

The Adelaide Lodge Care Home Limited Liability Partnership

Netherhayes 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: Netherhayes is a residential care home in Seaton that provides personal care for up to older people, some of whom are living with dementia. 24 people lived at the service when we visited.

People's experience of using this service:

People were supported by staff that were caring, compassionate and treated them with the utmost dignity and respect. People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive, meaningful relationships with people.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role. People's health had improved because staff worked with a range of healthcare professionals and followed their advice.

People received personalised care from staff who knew what mattered to them. They were encouraged to socialise and pursue their interests and hobbies.

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

People and relatives said the service was safe. Staff demonstrated a good awareness of each person's safety and how to minimise risks for them. The environment was safe and people had access to appropriate mobility and moving and handling equipment needed. There was enough staff on duty at the right time to enable people to receive care in a timely way.

People's care plans were detailed and up to date about their individual needs and preferences. People's concerns and complaints were listened and responded to. The registered manager used complaints as an opportunity to learn and improve the service.

People, relatives, staff and professionals gave us positive feedback about the quality of people's care. Quality monitoring systems included audits, observation of staff practice and regular checks of the environment with examples of continuous improvements made in response to findings. People, their relatives and staff told us the registered manager was approachable, organised, listened and responded to them and acted on feedback.

Rating at last inspection: Good. (last report published 29 July 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection, the service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 ●

Netherhayes 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: An inspector visited the service.

Service and service type: Netherhayes is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced. We visited the service on 21 December 2018.

What we did: The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the home, such as details about incidents the provider must notify CQC about, for example abuse.

During the inspection: We spoke with 10 people and three relatives to ask about their experience of the care provided. We looked at three people's care records and at their medicine records. We spent time in communal areas observing staff interactions with people and the care and support delivered to them. 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 spoke with the registered manager, the nominated individual, with five other care staff and an administrator. We looked at four staff files around staff recruitment, supervision and appraisal and at staff training records. We also looked at quality monitoring records relating to the management of the home such as audits and quality assurance reports. We sought feedback from commissioners, and health and social

care professionals who worked with staff at the home and received a response from three of them.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- The service had not identified or notified any safeguarding concerns to the Care Quality Commission since the last inspection. Staff felt confident any concerns reported would be listened and responded to.

Assessing risk, safety monitoring and management

- People, relatives and visiting professionals all said the service was safe. One person said, "Staff are very good, all of them. I'm very lucky. They pop in regularly." Relatives commented; "Dad feels safe here" and "I depend on Netherhayes totally to care for my mother, she cannot swallow easily and can only take mashed, pureed and liquid food now." A health professional said, "Netherhayes has felt like a safe pair of hands."
- Staff understood the support people required to reduce the risk of avoidable harm. Personalised risk assessments included measures to reduce risks as much as possible. For example, where a person was at high risk of falls, staff sought the advice of the community falls team and followed their advice, which successfully reduced risks for the person. Another person's care plan, showed they needed staff supervision when using their walking frame, as they tended to lean backwards.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included instructions for staff and they were trained to use positive behaviour support techniques to minimise distress. This also meant use of medicines prescribed for use in these situations were kept to a minimum.
- The environment and equipment was well maintained. Individual emergency plans were in place to ensure people were supported in the event of a fire.

Staffing levels

- There were enough staff on duty at all times to keep people safe and meet their needs. A person said, "If I want anything, I only have to ring the bell and someone would be here." A staff member said, "People have choices, they can have a lie in. Staff are not rushed, we have time to spend with residents." Professionals said staff were visible around the home.
- The service was fully staffed. There were five care staff on duty each day, with two care staff overnight. Staff did extra shifts to cover any sickness or leave so people were supported by staff they knew.
- They registered manager used a dependency tool to check staffing levels met people's changing needs. For example, they put extra staff on duty when a person's support needs increased and employed evening cleaners to relieve care staff during this busy period.
- Staff had been recruited safely. All required pre-employment checks had been carried out including criminal record checks, and getting references from previous employers.

Using medicines safely

- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- People told us they were happy with the support they received to take their medicines. Each person's prescribed medicines were reviewed by their GP regularly. Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.
- Some people had been prescribed medicine to be used as required (PRN). There were clear protocols for staff to follow before administering these.
- People's medicines were safely received, stored and administered. Medicines were audited regularly with action taken to follow up any areas for improvement. For example, in relation to improving systems for recording blood results and dosage of medicine for people on blood thinning medicines.

Preventing and controlling infection

- People were protected from cross infection. The service was clean and odour free. One person said, "It's nice and clean."
- Staff had completed infection control training and followed good infection control practices. They used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- Regular infection control audits were carried out with improvement made in response to findings. For example, paper towels were introduced to prevent cross infection, and new flooring laid which was much easier to keep clean.
- A Food Standards Agency inspection in August 2017 awarded the service the highest rating of five out of five.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends, such as higher risk of falls between three and seven pm each day.
- Following a significant event where a person fell in the lounge, they made sure there was always a member of staff on duty in the lounge area.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best available evidence.

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

- People's individual health needs were assessed before they came to live at the service. Assessments were comprehensive, and people's individual care and support needs were regularly reviewed and updated. A professional said, "I knew that I could count on them to take a person at short notice if they had room, but they were realistic and said if they did not feel they could meet the person's needs."
- Care records showed staff followed evidence based practice in relation to moving and handling, nutrition, pressure area care and care for people with diabetes.

Staff skills, knowledge and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant skills to meet people's needs.
- Most staff had qualifications in care. Training methods included online, face to face training and competency assessments. The registered manager monitored all staff attended regular training and updating to keep them up to date with best practice. A staff member said, "There is lots of training, standards are very high."
- New staff had completed a comprehensive induction which included working alongside with more experienced staff. Where staff were new to care, they completed the Care Certificate, a set of national standards social care workers are expected to adhere to.
- Staff felt well supported in their work through regular supervision. At an annual appraisal they discussed their further training and development needs.

Supporting people to eat and drink enough with choice in a balanced diet

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it. Their comments about food included, "Food is very good, there is a choice each day," "What they bring is very nice."
- People's feedback about food was sought regularly and any suggestions implemented. For example, one person thought lunch was served too near breakfast for them, so their lunchtime was changed. Another person wanted more homemade soup in the evening, so this was arranged.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely. For example, where there were concerns about a person's weight, staff followed professional advice by offering the person frequent smaller meals, snacks and food supplements. Their weight records showed they had started to gain weight.

Supporting people to live healthier lives, access healthcare services and support; Staff provided consistent, effective, timely care within and across organisations

- People had access to a variety of healthcare services and professionals according to their needs. These included their GP, district nurse, dietician and a speech and language therapist (SALT). People could access

in house testing and fitting of hearing aids, and optician visits.

- People were supported to improve their health. A relative speaking about a person's return to the home following a hospital stay said, "Their physical health is improving, they are moving independently and making everyday decisions." A health professional who visited the home regularly said, "I have always found the registered manager helpful and responsive. Staff know residents well, and always offer to help or support people seeing the nurse."

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

- Improvements had been made to the building to make it provide a more comfortable and usable space for people. A new conservatory had been built off the lounge, which significantly improved the space available and brought in extra light.
- The registered manager had completed a 12 month dementia course and used the knowledge gained to make the home more suitable for needs of people living with dementia. It had been repainted in bright contrasting colours, with doors painted different colours to help people locate their room. A local artist had painted murals in a corridor area and outside to provide people with visual interest.

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

- People were asked for their consent before they received any care and treatment and staff acted in accordance with their wishes. For example, getting people's verbal consent before assisting them with personal care or getting dressed.
- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. For example, about the use a pressure mat to alert staff when a person left their bedroom, so staff could escort the person downstairs for their safety.
- 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and if conditions to deprive a person of their liberty were being met and found they were.
- Where a person who lacked capacity were subject to some restrictions for their safety, the registered manager had submitted a DoLS applications to the local authority, and were awaiting their assessment. However, there were other people with fluctuating capacity or whose capacity had deteriorated who were also subject to close supervision and restrictions for their safety. We followed this up with the registered manager, who sought further advice from the local authority DoLS team in response. Following the inspection, they confirmed they were preparing DoLS applications for several other people.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People received care from staff who developed positive, caring and compassionate relationships with them. Everyone described a "family, homely" atmosphere.
- The ethos of the home was to provide care shaped around people's individual preferences, enabling people to live the way they wished. The registered manager said, "You won't find matching things here but there is a lot of love."
- People, relatives and professionals all praised people's care. One person said, "They are very good, all of them. I'm very lucky." Relatives commented; "Staff are kind," "They do their utmost, I can't get over how patient staff are," and "She was treated with the utmost tender loving care." A health professional said, "I feel Netherhayes is an example of what a care home should be, they provide a safe and caring home."
- People told us staff knew their preferences and cared for them in the way they liked. When a person became anxious, a member of staff gently walked alongside the person and gently encouraged and praised them. Staff told us how another person living with advanced dementia gained comfort by cuddling a baby doll, which made them much calmer.

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

- People were involved in day to day decisions and in regular reviews of their care. Families of people who needed support with decision making were involved in six monthly reviews. For example, following a deterioration in a person's mobility, a decision was agreed to move the person to the ground floor.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, by allowing a person time to think when staff asked a question, so they had time to process the information and form a reply.
- The registered manager met with each person regularly to seek their feedback and suggestions and kept a record of actions taken in response.

Respecting and promoting people's privacy, dignity and independence

- People looked well cared for and said staff treated them with dignity and respect. Bedrooms, bathrooms and toilet doors were kept closed when people were being supported with personal care to maintain their privacy. Any continence aids were stored in people's wardrobes for privacy.
- People were encouraged to do as much for themselves as possible. Word and symbol signage displayed on toilet and bathroom areas helped people to find these areas independently. Care plans showed what aspects of personal care people could manage independently and which they needed staff support with. For example, that a person liked to wash themselves herself in the bath.
- Staff supported people to keep in touch with their family. A relative who lived overseas appreciated that staff kept in regular contact with them. People's rooms were personalised with family photos, personalised mementoes and soft toys.
- People were part of their local community. Several people enjoyed a communion service from their local vicar, who visited monthly. One person liked to visit the local pub regularly and another had a pet bird.

Others enjoyed visiting local shops, library and walks along the seafront. The service held open days, coffee mornings and had children from the local junior school and scouts in to visit.

Is the service responsive?

Our findings

People received care that met their needs through good organisation and delivery.

Personalised care

- People said they received care that was personal and responsive to their needs. People's comments included; "I'm quite happy here," "I'm fine, staff are very good." A relative said, "The attention given by the staff is frequent, friendly and personal." A staff member helped a person plan their day. They said, "We are going to have a nice day together, you and me."
- People told us they enjoyed the range of activities on offer which included arts and crafts, singing, dancing, a knitting group and a variety of games and quizzes and external entertainment. The service had an activity co-ordinator and care staff also did activities. People's art and craft work was proudly displayed, it included an advent calendar, poppies for Remembrance Day, and a seasonal Christmas tree.
- In the morning people enjoyed singing and dancing, and played a ball game. When a person caught the ball, the activity co-ordinator asked a question about a subject of interest to them. For example, about classic cars for one person. When a person became restless, the activity co-ordinator gave them a sensory box which the person enjoyed exploring which helped them become calm and settled.
- Where people were confined to their room or did not wish to participate in group activities, they had one to one visits to help maintain their wellbeing and prevent isolation. For example, one person enjoyed having their nails done and another like to reminisce, and talk about their family.
- People's care records were comprehensive and up to date. They included personalised details about each person's life history and preferences. Families could access the electronic records with consent to add in information about the person.
- Care plans included details for staff about the support each person needed. For example, that a person can become confused and resistant to care at times but responded well to one to one interactions with staff. Care staff praised the electronic records and said they were easier to read and kept them up to date and communicated any changes quickly within the staff team.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given.
- Each person's care plans included their individual communication needs. For example, a picture board was used to communicate with a person who was unable to speak. For a person with hearing loss, staff were asked to, "Speak up and speak directly into their ear, always face her when you can."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to. People's comments included; "I never have any concerns. Staff are always in and out. I find them all very helpful," "I can't think of any improvements, no complaints." A health professional said, "Staff have worked hard to maintain positive relationships with family members even when these have sometimes been difficult."
- The provider had a complaints policy and procedure. Written information about how to raise a complaint was provided, which was available in an accessible format.
- People said the registered manager listened and resolved any concerns. A complaint log was kept which

recorded concerns and action taken to address. For example, about a laundry issue which was discussed with staff. This showed complaints were taken seriously and used to identify further improvements.

End of life care and support

- People were supported to have a comfortable, dignified and pain-free death. A relative wrote, "Her final year could not have been spent in a better place; a great comfort to me." A health professional said, "Staff have done their best to support families at this difficult time."
- Where people had expressed any advanced decisions about resuscitation, end of life care wishes or preferred funeral arrangements which were recorded in their care plan.

Is the service well-led?

Our findings

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

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People, relatives and staff expressed confidence in the leadership at the home. Staff and professionals said the registered manager was approachable and listened. Staff spoke with pride about the service. Their comments included; "I'm proud of the home, the ambience good," and "It's my perfect job, staff are welcoming." Feedback from health professionals showed the service was "highly regarded" locally. One said, "The service has really changed and improved under her leadership, there is attention to detail."
- The culture of the home was open. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Where mistakes were made, the registered manager was open and honest with people and families and made improvements. Where any concerns about individual staff performance were identified, these were dealt with through training, supervision and where necessary, disciplinary processes.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager set high expectations about standards of care. They worked alongside staff and led by example. Staff understood their roles and responsibilities and were accountable for their practice.
- The service had a range of effective quality monitoring arrangements in place. Regular health and safety and infection control checks were completed. Audits of care records, medicines management, and regular surveys were undertaken with continuous improvements made in response to findings.
- The registered manager met monthly with the provider to discuss their findings and make further improvements. Currently, people's bedrooms were being redecorated, with a phased replacement of carpets.
- The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the home and on the provider's website.

Engaging and involving people using the service, the public and staff

- The registered manager no longer held residents' meetings, as felt they had limited value for people. Instead they met with each person regularly to seek their feedback and suggestions. For example, a person said they waited a long time for staff to respond to their call bell sometimes. A call bell audit showed this usually happened during mealtimes. So, now staff offered the person help to use the toilet before mealtimes, and checked on them more regularly to see if they needed anything.
- An annual survey of people and relatives showed they were happy with their care and quality of life. They rated the service as excellent or good overall. Health professional survey results also showed they were happy with service with no issues identified. The annual staff survey showed staff reported high morale and good teamwork.
- Staff were consulted and involved in decision making and regular staff meetings were held.

At a recent meeting with kitchen staff Christmas party food, and teatime meals were discussed with staff reminded to offer people fresh fruit each day. Care staff meetings showed record keeping, medicines management, health and safety issues were discussed. In response to staff suggestions new flannels and towels were purchased.

Continuous learning and improving care

- In the provider information return, (PIR) the registered manager outlined plans for individual staff to have lead roles in areas such as mental health, diabetes and managing incontinence training. The registered manager had completed a course in falls management. Another member of staff was undertaking a course on mental health with further courses planned for two more staff. When these lead roles are implemented, these will ensure staff follow best practice in these areas.
- The registered manager kept up to date with developments in practice through the use of the national skills for care and social care institute for excellence websites. They also met regularly with other registered managers within the provider group to share experiences and good practice ideas. They kept up to date with regulatory changes through monthly newsletters from Care Quality Commission.

Working in partnership with others

- People benefitted from the partnership working with other professionals, for example GPs, specialist nurses and a range of therapists.
- The registered manager had established positive working relationships with the district nurse team. A health professional said, "I felt I could trust the registered manager and their staff to care for residents and work alongside us in a positive, supportive manner."
- The registered manager was undertaking a pilot project with local authority care managers who had trained them to complete people's social care reviews. So far, they had done five peoples' overdue reviews. This meant people's care needs and funding reviews were being completed in a timely way, so they received the appropriate funding needed to meet their needs.