Hartwood Care (3) Limited

Netley Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

The inspection took place on 2 and 6 June 2017 and was unannounced.

Netley Court is registered with the Care Quality Commission to provide care for up to 65 older people, some of whom may be living with dementia. There were 51 people using the service at the time of our inspection. The home is situated on the Solent and has pleasant views across the estuary. It is close to public amenities and local shops. The accommodation is over three floors with the top floor being a dedicated dementia service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe. Staff knew how to safeguard people from potential abuse and how to raise any concerns appropriately.

People's individual risks were assessed and managed safely. Where risks had been identified these had been minimised to protect people's health and welfare.

Staff were recruited safely and there were enough staff deployed to meet the care and support needs of the people living in the home.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely.

The registered manager and the staff team were knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had access to health professionals to maintain their health and well-being. Where people required assistance with their dietary needs there were systems in place to provide this support safely.

Staff had received an induction into the service. The provider had provided staff with appropriate training and support through regular supervisions and annual appraisals.

People were involved in making decisions about their care and support. Staff listened to people and acted on what they said.

People were looked after by kind and caring staff who knew them well. People were treated with dignity and respect.

Staff told us the registered manager demonstrated strong and supportive leadership. The culture of the service was open, transparent and progressive based on good team work.

Complaints policies and procedures were in place and were available to people and visitors. People told us they were confident that they could raise concerns or complaints and that these would be dealt with appropriately.

The service had a quality assurance system in place that clearly reviewed the quality of the service and drove service improvements.

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.

There were robust systems in place to safeguard people from the risk of abuse and harm. Staff knew how to recognise possible signs of abuse and how to report any concerns.

Individual and environmental risks had been assessed and plans put in place to minimise these.

There were enough staff deployed to meet the needs of the people using the service.

The provider had systems in place to support people with the management of their medicines.

Is the service effective?

Good

The service was effective.

There was a robust induction programme in place for new staff members. Staff had access to training to enable them to fulfil their role and provide effective care.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good

The service was caring.

Staff knew people care needs well, respected their preferences and treated them with dignity and respect.

People's view and opinions were listened to and respected by staff.

Staff promoted and supported people to be as independent as

practicable.

Is the service responsive?

Good

The service was responsive.

People's care and support needs were individualised to meet their needs and were regularly reviewed.

There was a regular programme of activities planned for people using the service.

The provider had processes in place to investigate any concerns and complaints raised and used the findings to improve the quality of the service.

Is the service well-led?

Good

The service was well led.

People were positive about how the service was led.

There were systems in place for monitoring the quality of service provided. These were used to continually drive service improvement.

Staff felt well supported by the registered manger and knew what their roles and responsibilities were.

Netley Court

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 6 June 2017 and was unannounced. On the first day of inspection there was one inspector. On the second day there were two inspectors.

Before the inspection, we reviewed all the information we held about the service including statutory notifications received by the Care Quality Commission. A notification is where the service tells us about important events which have happened at the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to share key information about the service, such as what the service does well and any improvements they plan to make. We used this information to help us plan our inspection.

During the inspection we spoke with 12 people who use the service, three relatives, 10 staff members and the registered manger. We looked at the care records of seven people, eight staff files, training records, complaints and compliments, accidents and incidents recordings, medicines records and quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe living at Netley Court. For example, one person told us, "Yes I feel safe living here, staff are really helpful which reassures me." Another said, "Safer than when I lived at home." A relative told us, "It is a lovely home, staff are always around to help keep [relation] safe. Another said, "It is a weight off our mind, it is a safe environment for [relation] to be in."

The provider had whistleblowing and safeguarding policies and procedures in place to help keep people safe. These were available to all staff to ensure they had access to relevant and up to date information. All staff had received whistleblowing and safeguarding adults training and had a good understanding of the possible signs of abuse and how to report any concerns appropriately. One staff member told us, "Safeguarding is about keeping people safe at all times. If I had a concern I would report it straight away." Another said, "If I witnessed any abuse. I would make sure the person was safe and report it to the manager straight away." Staff knew how to follow the whistle-blowing procedures and were clear they could raise their concerns confidentially with the registered manager. Records showed that when concerns had been raised. The registered manager had notified the local safeguarding authority in line with the provider's policies and procedures and these had been investigated.

There were risk assessments in place relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. These included assessment of people's risk of developing pressure sores, risk of malnutrition and risk of falls. Remedial actions had been taken to manage people's risks. For example, we saw that people at risk of acquiring pressure sores due to immobility had pressure relieving equipment put in place, such as specialist mattresses and seating. Staff had a good understanding of people's risks and how to support them to maintain good health and stay safe. For example, one staff member told us, "It is important to follow the risk assessment and plan to reduce the risks to people and keep them safe."

The safety of the premises was monitored weekly and monthly. Weekly risk assessments had been undertaken for the risk of fire in the building and the water system to ensure the effective control of legionella. Monthly checks were made to ensure the safety of the lift and of gas and electrical appliances. Checks were also made of wheelchairs, call bells and window restrictors to ensure these were safe and in good working order.

The provider had a business continuity plan which set out the arrangements for dealing with foreseeable emergencies such as fire or damage to the home and the steps that would be taken to mitigate the risks to people who use the service.

There was a Personal Emergency Evacuation Plan (PEEP) for each person living in the home. This is a document which assesses and details what assistance each person would need to leave the building in case of an emergency. The PEEPs we saw included detailed information on how to assist the person to leave the building in case of a fire. This meant that staff had clear guidance in how to safely evacuate people from the building.

The registered manager recorded and monitored incidents and accidents. They regularly analysed these and highlighted any trends and recorded actions taken to minimise a recurrence. For example, every fall that occurred in the home had been reviewed using a 'Falls Huddle'. The staff team analysed each fall that had occurred in depth. This included reviewing relevant care plans and risk assessments to see what improvements could be made if any. The registered manager told us this process had been significant in managing and reducing the risk of falls for people living in the home.

The provider had a robust recruitment procedure in place. Records showed that appropriate checks had been carried out. This included completing Disclosure and Barring Service (DBS) checks. The DBS holds information about individuals who have been placed on a barring list that might exclude them from working in care services. References had been obtained and applications forms completed, a detailed employment history and proof of identity was also recorded. These checks enabled the provider to make safer recruitment decisions. Staff confirmed that they had not commenced work until these checks had been completed.

There were sufficient staff deployed to support and meet the needs of the people living in the home. Staff worked in teams and were allocated to work on one of the three floors in the home. Staff were deployed depending on the needs of the people on each floor. For example, the top floor was specifically for people living with dementia and had higher staffing numbers, as people required more assistance from staff to meet their needs and keep them safe. One person told us, "I don't have to wait long for assistance. If I ask; staff help me straight away." A relative said, "Whenever we visit there always seems to be enough staff and they are very quick to respond." A staff member told us, "Each day is different and we are busy. But there is enough staff on to give good safe care."

There was a clear policy and procedure in place for the safe management of medicines. We found the policy covered all aspects of ordering, storing, administering and disposing of medicines safely. Records showed that competency assessments had been carried out on all staff who handled medicines to ensure they did so safely. Staff confirmed that they were regularly assessed on their medicines competency.

People had individual medicines profiles that contained information about their medicine administration record (MARS), any medicines to which they were allergic and personalised guidelines about how they received their medicines. Some people required their medicines to be administered on an 'as required' basis. There were protocols for the administration of these medicines to make sure they were administered safely and consistently. The MARS were regularly audited and checked to ensure medicines were given and recorded accurately. Any errors were fully investigated and steps taken to reduce the risk of a reoccurrence. Controlled drugs (CD's) are drugs that are liable to misuse. We saw that CD's were appropriately stored and signed for when they were administered. However on the first day of inspection we found a recording error with one of the CD's. A CD had been signed for but not administered. The provider took immediate action to investigate the incident. The staff involved were temporarily stopped from administration of medicines until their competency was reassessed. CD's were audited daily by the staff and monthly by the manager.

There was a record of daily checks of the temperature of the medicines room and the refrigerator where medicines were stored both sets of temperatures were within safe limits.

The provider had a programme to maintain the environment of the home and its décor. The provider had infection control processes in place to maintain the cleanliness of the property and to reduce the risk of infection.

Good

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge to meet their needs effectively. One person told us, "Yes the staff seem well trained. I am happy with my care." Another said, "Staff know how to support me. They are good at what they do." A relative told us, "Staff know the care [relative] needs and are capable of providing it."

New staff completed an induction when they started work. This included staff training in accordance with the requirements of the Care Certificate. The Care Certificate is nationally recognised training, which sets out the minimum standard of training that care staff must receive before they begin working with people unsupervised. Staff told us they shadowed a more experienced member of staff as part of their induction. This ensured they had the basic knowledge needed to begin work effectively. We spoke with members of staff who were able to describe their role and responsibilities clearly.

Staff were offered a range of training and professional opportunities to develop their skills and abilities. For example, staff attended mandatory training such as health and safety, infection control, safeguarding adults, Mental Capacity Act 2005 and equality and diversity. Staff also received training specific to individual needs, such as dementia training and end of life care as well as nationally recognised vocational courses in care. One staff member told us, "I get very good training and it really boosts your confidence and ability to provide good care."

Staff told us they felt well supported by the management team. Staff received regular supervision and an annual appraisal. All staff told us that they were a positive experience and they welcomed feedback on their performance. We saw that detailed notes of supervisions had been recorded and covered areas such as current performance against philosophy of care. Annual appraisals were recorded and staff told us they contributed to their appraisals before they met with the manager. One staff member told us, "An appraisal is an opportunity to discuss what I do well, what training I might need."

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw staff had received training in MCA 2005 and DoLS. Staff were aware of how capacity was assessed and recorded in care plans and told us they provided care in the least restrictive manner. One member of staff told us, "You assume everyone has capacity to make their own decisions, I would help them make the best decision possible and ensure it was the least restrictive." Another said, "You talk to the person, ask them what they need, if they decline, that's ok, I walk away but will go back and try and again later."

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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the registered manager understood when

to apply for a DoLS and had made appropriate DoLS applications or had authorisations in place for people who had been assessed as lacking the capacity to consent to their care.

People were provided with a well-balanced and nutritious diet. Each day there were two, three course meals and in addition, hot and cold drinks were provided throughout the day and bowls of fruit were available. We observed a lunchtime meal. The dining room had tables laid with cloths, serviettes, menus, condiments and flowers. We saw people were supported where needed and staff took their time in offering support while encouraging the person to be as independent as possible. One person told us, "The food is very good, tasty and they offer me a choice at every meal." Another said, "Yes I like the food they always have something I like."

The chef was kept informed of people's dietary needs. The chef was aware that one person had been assessed by a speech and language therapist and placed on puree diet. We observed at the meal time the food had been pureed separately and presented in separate bowls. When we asked the chef about this they said, "It is important because you eat with your eyes." People who were at risk of losing weight had fortified diets. Some of their dishes were fortified with butter or cream. Care staff knew what action to take when a person was at risk of weight loss. One member of care staff said, "We record and monitor their intake of food, fluid and check their weight and notify the GP if we become concerned."

People were supported with their healthcare needs and regular health checks were carried out. The home had a service level agreement in place with a local GP surgery. This meant that a GP from the surgery visited weekly and reviewed people where staff had concerns. The GP Surgery worked with the home in producing care plans to prevent unnecessary admissions to hospital. The GP Surgery had also delivered training to Senior Care Assistants. Furthermore staff told us they would contact the GP surgery at other times if they had urgent concerns about peoples' health. One person told us, "I see the GP when I need to." Information was available on people's physical health and medical histories. We spoke with a visiting healthcare professional who told us, "The level of care and alertness in picking up residents needs is very high, they are very caring and pick up what is going on very quickly, they are very co-operative when you visit, act as a mediator. They communicate in advance the needs of the patient, they know their patients very well, whatever, we request, they implement."

Good

Is the service caring?

Our findings

People told us that they were looked after by caring and compassionate staff. One person told us, "Yes they are all kind and caring, they are all angels." A relative told us, "The staff are great they have [relatives] piano here now. It has been tuned and it's lovely hearing [relative] play." Another said, "I am very happy [person's name] is cared for by wonderful staff."

We observed staff's interactions with people and saw that people and staff had a good rapport with each other. Staff approached people in a friendly and caring way. Staff took time to speak to people and check they were ok and see if they needed anything brought to them. One staff member told us that the best part of the role was, "Talking to the residents, you can have a joke and a chat as well as caring for them." Another told us, "I love my job; it doesn't feel like work."

Staff took time to support people and understand how dementia and other health conditions affected people individually. We saw staff quickly respond when a person became anxious or distressed. For example, one person became a little anxious at lunchtime and left the table. Staff knew the person well and did not react quickly, but slowly encouraged the person back to the table to finish their lunch.

Staff understood how to support people with dignity. We saw staff knocked on people's bedroom doors before entering. Staff were able to describe the steps they took to ensure people's dignity and privacy was protected when assisting people with personal care. For example, one staff member told us, "I make sure doors are closed so that you do not leave them exposed, I would cover their shoulders, help them to not feel so naked."

Care records we looked at described people in a positive way and included information on how to promote peoples independence, including things the person liked to do for themselves. During the inspection we saw staff promoted people's independence where possible. For example, one staff member described how the staff team had helped one person regain their confidence mobilising following a fall and fracturing their wrist. They explained, "We started with a gutter frame, kept persevering, [person's name] had no belief. You can see the difference it has made. They are far more confident and independent mobilising."

People said they could express their views and were involved in making decisions about their care. They told us they had been involved in developing their care plans. Relatives told us, where appropriate, they were kept informed and involved in their family members care and care planning. One relative explained how they had been involved in discussions about their family member's end of life care plans. They said they felt their opinions and thoughts about their relative's end of life care had been listened to and respected.

The provider placed no restrictions on when people could visit or for how long. People and their relatives told us the home welcomed visitors at any time of the day. One relative told us, "I have been made welcome whenever I visit, offered refreshments when I arrive. I have never had an issue."

Good

Is the service responsive?

Our findings

People's needs were assessed before they were admitted to the home to ensure their care needs could be met appropriately by the provider. Their care and support was planned in partnership with them, their families and any health or social care professionals involved in their care.

The provider used an electronic care planning system. This system supported staff in knowing when people needed staff support to meet their individual care needs. For example, If a person needed regular turning to reduce the risk of pressure sores occurring, or needed regular support to drink fluids to maintain their hydration adequately, the system alerted staff that this needed to be done. This helped ensure staff met people's needs in a timely manner. Care plans detailed the care and support people required and how they would prefer to receive this. Each care plan included a person's life history with input from relatives. Care plans were individualised and reflected the findings of the assessment carried out. The staff told us they had access to the care records on their mobile devices and that they were easy to follow. We saw that care plans and risk assessments were reviewed monthly by the management team. The provider also had a review system called 'resident of the day'. On that day all of a specific person's care plans and records would be reviewed and audited to ensure they were up to date and accurate. We saw that these had been reviewed in conjunction with the person and where appropriate their relatives. One person told us, "They do discuss my care with me and if I would like anything changed." A relative said, "Yes we all feel involved. We have our say and feel listened too."

There were systems in place for staff to share information and updates about people's risks and needs. This included set times during the day where staff could handover any current information related to people's care needs to the next group of staff starting work. For example, formal shift handovers take place daily at 08.00 and 20.00 so that staff members are fully informed on people's needs. Also the registered manager had a daily 10 at 10 meeting where senior members of staff came together to discuss any issues or changes that had happened in the last 24 hours that needed to be conveyed to staff.

The registered manager held quarterly meetings with people who used the service and their relatives. We saw minutes from recent meetings where people and their relatives had discussed how they felt living at Netley Court. We also saw that suggestions of how the service provided could be improved had been acted upon. For example, due to feedback received meal choices had been reviewed and changes implemented to the menus.

The home employed three full time activity co-ordinators who worked together to plan and support activities across the day. There was a varied programme of activities offered to people at the home. The activities programme is circulated to each resident and emailed to relatives. It was also displayed in various places throughout the home, including the reception and communal areas. Activities included craft, poetry and happy hour which was held between four and five each afternoon in the onsite bar. The home provided a free bar where people could go and enjoy a drink socialise and participate in board games or sit and do the crossword. The service also held themed events chosen by people using the service. For example, one recent event had a cruise ship theme. People choose a special menu, dressed up and the local major

attended. Staff reported the event was enjoyed by all the residents. People told us they mostly enjoyed the activities. For example, one person told us, "I do enjoy the activities and staff support if I need help with anything." However one person told us, "You don't get bingo now, it's poetry instead. I would rather bingo, I used to play dominoes also." Staff told us they always tried to respond to people's wishes. For example, one person who had previously really enjoyed swimming, wanted to try swimming again. Staff arranged and supported the person to go swimming at the local pool. Another person had expressed a wish to go to the local theatre as they used to really enjoy this. At the time of the inspection staff were arranging for this take place.

The provider had a complaints procedure that was available to people who used the service and was also displayed in the reception area of the home. The registered manager told us, and we saw, that any complaint or concerns received had been thoroughly investigated. Records showed that where appropriate information had been shared with staff and any learning had been implemented and disseminated to staff. People and relatives knew how to complain should they need to. One person told us, "If I was really unhappy, I would talk to the staff straight away or the manager. They are all very good at sorting things out." A relative told us, "I cannot imagine I would need to complain but I would speak to the registered manger straight away. I am confident it would be dealt with immediately."

Good

Is the service well-led?

Our findings

People told us they felt the service was well led. For example, One person told us, "The staff and management team are very good, the manager is always coming round and checking if everything is ok." Another said, "It is well run, the atmosphere is very good, staff are helpful and help you all they can." A relative told us, "The service is well led, it is clear that the care of the people living here is central to everything. The registered manger and management team are always available, approachable and listen to you."

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home and was supported by two deputy managers and senior staff. The registered manager told us they believed in an open and positive culture and made themselves readily available to staff. One staff member told us, "The manager is a strong leader, always been nice, firm but fair, passionate about what they do. Another said, "The manager is a really good leader. Very supportive and approachable."

Regular staff meetings were held. Staff told us they found the staff meetings useful. For example, one staff member told us, "We recently had a sudden death and the staff meeting gave us an opportunity to talk about how we all felt. It was really supportive." Another said, "The staff meetings give us the chance to raise any concerns we might have, disseminate information and share good practice."

There were systems in place to regularly monitor the quality and safety of the service being provided. Checks were being carried out on a daily, weekly and monthly basis. These included checks on people's medicines records, their care plans, accidents and incidents that had occurred and health and safety within the home. The registered manager completed a separate care plan and risk assessment matrix. This enabled them to review that people's risk management and care plans had been updated and met people's individual care needs to an effective level. For example, a recent analysis had picked up that there had been an increase in falls in the evening. In response to this the registered manager reviewed staffing deployment and an additional carer was added to the evening rota.

The service had a good community presence and held regular events that they invited local people to. For example, they held a monthly luncheon club for men from the local community to come and have lunch. A monthly tiffin club for local ladies to come and have afternoon tea was also held. The home was used as a base for the local dementia action and British Legion groups who both held regular meetings at the home. People have been involved in making the poppy boxes for the British Legion which they have valued. The registered manger had involved the local primary school children in designing a stained glass window that was fitted within the home when it was built.

The registered manager spoke positively about their improvement plans for the future, which included new signage to make the home more dementia friendly. They also planned to Implement an new initiative, 'Make My Wish Come True'. They explained that people would be asked to express a wish, three would be chosen and then they would be supported to make this wish come true. The registered manager was also

looking at forming a residents committee. They also had plans for further staff training including 'The six steps programme of palliative care' as they recognised it would enhance the staffs ability in supporting people with end of life care.

The registered manager had a good knowledge of their legal responsibilities to notify CQC and other appropriate agencies of incidents and accidents appropriately.