

Nether Hall Care Home Ltd

# Nether Hall Care Home

## Inspection report

Netherhall Road  
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Date of inspection visit:  
20 September 2022  
23 September 2022

Date of publication:  
14 November 2022

## 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

### About the service

Nether Hall Care Home is a residential care home providing personal and nursing care to 38 people at the time of the inspection. The service can support up to 40 people.

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

People were provided with person centred care that met their preferences and wishes delivered by kind and compassionate staff. People had their dignity and privacy upheld and were treated respectfully.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives were involved in care planning and had opportunity to express their views through care reviews and quality assurance processes. The service ensured families were regularly updated about the care and treatment of their loved ones.

People's day to day lives were enhanced with access to a range of activities. The environment had been refurbished to a high standard.

The service was well-led. The provider and registered manager had full oversight of the service and took prompt action when things went wrong.

Staffing levels ensured people received timely care. Staff were recruited safely and were competently trained and experienced to carry out their roles to provide safe care.

People's needs were assessed and risks to their health and wellbeing were managed safely. People were safe and protected from harm and abuse. Medicines were administered as prescribed and people were well nourished.

We were assured that the provider had sufficient infection, prevention and control measures in place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was good, (published on 12 February 2020).

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nether Hall on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Nether Hall Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspected was carried out by one inspector, a nurse 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 care service.

#### Service and service type

Nether Hall Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Nether Hall Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, registered manager, deputy manager, clinical lead and four care staff. We also spoke with a member of each of the housekeeping, activities, kitchen and maintenance teams. We reviewed a range of records, this included three people's care records and multiple medicines records. We looked at two 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 also reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their prescribed medicines as planned. One person said, "Oh yes I certainly do."
- Protocols were in place for people who were prescribed medicines 'as and when required'. People who required their medicines at specific times of the day were administered these as directed.
- Medicines administrators told us they were trained in medicines management, and had their competency assessed frequently. Records we reviewed confirmed this.
- Several medicines audits were in place including a daily check of medicine administration records (MAR), weekly audits by the clinical lead and a monthly audit by the registered manager. At the time of the inspection this level of medicines scrutiny had enabled minor discrepancies in MAR's to be identified and promptly addressed in the week prior to our inspection. This assured us any future discrepancies would be identified.
- An external pharmacy audit dated September 2022 resulted in a 100% compliance in medicines management.

### Assessing risk, safety monitoring and management

- Risks to people's health were assessed, safely managed and appropriate measures put in place to monitor people's health and well-being. Care files and associated risk assessments were detailed, well-structured and reviewed monthly or when people's needs changed.
- Individual care plans were in place for specialist treatment such as catheter care, skin integrity and diabetes. One person's care file showed how their diabetes was safely managed. Their blood sugar level was monitored daily and when any fluctuation in their blood level was identified timely reviews with a health professional were undertaken to ensure the risk of a hypo or hyperglycaemic event [too less or too much glucose in the blood] was reduced.
- Every person's care file contained a current hospital passport. Hospital passports are important documents that contain past and current health needs including prescribed medicines should they need transferring to a different care setting.
- Environmental risks were safely managed. Regular checks had been carried out which included water temperature checks, electrical installation and fire safety.
- Personal emergency evacuation plans (PEEP's) were in place to ensure people could be safely evacuated in the event of an emergency.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. Staff had received training in this area and understood how to report any concerns to the registered manager, provider and relevant professionals. One care worker told

us, "If I had any concerns with how people were being treated, I would report it to the manager. I'm not saying that they wouldn't do anything about it, but I know I can contact you [Care Quality Commission], safeguarding or the police if they didn't."

- Safeguarding incidents had been correctly reported, recorded and investigated. We found appropriate actions and referrals to relevant professionals had been made to reduce the risk of reoccurrence.
- People and their relatives told us they felt the service was safe. One person told us "Yes, I feel safe here." A relative told us, "Yes, my [family member] is safe."

#### Staffing and recruitment

- Records and observations showed there were enough staff to keep people safe and meet their individual needs in a timely way. One person told us, "I need two carers to help me with everything and two always support me." A relative said, "Yes, I think there is enough staff here."
- On the whole people were supported by staff they were familiar with. There had been a recent increase in agency nurses deployed at the service however, during the inspection a further two regular nurses had been recruited.
- Staff were recruited safely. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- Staff reported accidents and incidents appropriately and the registered manager reviewed information from these. This enabled any themes and trends to be identified and ensured any actions required to reduce the risk of recurrence were acted on.
- Staff received the necessary information about changes to people's care following incidents. These were provided at 'huddles' (handover meetings) and were promptly reflected in people's care files.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

There were no restrictions on people welcoming visitors and the provider was following currently published government visiting guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs had been carried out prior to people using the service. These included, but were not limited to, moving and handling, environmental risks and medicines.
- People were involved in the assessment process and, where appropriate, relatives and any other significant person. This ensured the service fully understood people's life histories, choices and preferences to deliver care in the way they wished for it to be.
- Staff told us they knew people's needs and preferences because their care plans were detailed, up to date and reviewed regularly. One care worker told us detailed information about two people's needs and risks we reviewed. Their responses matched the information contained within their care files.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge required to safely meet their needs. One person told us, "Yes. I think they are trained well."
- New staff were inducted to the service and worked alongside experienced staff until they were competent to work alone.
- A rolling programme of mandatory training was in place and up to date. Additional training was in place for staff who undertook specific care tasks such as catheter care and percutaneous endoscopic gastrostomy (PEG) feeding. This meant staff had received the essential training to safely undertake these tasks.
- Systems were in place to support and supervise staff. This included one to one sessions and checks of their competencies which included feedback on their performance.

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

- People's nutritional and hydration needs were met. Where people required their food and fluid to be monitored records confirmed they were. One relative told us, "The nurse is aware of [Name] gaining some weight and they are monitoring this." Where people required a specialist diet, we found this was provided in line with dietitians and Speech and Language Therapists (SALT) recommendations.
- People were offered choices from a nutritious and varied menu. One relative told us, "[Name] has a balanced diet and they look well fed." People could request alternatives from the menu if they wished with mealtimes evenly spaced throughout the day.
- We observed people being offered drinks and snacks between mealtimes. Snack boxes had been introduced to ensure people had plentiful access to food. The registered manager told us people had gained weight as a result of this. Where people were cared for in their bedrooms staff supported people with their meals and drinks. One relative told us, "There is always squash or water in [Name's] room."

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

- People were supported to access healthcare appointments when they needed them. Records and feedback we received confirmed people had visits from chiropodists, opticians and GP's. One relative told us, "An optician and chiropodist visited my [family member] recently."
- Where changes in people's needs had been identified appropriate and timely referrals had been made to other healthcare professionals. We reviewed six people's wound management plans and found all had been referred as required to a Tissue Viability Nurse (TVN). Weekly photographs were taken of wounds to inform decisions about wound care and to monitor whether they were improving.

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

- People's rooms were personalised with their possessions and those items of significance to them. They were decorated to their individual preferences and had photos and mementos on display. Each person had a 'memory box' outside their bedroom door containing and referencing activities and pastimes important to them.
- The service was designed to support people with dementia to safely orientate themselves around the environment. This included signage and colour coding on communal and bedroom doors. One person who required additional support had specific signage individual to them. This enabled the person to navigate independently to their bedroom.
- Significant improvements to the quality of the environment had been undertaken. Windows, flooring and carpets had all been replaced and further improvements were planned.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff gained permission before offering personal care or support. Throughout the inspection we heard staff ask people for their consent when offering care and support. One person told us, "Yes they do and they tell me they have to when I ask why." A relative told us, "Carers speak to [Name] before carrying out a task."
- Mental capacity assessments were carried out where applicable, these were detailed and completed correctly in line with the MCA.
- Staff had received training in MCA and understood how to support people in line with the Act
- Where people were deprived of their liberty DoLS were in place and people were supported in line with their agreed plans.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

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

- People received kind, caring and compassionate care. All the people and relatives we spoke with confirmed this. One person told us, "All the carers treat me with kindness and respect." A relative said, "You can tell they do because of the tone in their voice and how tactile they are, such as gently holding [Name] hand."
- People and relatives told us care was delivered in a person-centred way which included their spiritual and religious needs. A relative told us, "[Name] religious beliefs are important to them and the carers respect that."
- Staff were relaxed and calm and had enough time to support people to meet their needs. The atmosphere was warm and welcoming, and we observed staff having jovial and friendly conversations with people.
- People and relatives were involved in their care with their views and wishes clearly documented. One person told us, "My [relative] is involved with all my care here."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld. In January 2022 the service won a dignity champion award. We found staff were discreet when helping people in communal areas who required personal care. They spoke to people quietly to ensure other people were not aware of their need to be supported.
- Relatives also commented on how staff respected their family members privacy and dignity. One told us, "The [staff] always keep the bedroom door closed when they [Name] wants it closed and when helping them with personal care."
- People were supported to be as independent as possible. Where safe to do so they were encouraged to undertake tasks and activities which supported them to retain independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Detailed and person-centred care plans were developed following a person's initial assessment of need. These clearly documented how people wished to receive their care which provided staff with detailed information and guidance to ensure care was delivered in line with their care plans.
- People's needs were regularly reviewed, and where required updated to reflect any change in their needs and preferences.
- Staff had a person-centred approach. They were knowledgeable of the people they were supporting and knew their individual needs. One care worker said, "I have read the care plans, and this helps you to get to know people before you start working with them because everyone is different."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware the Accessible Information Standard (AIS).
- Care plans identified people's communication needs. Where people required hearing aids and glasses we found them to be worn.
- Picture cards and large print were provided to enable people to use menus, choose activities, communicate their needs and to let staff know if they were in pain.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to maintain relationships important to them. Relatives were kept updated regarding their family members daily lives. One relative told us, "We receive verbal feedback from staff when we visit and an e mail from the home every month on how things have been during that month."
- People were supported to access their chosen hobbies and interests. A full and varied programme of activities was in place throughout the week. The activities coordinators supported people to plan their day to day activities.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was clearly displayed around the service.

- Complaints and compliments were recorded by the provider. Records confirmed complaints were followed in line with the complaints policy and were satisfactorily resolved.
- People and relatives we spoke with during inspection raised no concerns but said if they needed to they felt they would be listened to and action would be taken to resolve them.

#### End of life care and support

- People had their end of life wishes recorded where they had chosen to discuss them. One relative told us, "We discussed our end of life wishes with the GP and we coordinated this with the home [Nether Hall] in their care plan."
- Training records confirmed staff received training in end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well-led with an embedded positive culture. Managers and staff were open, transparent and welcoming visitors.
- People's experience was at the centre of the service's values. The service was committed to delivering person centred care to enable people to live their lives according to their wishes and preferences.
- We saw numerous examples of how people's needs, and preferences were met. For example, we noted one person who continually held a significant personal possession. The housekeeper told us, "I know how important this possession is to [Name]. I make sure I wash it for them regularly and get it straight back to them. The staff always make sure they have it because of what it means to them."
- Relatives also commented on how person centred the service was. One told us, "Carers interact with them in a very personable way and focus on the interests they have."

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

- The registered manager had full oversight of the service through a structured schedule of audits which checked all aspects of the quality and safety of the service. The provider and registered manager worked well together and took their responsibilities seriously.
- Staff were supported well and knew their roles and responsibilities. Staff had received the necessary training to ensure they provided people with safe care and support.
- Systems and processes were in place to monitor accidents, incidents and safeguarding concerns. These were analysed by the registered manager regularly and any lessons learnt were shared with staff.

Continuous learning and improving care

- The registered manager was committed to improving the lives for people with dementia. The service had received a recent dementia award from the local authority in recognition of their performance and delivery of dementia care to people.
- The provider had a rolling programme of environmental improvements in place to enhance people's experience at the service. They told us, "I have invested heavily since I purchased the service and we have received positive feedback from people, relatives and staff about the improvements made so far."
- The service had taken part in research with a university and hospice in relation to end of life care and were working towards completing an end of life quality award to enhance people's experience of receiving care at

the end of their life.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were involved in the service. They had regular opportunities to provide feedback through meetings, questionnaires and care reviews. Feedback received was overall positive and complimentary
- People's equality characteristics were respected and recorded. We saw how these were upheld by staff, for example, how one person's religious beliefs were met.
- Staff attended regular meetings. Meetings included domestic, kitchen and maintenance staff, and activity co-ordinators. This meant all staff were involved and had opportunities to make suggestions to improve the service.

Working in partnership with others

- The service had strong working relationships with other professionals such as GP's and specialist health services. The management team ensured staff knew who to contact when needed.
- Records we reviewed, and discussions with managers, assured us there was good communication with partner agencies and their recommendations followed to enable people to receive joined up and holistic care.

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 provider had a 'duty of candour' policy in place to ensure they met their legal responsibility to be open and honest if anything went wrong.