any concerns they had about the care provided.

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; Continuous learning and improving care; Working in partnership with others

- No duty of candour incidents had occurred. However, the registered manager was able to demonstrate their understanding of duty of candour and any action they would need to take after an incident.

- The provider used a company to review and update their policies as legislation and best practice changed. When changes were made to policies these were reviewed by the registered manager and shared with staff as needed.

- The registered manager worked collaboratively with health and social care professionals to ensure that people received care which met their needs.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have effective systems in place to monitor the quality and safety of care provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure appropriate checks had been completed to ensure staff were safe to work with people living at the home.