Future Care Limited

# Nashley House Retirement Home

## Inspection report

Nashley House Retirement Home
27 Montpelier
Weston Super Mare
Somerset
BS23 2RN

Website: www.nashleyhouse.com

Date of inspection visit:
10 November 2016
11 November 2016

Date of publication:
21 December 2016

## 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 unannounced inspection took place on 10 and 11 November 2016. A previous inspection, on 22 May 2014 found that the standards we looked at were met.

Nashley House Retirement Home provides accommodation and personal care for up to 52 older people.

There was 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 were treated with kindness and respect by staff that had made caring relationships with them. People's views and opinions were sought toward improving the service and making their lives better. Privacy and dignity were upheld.

There was a strong emphasis on risk management and there was a low incidence of accidents as a consequence. The premises and equipment was maintained in a safe state.

Robust recruitment practice protected people from staff who might be unsafe or unsuitable to work with older people. People were protected from abuse because the staff had a good understanding of how to respond if they had any concerns and the registered manager met their responsibilities.

There were sufficient staff to meet the needs of the people using the service and some flexibility should those needs change.

Medicines were handled for people by staff that were trained and supervised to do this safely. There were measures in place to maintain those safe standards.

Staff were very happy with the level of training they received, which they said had improved. Staff received supervision of their work, a yearly appraisal and felt able to take any questions to senior staff or the management.

Staff responded quickly to any change in people's health and involved external health care professionals where advice or treatment was required. The standard of care provided was very high. One person said, "I feel confident in the care I receive from the staff and the staff are very supportive and they take care of me".

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions, and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. The service was upholding

people's legal rights.

People's needs and wishes were assessed and each person had a detailed plan to inform staff how the care they required was to be delivered. People were involved in regular reviews of their care plan.

There was a broad programme of activities available for people but some people said these did not suit their interests. Activities included arts and crafts, a pantomime, quizzes and visits to local attractions. People who preferred to stay in their room were provided with one to one attention. One person said they go to the lounge where there is "company if you need it". One male resident said they wanted more activities of interest to men. There were examples of where personal interests had been supported, including visits to a 'do-it-yourself' store.

People's dietary needs were met, there were several choices of meal, but there were some negative comments about the food provided. The registered manager had regularly consulted people about the menu and the activities on offer.

People and their family members felt confident that they could take any concern or complaint to the registered manager and it would be dealt with appropriately. The registered manager said, "A complaint is an opportunity for us to learn."

The registered manager had been in post for one year. They said the culture of the home since their arrival was "moving forwards". In that time they had formed a strong, happy team of staff who felt the home was well-led. Many changes had been implemented, for residents, the business and premises and for supporting and valuing staff.

## 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.

People were protected through safe recruitment of staff, adequate staffing levels and attention to managing individual and generic risks.

People's medicines were handled in a safe way for them.

The premises and equipment were regularly serviced and were maintained to a safe standard.

People were safeguarded from abuse because staff know how to respond to any concerns to protect people.

There were arrangements in place should there be an unforeseen emergency.

### Is the service effective?

Good

The service was effective.

People received a nutritious diet, specialist dietary needs were met and there was a choice of menu but some people did not like all the food on offer.

People's consent was sought at all times and people legal rights were upheld.

People benefitted from a staff team which was trained, supervised and well supported.

People's health care needs were very well met because the staff were quick to identify problems and contact appropriate health care professionals.

### Is the service caring?

Good

The service was caring.

People's views were sought and responded to.

A caring attitude was led from the top. People were treated with kindness, compassion and respect and their privacy was upheld.

Staff had made meaningful relationships with people.

People received a high standard of end of life care, with compassion and kindness.

## Is the service responsive?

Good

The service was responsive.

People's care was planned with them in detail and delivered to a high standard.

There were many activities available for people to engage in, based on information from people using the service, but some people found these did not suit their particular interests.

People felt confident in taking any concern or complaint to the registered manager and that it would be dealt with appropriately.

## Is the service well-led?

Good

The service was well-led.

A culture of working to a high standard, and team work were led from the top by competent management.

People, staff and health care professionals complemented the standard of management.

There were comprehensive systems in place to monitor the standard of service and safety at the home.

A lot of improvements had been made and there were plans for continuing improvement, taking into account people's views.

Regulatory requirements were being met.

# Nashley House Retirement 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 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 10 and 11 November 2016 and was unannounced. It included an early morning visit to speak with night staff. The inspection team was one adult social care inspector and an expert by experience. An Expert by Experience is a person who has
personal experience of using or caring for someone who uses this type of service.

As part of the inspection planning process information was gathered and reviewed, such as whether there had been serious accidents and how many deaths there had been. These are notifications. A notification is information about important events which the service is required to tell us about by law. We also looked at the provider website and spoke to our registration team.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We talked with 10 people living at the service who were able to tell us their views of the service and one person's family representative. We looked at the care plans and records of care of four people and 10 medicine records.

We spoke with eight staff members and the registered manager. We looked at records connected with how the home was run, including recruitment records, records of resident and staff meetings, audits and survey feedback forms. We received feedback about the service from six health and social care professionals.

Good

# Is the service safe?

## Our findings

People told us they felt safe and cared for at Nashley House. Their comments included, "I feel safe and do not feel it could be any better than it is" and "I like living here and I feel settled".

There was a strong emphasis on risk management and there was a low incidence of accidents as a consequence. Accidents and incidents were closely monitored by the registered manager and the staff team. This meant that learning took place relating to incidents and concerns raised. Staff were very quick to contact external health care professionals, such as the North Somerset 'falls team', for their advice.

Individual risks were assessed and mitigated. They were regularly reviewed using assessment tools, for clarity and continuity. There were clear plans in place and the care delivered reduced risks and kept people safe. One relative talked about all the equipment which had been made available for her grandmother, such as hospital bed and a special chair to minimise the risk of bed sores.

People were protected from abuse. Staff received training in the safeguarding of adults and there were posters around the home with information about protecting people. Staff had a good understanding of what constituted abuse and how they should respond to any concerns. They said they would inform the registered manager in the first instance. However, they understood that if their concerns continued they should talk to external agencies, such as the local authority, Care Quality Commission or the police. The registered manager understood their responsibility for protecting people from abuse and harm.

Safe staff recruitment and selection systems were in place and followed to make sure suitable staff were employed to work at the home. All applicants completed an application form, which recorded their employment and training history. Each applicant went through a selection process. The provider ensured that the relevant checks were carried out to ensure staff were suitable to work with vulnerable adults. For example, they took written, and in addition, verbal references. The provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure people they recruit are suitable to work with vulnerable people who use care and support services.

The premises were kept in a safe state because of servicing and maintenance routines, such as portable appliance testing and gas safety inspections. For example, one person moved to the home with their own electronic equipment and so the safety of the equipment was checked on their arrival.

People said their rooms were regularly cleaned and vacuumed to a good standard. The home was clean throughout. The registered manager understood how to protect people from cross contamination and had provided additional protective clothing and instigated protective procedures when a person showed signs that might indicate a winter stomach bug. This protected other people using the service. Staff received training in infection control.

There were procedures and equipment in place should there be an emergency. For example, each person

had a detailed plan of how they could be evacuated from the building if necessary. There were clearly defined cut off points for the gas supplied to the home. The home was fire safe and staff were trained in fire safety procedures. The registered manager also had a contact number should the electrical supply fail and an emergency generator be required. Each staff received training in first aid.

People felt that overall staffing was adequate and that staff responded promptly when called. Health care professionals said there was no evidence of insufficient staff. The night staff confirmed that night staffing was adequate. They confirmed that people were able to choose when they retired at night and got up and that they were able to meet their needs.

The registered manager said they used a matrix tool to help make staffing decisions. In addition, because they had frequent contact with people and staff they could see and assess people's needs. Staff told us they could cover unforeseen staffing shortfalls and the registered manager was also available and helped where necessary. For example, they were available and ensured people were not alone when receiving end of life care.

Care staff were supported by catering, domestic, activity and administrative staff. Care staff were responsible for dealing with the laundry.

Medicines were handled in a safe way. Care staff were trained to administer people's medicines where the person was unable to do this themselves or had preferred staff to do this for them. Staff administering medicines wore a red tabard so other staff knew not to interrupt them, which might lead to an error. Medicines were stored safely. Where a temperature of a medicine was critical, this was monitored.

People said they received their prescribed medicines when they were due. Medicines were delivered monthly and checked into the home. Any queries were followed up with the pharmacist. Medicine records were clear and arrangements were in place to increase safety. This included using body maps, codes for if a medicine was not taken and two staff to check any hand written information.

Good

# Is the service effective?

## Our findings

People said the staff were skilled in meeting their needs and expressed no concerns. One person's family felt that the staff had gone "the extra mile" in providing care to her grandmother because the staff had observed a deterioration in the person's health and dealt with it promptly. Another said, "I feel confident in the care I receive from the staff and the staff are very supportive and they take care of me".

Health care monitoring was well established at Nashley House. To that end the staff were making clinical observations, such as blood pressure monitoring and urine testing from which health care professionals were making medical decisions. It is a requirement that people's health care needs are met whilst receiving care at a residential care home but this must be through appropriate referrals to external health care professionals. We were not in a position to judge whether the referrals were appropriate. However, three of the external health care professionals told us the referrals were not always so. It was felt the contacts were sometimes "overzealous" and the service could do more before referrals were made.

There were many examples of where referrals had been made to external health care professionals, which had benefitted people. These included contacting the falls team, physiotherapy, podiatry and staff worked closely with the district nursing service to achieve good results for people.

There was a four week rolling menu, with seasonal changes. There were breakfast options including a cooked option. There was a choice of three main and tea time meals. For example, one day the lunch choices were chicken curry with mash or rice, cottage pie or cheesy omelette. The tea time choices were: sausage rolls and beans or choice of sandwiches, or choice of soups or an omelette. The cook confirmed that they were always available to discuss any personal preferences.

People's opinion of the standard of food provided varied. People said, "No complaints I enjoy food", "Food very good, they take my order in the evening and there is a good choice and the staff will make items on request e.g. poached egg instead of boiled" and "I am never hungry...plenty to eat and extra portions available." Less favourable comments included, "Food not bad. As good as they can make it…puddings are nice, there is a good variety", "Food variable. Not a good selection, mince, sausages but a roast dinner on a Sunday which could be nice but not always" and "Vegetables - poor selection...beans appeared too often on the menu…no cooked breakfast e.g. bacon and eggs….same breakfast every day….Enjoy roast dinner on Sunday." The registered manager said that food had been an issue. They said they had food tasting events. They gave examples of how they had listened to people's requests for certain foods and tried to meet those requests. Following our inspection visit they said they had commenced taste sessions daily on lunches. A nominated staff member would be on a weekly schedule of tasting the food leaving the kitchen and review and discuss their findings with the residents and staff.

Food and fluids were available at all times and a large bowl of fresh fruit and snacks meant people could snack if they wished to. Specialist diets were well understood and managed. People's dietary health was closely monitored with any concerns followed up appropriately. A health care professional said, "One person's diet was an issue but they monitored it very well and now it is improved".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had a good understanding of how to protect people's legal rights.

People at Nashley House had consented to their care where they were able to make an informed decision. Where people could not make an informed decision, based on a lack of capacity to do so, an assessment of their capacity had been undertaken. Where people's representative had Lasting Power of Attorney (LPA) authorised, the registered manager understood that they needed the detail of those authorisations available for staff and health care professionals to reference. This meant that the care provided was as the person had wanted. Where people did not have capacity and there was no LPA in place, the people that knew the person best were involved in making best interest decisions on their behalf. Those decisions had included the use of a sensory alarm and changing a person's room to one which was safer for them.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberties Safeguards (DoLS).

The provider was following legal requirements in relation to the DoLS. Some people were not free to leave Nashley House without support because of the risk this would pose to their safety. Some people were also under constant supervision as part of the care they required, which was a restriction on their liberty.

We discussed DoLS with the registered manager. At the time of the inspection, applications had been made to the local authority in relation people living at the service but no authorisations had yet been approved.

People said they thought staff were well trained and were able to meet their needs. One commented, "I feel confident in the care I receive from the staff and the staff are very supportive and they take care of me".

Staff said they were very satisfied with the training they received. Their comments included, "Very good" and "(The management) is quite hot on training". One described undertaking a mandatory day's training in Bristol when new, plus training in the home and also on-line. Another staff member said their induction was sufficient and they had another care worker available for them to shadow and help them. They said, "The seniors and owners are very approachable" and "All care workers are very supportive and we ask for assistance".

The registered manager said that new staff always had three days of shadow shifts. The care certificate is a national training in best practice which was introduced in April 2015. This was available for staff and staff were encouraged to take national qualifications in care, which included the care certificate elements.

Staff received on-going training. This included fire awareness, emergency first aid, dementia awareness, pressure ulcer prevention and oral health. A hospice nurse said how staff were very appreciative of hospice support and appeared to know their residents well. Planned training included basic life support, infection control and an update on moving people safely. The registered manager said they were accessing enhanced training through using North Somerset training for providers.

The registered manager said "You work with staff strengths and weaknesses." Staff received between four and six sessions of supervision a year and a yearly appraisal of their work. In addition, some supervision was observing staff practice, for example, whilst they administered medicines. Supervision had led to staff

requests for specific training. For example, one staff member wanted training in end of life care and was interested in mentorship so they could support other care workers.

Good

# Is the service caring?

## Our findings

People were relaxed and comfortable in the company of staff. One person described the staff as "Always sociable". Another said, "Living here is brilliant. They treat everyone lovely; lovely people." A staff member said, "This is a very, very caring environment. It really is person centred here; nothing is too much trouble for the residents". A health care professional said, "Overall my impression is good and the (staff and management) are very caring".

A caring attitude was led from the top. For example, the registered manager took a person out in their car to get their cigarettes. Another person was supported to spend Christmas with their disabled loved one. One person, having been escorted to a medical visit, wanted to go shopping and so an impromptu shopping trip followed.

Thank you cards included, "Thank you for all the kindness and caring" and "A big thank you for the care you have given mum."

Interactions between staff and people were kind, patient and sensitive. One staff member stopped to ask a person how she could help. They then supported and guided the person back to a safe seating position and made them comfortable. People who wanted to mobilise independently were encouraged and supported to do so. During lunch each time staff engaged with people their response was a smile and a chat.

People said that that staff were polite and respectful of their privacy. One said, "Staff are very good and there is a good atmosphere and the staff definitely respect your dignity and always knock and would never barge in." We observed staff knocking and not entering the room until invited in.

A health care professional said how caring the staff were and how much they looked out for people's long term interest rather than only concentrating on current issues.

People were consulted and involved in decisions about their lives. For example, there were regular resident's meetings and their care was planned with their involvement where ever possible. Staff were also observed spending one to one time with people asking what mattered to them and what would they like. One person had started to spend a lot of time in the hallway alone. This had worried the staff until they found out that the person was very happy when they could sit and watch people go by, rather than sitting in their room or a lounge.

Nashley House provided end of life care with kindness and compassion. Staff ensured that any advance care plans or wishes were known. A hospice specialist confirmed that people's end of life needs were well met and their family members were supported during that time. One said, "The care home manager particularly is very keen to do everything for residents who are approaching the terminal stage and we have worked collaboratively with them. Staff have phoned the hospice for help and advice. I think the staff are sensitive to resident's pain or distress and have the forethought to call appropriate health care professionals."

The registered manager said that when a person's spouse was ill in hospital, they and a senior staff member went to the hospital and stayed there until another family member arrived a few hours later. When the person died, recognising the importance of saying goodbye, the spouse was assisted to visit and also helped to prepare a speech and outfit ready for the funeral.

Good

# Is the service responsive?

## Our findings

The service was responsive to people's health and care needs. A health care professional said, "Very holistic care…(the person using the service) now seems calm, happy and less driven." Another health care professional described how staff supervised a person's exercises as they had requested. This would help prevent the person falling. A care worker said, "People's needs are acted on quickly".

People said, "(Staff) are nice and nothing is too much trouble" and "They look after me and do the best they can for me." One person said they recalled when they first moved in they could only watch the television from their chair as it was fixed to the wall. This prevented them from watching whilst in bed. When they raised this with a member of staff an extended arm was fitted to the television which allowed them to watch it whilst in bed.

A care worker said there are now more activities for people than their used to be. The home employed an activities worker. They said that activities were led by people's preferences which were discussed at the regular resident's meetings. They gave examples of where those preferences had been met. For example, one person had asked for stand-up exercises. There was a choir group and a drama group rehearsing for a pantomime in December. Arts and crafts were a regular event and people had made their own quizzes and games, for example, snakes and ladders. The activities worker said they had access to people's personal histories which helped them where people could not make their preferences known. They undertook regular visits to people who chose to stay in their room. She said, "I try to see everybody in their room every day" and "I am guided by what they want; a hand to hold or a memory shared". There was a programme of planned activities, for example, Thursday afternoon was Scrabble afternoon.

We asked people how they spent their time. One said they go to the lounge where there is "company if you need it". They enjoyed some of the exercises on offer and had got to know some of the other residents.

One person said that although they had attended some of the activities they had not found them useful so had retreated back to their room where they spent most of their time. Another person said that they had found it "difficult to build relationships with other residents". This, they said made them feel "isolated". They felt that activities were predominantly to cater for women's interests. They had attended some armchair football but thought it was poorly attended. We observed that although men were sitting together there was not much communication over meals. We discussed this with the registered manager who described how they had tried to meet the social needs of each person at the home. They said their activities worker would discuss people's needs with them again.

There were gardens available and used by people. Seating in the gardens gave people the opportunity to get together in the fresh air. Raised beds had been provided for people to plant and tend flowers and vegetables. One person had enjoyed a visit to a do-it-yourself store.

People were supported to access the community. One to one escorts were available for people to visit the shops and there had been coach trips to places people had wanted to visit.

People's needs were assessed prior to their admission to the home. Their care was then planned with their involvement. Care records were being transferred from a paper based system to an electronic system. We looked at both. Care plans were detailed and contained sufficient information to inform staff about risks, needs, personal preferences and people's wishes. For example, one plan included a personal history, medical history, information about their senses, (such as eyesight) and physical ability. There was very detailed information about complications from a health care condition they were living with. The plan was sufficiently detailed that information integral to a person's comfort and well-being were included, such as how many pillows they liked to sleep with. Risk assessments included graphs which provided a quick review of how risk was being managed.

None of the people we spoke with had made a complaint about their care but they said they were confident and able to make a complaint and to whom they would speak. A complaints procedure was displayed near the entrance to the home. There was also a suggestion and compliments box. There had been one complaint made to the home which had been handled appropriately. Following this the pathway for laundry (dirty to clean) had been changed and additional shelving had been provided. The registered manager said, "A complaint is an opportunity for us to learn."

Good

# Is the service well-led?

## Our findings

A person's family member told us prior to our visit, "An excellent home run by two very caring, professional/dedicated managers. This gives me and my sisters' great peace of mind".

People told us, "They do everything well." One health care professional said, "The (registered manager) is a great role model for the staff". Another said, "One of the best homes. They give 100% to all of the residents. You never see the staff stressed or a resident upset. It feels homely for them". They gave an example of one person being worried about moving to a residential home but they were very happy now they were here.

The manager was registered with the Care Quality Commission on November 2015. They worked closely with a second owner who supervised the care people received. They said, "We are here all the time monitoring and fixing any problems which occur." We observed that at the beginning of each day of the inspection, they visited each person to say hello and see how they were.

The registered manager said the culture of the home since their arrival was "moving forwards". They said, "It is the resident's home and they lead the ship." There were regular resident meetings and survey questionnaires had been sent and were being collected. The registered manager said when they got feedback from people about the service so they could change and improve things. For example, stand up exercises were offered when requested and people were influencing the home's décor.

The provider kept informed of good practice by accessing available information. For example, they had attended local provider meetings. A health care professional described how "proactive" the registered manager had been during one of those meetings.

Innovative ways were being explored to help staff provide a safe and effective service. For example, symbols were used to discreetly provide staff with important information which might be needed in an emergency.

Staff were positive about how the home was being managed. Their comments included: "It is very well led. If you have a problem it is solved straight away" and "Communication and an open door help the home to be well-led. Changes and improvements are made."

There were regular staff meetings. Those had included updating the notice board, new equipment which had been purchased, discussing the principles of the Mental Capacity Act and offering people seconds at lunch time. A health care professional said, "(The staff and management) are very open and responsive. I am impressed with them." North Somerset Council had undertaken a review of the service as part of their commissioning monitoring. We checked and found that their recommendations to Nashley House had been followed up. For example, the safeguarding policy had additional information and evacuation plans had been improved. The registered manager said that every policy was new to the home and was under regular review.

The home was adequately resourced. Listening to people and staff reviews had identified where

improvements could be made and a lot of improvements had been made. Those improvements included a review of health and safety. This had identified that domestic staff needed trolleys to carry their equipment, which they had previously been carrying about. Those trolleys were now being used. A new call bell system was installed. Staffing numbers had been increased and the staffing rota was changed from weekly to monthly so that staff could plan their lives. A new, larger television was available in the lounge and a second lounge was converted to an activities room for people. The registered manager said, "You get feedback because then you get things done."

Plans for improvement were continuing. For example, the registered manager was trying different ways people could identify bathrooms without difficulty. They had tried a water scene but people's response was not favourable and so this was to be changed. A 'Welcome Pack' for people was started but not yet completed.

There were comprehensive arrangements in place for auditing at the home so the standard of safety and service could be monitored. Those audits included a hand hygiene observational audit, the environment, meal times, and infection control and staff files. All aspects of the service were risk assessed and regularly reviewed.

The registered manager had notified the Care Quality Commission (CQC) about a number of important events, which the service is required to send us by law. This enabled us to effectively monitor the service or identify concerns.