

Nethermoor Care Killamarsh Ltd

# Nethermoor Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Nethermoor Care Home is a residential care home providing personal care to up to 33 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 31 people using the service.

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

There were areas of the building that still required maintenance to ensure they could be cleaned effectively. The provider was aware of this and was mid-way through an extensive programme of refurbishment.

People and relatives commented positively about cleanliness and recent refurbishment of many rooms. People were protected from the risk of abuse and felt safe living at Nethermoor Care Home. Staff understood how to recognise and report concerns or abuse. Medicines were generally safely managed. People's needs were assessed, and any risks associated with their personal care and environment documented. There were enough staff to keep people safe.

People's needs and choices were assessed in line with current legislation and guidance in ways that helped to prevent discrimination and followed best practice guidance to reduce risks associated with their personal care. People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People were supported by staff to access healthcare services when required.

People were supported by experienced staff. Everyone we spoke with felt confident that staff had the right skills to provide a good standard of care. Staff were supported by the provider to fulfil their roles and given the training the provider identified as essential.

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 spoke positively about the staff team, and felt they were treated with kindness and dignity. People were supported to express their views about their personal care and daily lives and make their own decisions as far as possible. People's confidential information was kept securely.

There had been recent improvements to the range of activities offered to people, although the management team acknowledged there was still work to be done on this. People's personal care needs were planned and reviewed at regular intervals with them. None of the people we spoke with had any complaints about the service, but they knew how to complain and felt confident any issues would be addressed.

The service was well-led. The provider and manager undertook regular audits of all aspects of the service to review the quality of care. The service had a positive and open culture which achieved good outcomes for

people. Staff were clear about their roles. Feedback from health and social care professionals was positive regarding the quality of care and commitment to partnership working to achieve good outcomes for people.

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 10 April 2019.

#### Why we inspected

The inspection was prompted in part due to concerns received about risk management, staffing levels and training, and safeguarding. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns.

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.

#### 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 responsive findings below

Good ●

# Nethermoor 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 first day of on-site inspection was carried out by 2 inspectors and an Expert by Experience. The second day was carried out by 1 inspector. A second inspector was also present who was doing training and did not gather any evidence for this inspection. 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

Nethermoor 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. Nethermoor Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 8 weeks and had applied to register. We are currently assessing this application.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 of this information to plan our inspection.

## During the inspection

During the inspection we spoke with 8 people who used the service and observed how care and support was delivered. We gained feedback from 3 relatives and 6 staff. We spoke with the manager, deputy manager, and area manager. We looked at a range of records including all or part of 4 people's care records and how medicines were managed for people. We looked at staff training, and the provider's quality auditing system. During the inspection visit we asked the provider to give us additional evidence about how the service was managed, which they sent to us. We also received feedback from 4 health and social care professionals. 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.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- Some areas of the building had damaged surfaces, which would prevent effective cleaning, and there were some parts of the service which were not particularly clean or in a good state of repair. The provider was aware of this and was mid-way through an extensive programme of refurbishment.
- The service was clean and well-maintained in most areas. People and relatives commented positively about cleanliness and recent refurbishment of many rooms. The management team and staff carried out regular checks to ensure the cleaning schedule for the home was effective.
- The provider was admitting people safely to the service, and staff used personal protective equipment effectively and had received training on this.
- 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 to their home and the provider was following currently published visiting guidance by the Department of Health and Social Care.

### Using medicines safely

- Medicines were generally safely managed. However, we identified some issues with the accuracy of the electronic medicines recording system regarding the stock checking function. The management team were aware of this issue and were taking steps to address this. We did not identify any negative impact on people because of this.
- There was a system in place to ensure people were offered their medication in accordance with prescribing instructions. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that overall, medicines were documented, administered, and disposed of in accordance with current guidance and legislation.
- People received their "as and when" (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which told staff when this was needed, and how to measure the effectiveness of the medicine.
- Each person's medicine records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.

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

- People were protected from the risk of abuse and felt safe living at Nethermoor Care Home, and relatives felt their family members were safely cared for. People and relatives felt confident to raise concerns.

- Staff understood how to recognise and report concerns or abuse. Staff received training in safeguarding and felt confident to raise concerns, both within their organisation and to external health and social care professionals.
- The manager reported any allegations of abuse to the local authority safeguarding team. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

#### Assessing risk, safety monitoring and management

- People's needs were assessed, and any risks associated with their personal care and environment documented. These were reviewed regularly and updated when required. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe. One person described how staff supported them to use mobility equipment, saying, "I use a stand aid and always feel safe, the carers definitely know what they are doing"
- Risks associated with the service environment were assessed and mitigated. The provider had clear systems in place to ensure regular checks on all aspects of the environment. This included fire safety system checks and checks on all areas of the building and grounds. We looked at a sample of these, and could see where good practice was noted, and where areas for improvement were identified.
- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. The provider also had a business continuity plan in place, setting out how the service would continue to run well in the event of a major incident, such as an infection outbreak.

#### Staffing and recruitment

- There were enough staff to keep people safe. People, relatives, and staff felt there were enough staff available to meet people's needs. On the day of our inspection there were enough staff to support people at the service. We also reviewed a sample of the provider's rotas, and established there were enough staff on each shift to meet people's needs.
- The manager reviewed staffing levels regularly, and, when necessary, increased staff numbers to ensure people's needs were met. Our observations showed us that people were supported by enough staff. This included when people needed support or reassurance or wanted to participate in an activity.
- Staff told us, and records showed the provider undertook pre-employment checks, to help ensure prospective staff were suitable to care for people. This included employment and character references and disclosure and barring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This all ensured staff were of good character and were fit to carry out their work.

#### Learning lessons when things go wrong

- The provider had systems and processes to monitor and assess accidents and incidents to look for trends or patterns. This had helped the provider to reduce incidents and make improvements to the care delivered to people. Staff recognised and raised concerns and incidents and reported them appropriately. The provider and management team used this information to get a clear picture of the quality of care and carried out investigations to establish what went wrong.
- Where the manager or provider, or external professionals' investigation identified care needed to improve, staff were told what was expected of them, and people's care plans were updated to reduce the risk of further incidents.



# 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.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by experienced staff. Everyone we spoke with felt confident that staff had the right skills to provide a good standard of care.
- Staff were supported by the provider to fulfil their roles. Staff told us they had an induction when they started work, and regular supervision, where they could get feedback on their performance and discuss training needs. Induction included shadowing more experienced staff and being introduced to people before providing care and support. Staff we spoke with demonstrated good knowledge of people's needs and told us they felt able to ask for extra training and support when needed.
- Staff were trained how to do their job. Training was provided online or in person. Training topics included safeguarding, moving and handling and nutrition and hydration. Staff had supervision and checks on their skills so the provider could assure themselves that there were good care practices demonstrated.
- There was regular communication between staff and management so key information about people's needs and the running of the service was shared. These meetings were recorded, so staff, the management team and the provider could see what was discussed, and what action needed to be taken.

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

- People's needs and choices were assessed in line with current legislation and guidance. This helped to prevent discrimination and followed best practice guidance to reduce risks associated with their personal care. For example, staff used nationally recognised best practice guidance to identify and monitor people at risk of falls, skin breakdown or dehydration and malnutrition.
- Assessment of people's needs, including in relation to protected characteristics under the Equality Act 2010 were considered in people's admission assessments and care plans. Assessments were detailed and included the support people needed with mobility, personal care, communication, mental and physical health and relationships that were important to them.
- Assessments had been completed with people and, where appropriate, their relatives, prior to moving to Nethermoor Care Home. These helped ensure staff could meet people's needs and the environment was suitable.

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

- People were supported and encouraged to have a varied diet that gave them enough to eat and drink. People told us the quality and variety of the food was good. People told us and records showed there was a varied menu, with options available for people with specific dietary requirements. Where people expressed views about wanting different options, or different times for their meals, their preferences were met. One person said, "The food is really good and sometimes it is hard to choose what to eat because I like both

choices."

- Staff assessed people's food and fluid needs using nationally recognised guidance and developed care plans that staff were familiar with. The service followed the advice of health professionals to ensure people received the correct supplements and diet if they were assessed as needing this.
- People who needed assistance or encouragement to eat were supported by staff. Staff knew who needed additional support to eat or required special diets, for example, fortified diets or appropriately textured food and thickened drinks.

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 by staff to access healthcare services when required. People told us they were able to see their doctor, dentist, or optician whenever they needed to. Records we looked at confirmed this.
- Staff were familiar with people's health needs, as detailed in care records. Care plans stated what people's needs were and had clear guidance for staff to help people maintain their health, including daily oral care.
- Staff shared information with each other during the day about people's daily personal care. Staff also kept notes regarding health concerns for people and action taken. This enabled staff to monitor people's health and ensure they accessed health and social care services when required. These care notes were regularly reviewed by management to check that people were being seen by appropriate professionals in a timely way.
- Health and social care professionals told us they had a positive working relationship with the staff at Nethermoor Care Home, and said staff had good knowledge of people's needs and worked well with external professionals to maintain people's health.

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

- The service was undergoing a substantial programme of refurbishment, and the provider had plans in place to ensure the building environment was more accessible and attractive for people living there.
- We could see where improvements had been made, and where work still needed to be done to ensure the environment met people's needs. For example, clear signs indicating bedrooms, bathrooms and toilets were in place. People's bedrooms had been redecorated, and communal areas were in the process of being refurbished.
- People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised. There were also adaptations for people with mobility needs. For example, handrails in corridors and bathrooms.

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.

- People and relatives said staff gained permission before offering day to day personal care. Throughout the

inspection, we heard staff ask people for their permission when offering care and support and encouraging people to make their own decisions about their daily lives.

- Staff understood the principles of the MCA and spoke with us about how they supported people to make their own decisions about their daily lives as much as possible. Where people lacked capacity to make specific decisions about their care, staff knew how to ensure care was provided in the least restrictive way possible.

- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Conditions associated with people's DoLS authorisations were met and reviewed regularly to ensure they met the principles of the MCA. This included making sure any restrictions in people's care were assessed as being proportionate and lawful.

# 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.

At our last inspection we rated this key question Good. The rating for this key question has remained 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

- People and relatives spoke positively about the staff team. One person said, "Staff are really kind and know what they are doing." A relative said, "They are very kind and can't do enough for [family member]."
- People demonstrated they felt safe in the presence of staff. People's communication whilst being supported by staff was relaxed, and showed they were happy and comfortable with the staff who worked with them.
- Staff knew people well and understood when to offer support and reassurance. We saw lots of kind interactions between people and staff.

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

- People were supported to express their views about their personal care and daily lives and make their own decisions as far as possible. Staff involved people, their relatives and health and social care professionals to develop personalised care plans that accurately reflected people's needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff knocked on people's doors before entering and closed doors when attending to people in their rooms. Staff made sure people could spend time alone in their rooms and sought people's permission before entering. One person told us they preferred to stay in their room, which staff respected, and appreciated that staff checked in with them at regular intervals to see if they needed anything.
- People's confidential information was kept securely. Information was either kept on password protected electronic devices or it was stored in lockable cabinets in locked offices. Staff understood when it was appropriate to share information about people's care. They did not discuss people's personal matters in front of others, and where necessary, had conversations about care in private.
- People's independence was promoted. Staff encouraged people, where appropriate, to do things for themselves. Care plans recorded the support people required and where to encourage people to do things for themselves.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained 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; 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 and relatives said activities were sometimes inconsistent, but that they generally enjoyed the activities they had participated in. We saw people taking part in a musical event whilst we were there, and this was enjoyed by everyone we spoke with. Staff also showed us evidence of supporting a person to participate in more physical activity, which had improved the person's balance and confidence.
- There had been recent improvements to the range of activities offered to people, although the management team acknowledged there was still work to be done on this. For example, following feedback from people, the provider was turning one room into an activities room with a bar area and was in the process of fundraising to buy sensory equipment.
- People's personal care needs were planned and reviewed at regular intervals with them to check this was continuing to meet their needs. Staff were clear that if people's needs changed, the care and support would also adapt to ensure they were supported well.
- People's records informed staff how people's care and support should be provided, based on information from people, relatives and those who knew them well. This included information about likes and dislikes, their preferred routines and how they wished to spend their day.
- Staff understood people's needs and how these should be met. Staff recorded the care and support they provided to people which helped the provider make sure people received the care and support that was planned and agreed with them.

### 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 provider followed the principles of the AIS. People's communication needs were explored as part of the care planning and review process, during which staff looked at how to support people to have access to information, in a format they could understand.
- People's communication needs were identified in their care plans; this helped staff understand how best to communicate with each person.

### Improving care quality in response to complaints or concerns

- None of the people we spoke with had any complaints about the service, but they knew how to complain and felt confident any issues would be addressed.
- The provider had a policy and process for managing complaints, which was displayed clearly in the home.
- Records showed that the service dealt with complaints and concerns appropriately and took the opportunity to learn lessons and make changes.
- Relatives also spoke positively about the last relatives' meeting instigated by the new manager. They felt this was a good opportunity to talk about the quality of care and ideas for improvements and felt they would be listened to.

#### End of life care and support

- People and relatives were supported to discuss their or their family member's end-of-life care, and staff knew how to support people and their relatives in the way they wanted. People had advance care plans in place which included, where appropriate, records of their wishes about resuscitation.

# 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 our last inspection we rated this key question Good. The rating for this key question has remained 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 provider delivered a service that had a positive and open culture which achieved good outcomes for people. Staff were dedicated to providing person-centred care and sought the best outcomes for people.
- The provider was working to promote a positive culture which was inclusive, open and empowering. This meant people, relatives and staff had a voice and were listened to.
- Since the provider took over the service in May 2022, there had been a turnover of managers, which had been challenging to people, relatives and staff. However, everyone we spoke with was positive about the new manager. In particular, people and staff commented on feeling able to make suggestions for improvement, and then seeing those implemented by the manager to make positive changes. One staff member said, "We have regular staff meetings now, lots of training, updates about residents, but we're also asked about staff wellbeing. We get asked what we think for improvements, and we get listened to."

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

- The service was well-led. The provider and manager undertook regular audits of all aspects of the service to review the quality of care. These were effective in identifying areas where improvements were needed. This included checking that people's health was maintained, as well as ensuring the environment was safe for people to live in. There was an action plan arising from checks and audits to show what action was required to improve the quality of care and who was going to do it. This included any issues which the provider had already identified through their own checks and audits.
- Staff were clear about their roles. Staff had job descriptions for their job roles so knew what they were supposed to do, and they demonstrated this throughout the inspection.
- The manager, and provider understood risks associated with providing personal care to people, regulatory requirements, and why the quality of care and performance needed to be monitored. The provider and manager notified CQC when required and informed local authorities of any adverse events if and when they occurred.

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 and manager understood duty of candour and was open and honest when things went wrong. Complaints and incidents were investigated, information shared, and apologies made where appropriate.

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

- Feedback was now being sought from people, relatives and staff about the quality of the service. The manager said this had not been done consistently in the past, and they were developing different ways of getting everyone's views.
- The management team was in the process of creating "You said – we did" boards. This was so they could put up clear information for people, relatives and staff on how feedback had been used to improve the service. We saw the staff board and noted a number of areas where staff suggestions had been acted on to make improvements.
- The management team had recently introduced "champion" roles for staff. This was to encourage staff to take ownership of a particular area of care skills, and support colleagues to improve their skills and knowledge in that area. A staff member said this was still a new idea, but they were very enthusiastic about how they could use this role to drive improvements for everyone.

Continuous learning and improving care; Working in partnership with others

- Staff and the management team recognised when people's needs changed. They made appropriate referrals and met with health and social care professionals promptly to address this. This ensured people received the care they needed.
- Feedback from health and social care professionals was positive regarding the quality of care and commitment to partnership working to achieve good outcomes for people. For example, 1 professional praised the staff for always providing clear accurate information about people's needs, and for treating people and relatives with dignity and respect. Another professional described how staff all worked together to improve the quality of life for 2 people in particular.