

Hometrust Care Limited

Nether Place Nursing Home

Inspection report

Chestnut Hill

Keswick

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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



Overall summary

This unannounced inspection took place on the 6th February 2015. We last inspected Nether Place Nursing Home (Nether Place) in October 2013. At that inspection we found the service was meeting all the regulations that we assessed.

Nether Place is a period property that retains many of its original features alongside a newer extension. It is situated in a residential area on the outskirts of Keswick. Accommodation is on two floors and there is a small six bedded unit for supporting people who live with dementia

The service is run by a registered manager. 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 who used the service felt safe. The staff had been trained in safeguarding vulnerable adults and were able to demonstrate their knowledge of this subject.

Summary of findings

At the time of our inspection there were sufficient staff to provide support to people in a timely manner. Pre-employment checks had been carried out on all staff.

Medicines were managed appropriately and safely.

Staff had been adequately trained in supporting older people.

People's right to consent to care and treatment was respected. Where people did not have the capacity to make some or all of their own decisions arrangements were in place to act appropriately and lawfully in their best interest.

People told us that food was good in the home. The staff, including the chef, were aware of people's nutritional needs as identified in assessments that had been carried out by the service.

The building was undergoing extensive refurbishment at the time of our visit. We saw plans were in place to create more communal spaces, develop a 'tea room' and increase the size of the dementia unit.

People were cared for by staff that knew them well and treated them in a warm and friendly manner. People's privacy and dignity was upheld.

Care plans were based on comprehensive assessments and were regularly reviewed to ensure that they were fit for the purpose of meeting people's needs.

People who used the service and their relatives could raise concerns or complaints in a variety of ways. This included speaking informally with the manager or submitting a written complaint.

The manager ensured Nether Place was delivering quality care by regularly auditing and checking different aspects of the service. The manager regularly spent time with people who used the service and frequently worked alongside staff. She had a clear vision of what the service would look like in the future.

Summary of findings

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 safe.

There were enough staff to meet people's needs.

Staff were aware of what constituted abuse and how to report it.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff were trained appropriately and pre-employment checks had been carried out that ensured they were fit to work with vulnerable people.

People's nutritional needs had been assessed and staff ensured that these needs were met.

Good



Is the service caring?

The service was caring.

People who used the service were supported by staff who had taken the time to get to know them.

People and their relatives were complimentary about staff attitudes.

Good



Is the service responsive?

The service was responsive.

Care plans were based on comprehensive assessments that took people's likes and dislikes into account.

People were able to speak with the manager if they had any concerns. In addition there was a complaints policy in place that was robust and fit for purpose.

Good



Is the service well-led?

The service was well led.

The manager carried out regular audits to check that the service was delivering quality care. The outcomes of the checks were scrutinised by the provider.

The manager had a clear idea of how she wanted the service to operate in the future.

Good



Nether Place Nursing Home

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 checked 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.

The inspection was carried out by one adult social care inspector and took place on the 6th of February 2015

Prior to the inspection we spoke with representatives of the local authority and reviewed information we held on this service. We also reviewed the information we held about

the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We spoke with five people who used the service and reviewed four written records of care. We spoke with three relatives. In addition to this we spoke with three care staff, a chef, a domestic assistant, an administrator and the manager.

We looked at other records relating to the service such as policies, risk assessments and records relating to medicines.

We looked around all the communal areas of the home and with permission some bedrooms.

Is the service safe?

Our findings

We spoke with people who used the service. They told us that they felt safe at Nether Place. One person commented, “Of course I do!”

We spoke with staff who told us that they knew how to keep vulnerable adults safe from harm. Staff were able to explain and differentiate between different types of abuse. All the staff we spoke with were aware of who to speak with if they had any concerns. We noted that there was a whistleblowing policy in place which outlined how staff should raise concerns if they had issues with the practice of a colleague.

We looked at the training records for staff at the home and found that they had completed appropriate safeguarding of vulnerable adults training. We checked records that we held on the service and saw that the manager reported safeguarding issues to both the CQC and the local safeguarding authority. This meant that the staff and the manager knew what constituted abuse and how to report it if it occurred.

We found evidence to support that the service carried out appropriate recruitment procedures. This included checking people’s employment history and establishing, through criminal record checks, if they were safe to work with vulnerable people.

We looked at four people’s written records of care. We saw that the service had carried out a variety of risk

assessments to ensure that hazards to people’s safety and wellbeing were correctly identified. Care plans had then been devised to minimise or eliminate risks. For example if people were unsteady on their feet the use of standing and walking aids were recommended.

We saw that the manager had also carried out risk assessments for the environment. During our inspection we saw that significant refurbishment and building works were being undertaken. The manager and the building contractors had agreed strategies to minimise the risks of people who used the service injuring themselves. For example contractors ensured that equipment was always stored safely and securely in a designated area.

We spoke with relatives and asked if there were sufficient staff available to meet people’s needs. They confirmed that there was, one relative said, “I’m not worried, he wants for nothing.” Staff we spoke with told us, “We have enough staff.” On the day of our inspection we observed staff supporting people in an unhurried but timely manner. We found evidence within the duty rota that confirmed shifts were covered appropriately. There were arrangements in place to cover short term sickness and absence.

We looked at the way the service managed medicines. We saw that medicines were stored securely and appropriate arrangements were in place for both the ordering of and disposal of medicines. We saw that medicines were administered by staff who had been trained how to do so. We carried out a spot check on the medicines administration records and found that they were accurate.

Is the service effective?

Our findings

People who used the service told us they thought staff knew how to support them appropriately and always asked their permission before they did anything. We spoke with relatives who told us, "I can never fault the staff, they're brilliant." When we asked about the quality of the food at Nether Place one person told us, "The food is lovely."

Staff told us that they felt they were adequately trained, they told us, "We get the right training." Staff we spoke with were able to demonstrate their knowledge about the people who used the service and the care of older people in general. We looked at staff records that related to training. We saw that staff had received training in a variety of areas including the safe moving and handling of people, infection control and how to care for people with diabetes. In addition to this we learned staff were studying health and social care at national vocational qualification levels two and three.

We observed staff ensuring that people's consent was always sought prior to any care or support being given. When we asked one person who used the service about this they laughed and said, "I'm the boss!"

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The registered manager told us that a small number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place, but that nobody had yet been assessed as being deprived of their liberty.

Where people did not have the capacity to make some of their own decisions we saw that the home acted in accordance with the Mental Capacity Act 2005 to ensure that decisions were made in people's best interests.

We looked at how people's nutritional needs were met in the home. We found evidence that all the people who used the service had a nutritional assessment. The assessment identified their nutritional needs and was used to inform a nutritional care plan. For example if someone was underweight the care plan recommended high calorie foods and regular checks on weight to monitor progress. We spoke with staff including the cook. Staff knew who required what intervention to meet their nutritional needs. The cook was able to explain what diets were available who needed support to manage their weight and those with special dietary needs such as people with diabetes.

We found evidence that the service contacted other providers of health and social care to ensure that people's identified needs were met. For example dieticians, speech and language therapists and GP's. People who used the service told us that staff would contact other professionals when they required it.

The building was undergoing extensive refurbishment. There were plans in place to build a balcony across the full length of the rear of the building. This would create safe outdoor space that could be freely accessed by people who used the service. In addition the manager and her staff had created a traditional 'tea room' within the home. The tea room provided another area for people to sit with their relatives or by themselves if they chose to do so. The manager told us this initiative had proved so successful that the provider planned to develop it further by moving it into a larger space within the home.

We had noted on previous inspections that the unit that supported people who lived with dementia was small and lacked space. The manager told us that plans were in place to make the area larger and improve accessibility. In advance of our inspection the provider had sent us a schedule of works for all of their homes which confirmed this.

Is the service caring?

Our findings

We asked people if they felt cared for and supported by the staff at Nether Place. People told us that they were satisfied with the service they received. One person said, “Yes, I’m being looked after.” Another added, “Yes it’s lovely.”

We spoke with relatives about the care at Nether Place. They were extremely complimentary of the service, its staff and the manager. They told us’ “I can never fault them, they’re brilliant, they deserve a big gold medal. Staff are 1000 percent above and beyond, they come to people’s birthday parties on their days off.”

We observed that staff had developed positive and caring relationships with people who used the service. The service had systems in place to gather information about people’s past history as well as their current likes and dislikes. This assisted staff to get to know people on a personal level.

We asked people if they were supported to express their views. People told us that they were involved in their care as well as other aspects of the service. For example we were told that people and their relatives had been consulted with about the recent redesign and redevelopment of the home. Relatives we spoke with told us, “They involve the families every which way.”

The manager told us that she regularly spoke with all the people who used the service and used this as an opportunity to ensure that people, where possible, were actively involved in making decisions about their care. People who used the service confirmed this.

We found evidence that suggested that people made decisions based on information and explanations given to them by staff and other health and social care professionals.

All of the staff we spoke with were aware of people’s need for privacy and dignity. We observed staff supporting people in a professional but friendly manner and saw that they upheld people’s privacy and dignity. For example staff always knocked before they entered a person’s bedroom.

People’s confidential written records of care were stored securely and arrangements were in place for the archiving and disposal of records that were no longer required.

We found that the home had arrangements in place to provide end of life care. The manager told us that they were satisfied with this aspect of the service but wished to develop it further. They told us that they were investing in relevant up to date training to ensure that people who used the service and their families received appropriate support.

Is the service responsive?

Our findings

We spoke with people and their relatives. They told us the service was responsive to their needs.

We looked at people's written records of care. We saw that each person who used the service had a comprehensive assessment of their needs. The staff had used a variety of tools to assess people's needs. For example each person had a waterlow assessment which is designed to identify if people are at risk of developing pressure ulcers, commonly known as bed sores.

Staff had used their assessments to write care plans for each person. We saw that one person often exhibited behaviour that could challenge the service or others when they were distressed. Their care plan had a list of interventions that could be used to support the person to become calm or less agitated. The interventions included distracting the person or the use of medication.

Assessments and care plans were regularly reviewed. In some cases if someone's needs had changed other health and social care professionals were involved in these reviews. This meant that people's care developed and changed in order to meet people's ongoing needs.

We looked at how people spent their day. We noted that there was no dedicated activity co-ordinator. However the

manager told us it was the responsibility of all staff to ensure that people who used the service took part in meaningful activities centred to their needs. We saw evidence of organised events such as birthday parties as well as ad hoc activities taking place. People were able to make their way round the home freely and there was access to outside areas, weather permitting.

We asked the manager how she routinely listened to and learned from people's experiences, concerns and complaints. She told us that she engaged with people who used the service and their relatives on a regular informal basis.

We also found evidence of more formal meetings that had been organised, though the manager admitted that these were not always well attended. However meeting minutes reflected that the manager had discussed on going developments at the home and had actively sought people's feedback.

There was a formal complaints policy in place that outlined how people could make a complaint. The policy included timescales as to how quickly a complaint should be dealt with. There was also guidance as to what to do if complainants were not satisfied with the response they received.

Is the service well-led?

Our findings

We spoke with people and their relatives about the management and leadership in the home. They told us that they were satisfied with the way the service operated, one relative explained that the manager had attended a birthday party the previous day and said, “The manager gets involved.”

During our inspection it was clear that the manager was very knowledgeable about the day to day operation of the service. The manager also had clear expectations about what the service would look like in the future and had been involved with the refurbishment and building plans.

The manager was keen to develop new areas of practice. For example improving the activities provided by the home, purchasing a new system for training and creating a more dementia friendly environment.

We found evidence that the staff, people who used the service and their relatives were involved with developing the service further. We also saw that the provider was in regular contact with the manager to ensure she had adequate support to facilitate changes within the service.

We looked at how the provider and the manager monitored the quality of the service provided at Nether Place. We saw that the manager carried out regular audits and checks. These included medicines audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care. The service also carried out regular customer satisfaction surveys which included questions about the standard of care. We noted that the manager devised action plans based on the feedback from the surveys.

The outcomes of the audits were scrutinised by the provider who also carried out spot checks of the home.

The service worked in partnership with the local clinical commissioning group (CCG). The CCG is responsible for commissioning health services in Cumbria and commissioned nursing services from Nether Place. As part of this contract the service was expected to complete a series of checks and meet expected targets. The checks and targets are called the safety thermometer. The safety thermometer ensures that care practices, such as those related to pressure care, are up to date and meet the needs of the people who use the service.