

The Fountain care Management Ltd

Nettleton Manor Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Nettleton Manor Nursing Home is a residential care home providing personal and nursing care to 31 people and is registered to provide care for younger and older adults at the time of the inspection. The care home can accommodate 43 people in one adapted and extended building.

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

The risks to people's care were not always assessed and measures in place to mitigate these risks. Staff did not always follow national guidance around donning and doffing personal protective equipment or undertake best practice to reduce the risk of infection to people living at the service. People's medicines were not always managed safely and of the quality monitoring processes had not identified some of the concerns we found.

People were supported with adequate numbers of staff who had received training for their roles. Staff were recruited safely. There was an ongoing refurbishment of the service which had a positive impact on the environment. The service was clean and there were effective cleaning schedules in place being followed by the housekeeping staff.

The registered manager responded to and undertook learning from any safeguarding concerns raised to 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 this service was Requires Improvement report published 21 November 2019 the provider was in breach of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations. This service had been rated requires improvement for the last three consecutive inspections.

Why we inspected

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 coronavirus and other infection outbreaks effectively.

We undertook this focused inspection to follow up on concerns we had received and to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained

requires improvement. This is based on the findings at this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continued breach in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, good governance. There was also a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, safe care and treatment.

We have taken enforcement action against the provider. Further information on the action we have taken is provided at the end of this report.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The provider has taken positive steps to mitigate the risks to people's safety when we highlighted concerns to them.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Nettleton Manor Nursing 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 Care Act 2014.

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 two inspectors and an assistant inspector.

Service and service type

Nettleton Manor Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the 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

We visited the service twice. One the first day we gave the provider one hour's notice of the inspection. This was due to the COVID-19 pandemic to ensure we had prior information to promote safety. The visit was unannounced on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority team who work with the service. The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke briefly with three people, a member of care staff, a housekeeper and registered manager. Following our first day visit we spoke by telephone with the relatives of four people who used the service about their experience of the care provided. We spoke with nine members of staff including the nominated individual, the registered manager, deputy manager, registered nurses, senior care worker and care workers. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management

- Risks to people had not always been identified and care was not always planned to keep them safe.
- One person had a specific infection; however a risk assessment and care plan had not been put in place to ensure they were cared for safely.
- Another person self-administered a medicine and this was kept in their room. However, risk assessments had not been completed to ensure the medicine was managed safely.

Staffing and recruitment

- People were not always supported by staff with up to date training to support them in their roles, to keep them safe.
- Care staff and registered nurses had not always received regular update training to support their knowledge and skills for their roles. The registered nurses had not received any specific updates in areas such as sepsis. The registered manager told us they had struggled to provide face to face training for the nurses in specific areas due to Covid 19. After our visit she had requested support from, and was working with, local authority teams to provide staff with specific training.
- The provider used a dependency tool to support them calculate the number of staff required to support people safely. The rosters we viewed showed the majority of time the provider was meeting their established numbers of staff. However, two people required one to one care and the roster or allocation sheet did not show how this care was being met.

Using medicines safely

- Records did not always support the safe administration of medicines. Medicine records did not accurately record how medicines should be administered. One person required their medicines via a feeding tube, apart from one medicine which they took orally. The medicine administration records did not reflect this.
- Guidance for 'as required' medicines (PRN) were not consistently in place, and some medicines which were recorded as regular medicines were being given on an as required basis. Staff did not follow safe practice or the provider's policies and training when recording medicines.

Preventing and controlling infection

- People were not always protected from the risks of infection as staff did not always follow national guidance in relation to wearing and removing PPE.
- Throughout the first day of the inspection we observed staff not wearing masks correctly i.e. covering their mouth and nose. We also observed staff pulling masks down below their nose and mouth during their break

and reusing them after their break. This is contrary to national guidance and best practice to limit the spread of infection.

- Not all staff were wearing the recommended type of PPE. For example, two members of staff were not wearing surgical masks as recommended by national guidelines. We spoke with the registered manager who told us they were allergic to these and therefore were using masks with filters in. The provider did not have guidelines in place to ensure these were used correctly.
- We observed a member of staff taking people's temperatures and moving from bedroom to bedroom in order to do this. They did not wash their hands in between people and bedrooms, this meant that there was a risk of cross infection.

The above concerns put people at risk of receiving unsafe care and are a Breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the first day of our visit the provider was requested to send us evidence to assure us they had addressed the concerns we had around preventing infections. Following this we revisited the service and found the registered manager had worked to address our concerns.
- There were safe recruitment processes in place to ensure people were supported by suitable staff. Checks such as references from previous employers and checks through the disclosure and barring service (DBS) were made. This check is made to ensure potential staff do not have any criminal convictions that may affect their suitability to work with vulnerable people.

When we previously visited the service the provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The home was not consistently clean and people were at risk of harm as storage areas that contained chemicals had been left open and people could access these harmful chemicals.

- At this inspection we found significant improvements had been made to the environment. The service was clean and there were clear cleaning schedules in place to ensure effective cleaning.
- The provider was working on a comprehensive improvement plan for the service and a number of areas including the kitchen, communal areas and bedrooms were being re-furbished during the inspection and there was an ongoing plan to complete this work.
- The provider had been working with the local fire safety team to ensure the building and staffing levels supported a safe environment and evacuation process for the people at the service. During our inspection we saw people had personal emergency evacuation profiles in place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Where the registered manager had been made aware of any safeguarding concerns, she had worked with the local authority safeguarding team to investigate and learn from events. Using supervisions, handovers and external training providers to support ongoing learning.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

When we last visited the service the provider was in breach of Regulation 17 of the Health and Social Care Act 2008, Good Governance. Quality checks had failed to identify some of the issues we found on inspection and the provider had failed to ensure best practice guidance in relation to infection control and health and safety was followed.

- At this visit there had not been sufficient improvements and the provider was still in breach of this regulation. Quality audits had failed to pick up some of the issues we found during our visit.
- Information in care plans conflicted with what we found on the day of inspection. One person's care plan recorded they utilised a sensor mat, however when we checked the bedroom this was not available. When we spoke with the registered manager, they told us staff now used a room sensor to support the person. The care plan had not been updated to reflect this.
- As reported in the safe section of this report the audits had failed to identify the concerns we found around administration of medicines.
- Where people were unable to consent, capacity assessments were not consistently in place. For example, where a person had restrictive equipment in place such as bed rails, best interests' assessments had not been completed.
- Another person utilised bed rails however the sleeping and safety care plan had not been updated to reflect this.

This is a continued breach of Regulation 17 of the Health and Social Care act 2008.

- Some quality monitoring processes in place were seen to be effective. Such as the environmental audits which identified and addressed areas for improvement.
- Monitoring and analysis of people's weights and falls were undertaken each month, and actions staff needed to take to support people were communicated to them. We saw the quality monitoring manager sent a monthly email to senior staff outlining what actions were needed to support individuals if there had been an increase in falls or fluctuations in their weights.

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, relatives and staff told us they could talk to the registered manager and they were encouraged to give feedback on the service. Relatives we spoke with felt the communication between themselves and the staff team was good.
- Relatives told us they were aware of the changes to visiting their family member and staff worked with them to ensure they could safely visit their relation.
- Staff attended daily meetings to discuss any updates on people's needs. They were informed of any changes or updates to practice via staff meetings and regular supervisions.
- Staff told us they felt supported by the registered manager and provider. One staff member said, "The owner is really good, they look after the staff. Their top priority is residents and staff."

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 her responsibilities to inform us of significant events at the service as they are required by law to report to us. We receive regular communication and notifications from the registered manager on events at the service.
- We saw that complaints had been responded to in line with the provider's policies and procedures.

Working in partnership with others

- We saw evidence of referrals being made to external agencies including doctors, dietitian and the falls team.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Risks to people had not been effectively assessed and recorded, staff practice in relation to personal protective equipment increased the risk of spreading infection.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	There was a lack of oversight in monitoring of staff practice in relation to prevention and control of infection. Staff were not following both national guidance or the provider's own policies in some areas of care. Quality monitoring processes had not highlighted shortfalls we found in both care plans and medicine records and the conflicting or missing information in people's care records put them at risk of receiving unsafe care.
Treatment of disease, disorder or injury	

The enforcement action we took:

We issued a warning notice to the provider.