

# Nightingale Retirement Care Limited

# Nettlestead Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

This inspection took place on 8 November 2016 and was unannounced. At our last inspection in June 2015 the provider met the regulations we inspected.

Nettlestead Care Home is a family owned business registered to provide residential accommodation and care for up to 22 older people. There were 19 people using the service at the time of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives were positive about the care and support provided. Staff knew people well and treated them in a kind and dignified manner. We observed positive relationships between staff and people at the service and their relatives throughout our visit. A range of activities were provided to people to participate in both in and outside of the home.

We found improved arrangements needed to be put in place in place for the recording, auditing and administration of medicines. This was with particular regard to medicines supplied to the home in their original containers.

Staff understood how to help protect people from the risk of abuse. The service had procedures in place to report any safeguarding concerns to the local authority. Risk assessments were completed to help keep people safe addressing areas such as mobility, falls and behaviour.

Staff received the training and support they needed to effectively carry out their job roles. Staff had received training in the MCA (Mental Capacity Act) and understood the importance of gaining people's consent before assisting them.

People and their relatives felt able to raise any concerns or complaints. There was a procedure in place for people to follow if they wanted to raise any issues.

The service was well led. Managers monitored the quality of the service and made changes to improve the service provided when required. Staff and people who used the service found the management team approachable and responsive.

The service was employee owned which meant that staff were committed to maintaining high standards within the home. There was also a programme in place to identify and develop care staff within the organisation as future potential managers.

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of this service were not safe. Further improvements were required to ensure that medicines were being managed safely.

There were appropriate numbers of care staff provided to meet the needs of people who used the service.

Robust recruitment procedures were in place to help keep people safe.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Training and supervision was provided to staff to help them carry out their role and provide effective care.

Staff had an understanding of, and acted in line with, the principles of the Mental Capacity Act 2005.

People were supported to eat and drink well and received the support and care they needed to maintain their health and wellbeing.

**Good** ●

### Is the service caring?

The service was caring. People were supported by staff who were caring, kind and respectful. Their dignity and right to privacy was upheld by the staff at Nettlestead.

Relationships between staff and people receiving support were positive.

**Good** ●

### Is the service responsive?

The service was responsive. Care plans addressed people's support needs and were regularly updated.

People were supported to take part in activities and to maintain contact with family and friends.

People using the service or their representatives felt able to raise

**Good** ●

concerns or complaints.

### **Is the service well-led?**

The service was well led. Staff were well supported by managers who were approachable and listened to their views. The ethos of the home was positive and staff felt part of a team.

Quality assurance checks included audits by the provider, medicines audits and feedback surveys.

**Good** ●

# Nettlestead Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We asked the provider to complete a Provider Information Return (PIR) prior to our inspection. The PIR is a report that providers send to us giving information about the service, how they met people's needs and any improvements they are planning to make.

This inspection took place on 8 November 2016 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We spoke with four people who used the service and three visiting relatives.

We also spoke with the registered manager and six members of staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We reviewed how medicines were managed and the records relating to this. We checked four staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

## Is the service safe?

### Our findings

People using the service said they felt safe and well cared for at Nettlestead. One person said, "Yes, I feel happy here" and another person told us, "Yes, I feel absolutely safe here." Other comments included, "If I had to be anywhere, it would be here", "There's no place like home but they are brilliant here" and "The care given here is the best thing".

Medicines were stored safely and securely and the medicines supplied to the home in pharmacy dossetts were being administered correctly. We found however that the records for medicines supplied in their original containers did not consistently correspond with the quantities of medicines being kept on behalf of people using the service. We found one instance where the number of capsules left exceeded the number that should have been remaining. A second instance was found where a quantity of one medicine had been carried forward to the current month. This had not been recorded to enable the accurate tracking of quantities against the records. The audit systems in use did not include regular checks of boxed medication to make sure people were receiving their medicines as prescribed.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other aspects relating to medicines management were safe. Aside from the above discrepancies, administration records showed that people received their regular medicines when they needed them. One person told us, "They are meticulous about the drugs round." Another person said, "I have medication regularly and they watch me take it." Staff told us that they were not allowed to administer medicine to people using the service unless they had been trained to do so. The registered manager had recently attended training to enable her to assess the competency of care staff when administering medicines and these assessments were due to start within the next month.

People using the service said that there were generally enough staff on duty to meet their needs but there were times when staff were busy or unavailable. Some people and their relatives said they wanted staff to be present in the communal area at all times but sometimes they were called away. The registered manager told us that staff were consistently reminded to maintain a presence in the main lounge and we saw evidence of this in staff meeting minutes and supervision records. The majority of staff we spoke with said there were enough staff to meet people's needs and that managers would always help out if there were shortages due to last minute shift cancellations.

Staff were aware of safeguarding procedures and confirmed they had completed training in this important area. They could describe what actions to take should they become aware of abuse or poor practice. Staff said they would take immediate action to protect the person at risk and report their concerns to the managers. Policies about safeguarding people from abuse and whistleblowing provided staff with clear guidance on how to report and manage suspected abuse or raise concerns about poor practice. We saw there was information displayed for staff to follow should they need to report any concerns regarding abuse.

A computerised care planning system was in use and this enabled staff to document assessments of areas such as people's mobility, their risk of falls and of pressure ulcers developing. The system prompted staff to keep these assessments under regular review. Any falls were documented and we saw evidence of the action taken to help prevent further accidents including referral to the GP and additional prompting to use walking aids. Each assessment included the actions required to reduce the identified risk. For example, when someone was at risk of falls or malnutrition.

We looked at the systems for reporting and monitoring incidents and accidents. Paper records kept documented accidents and incidents and these were logged on the each person's care records. Any patterns or trends were then identified by the managers through quarterly audits. We noted that there were some inconsistencies in making sure that risk assessments had been updated following any falls and this was discussed with the registered manager.

We saw risks associated with the environment and equipment were assessed and reviewed. Safety checks were regularly carried out such as those for the equipment installed and fire safety systems. Hot water temperatures were tested weekly which helped to protect people from scalding when receiving personal care.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for four members of staff. Completed application forms included references to their previous health and social care experience and qualifications and their employment history. Each file contained evidence of criminal record checks that had been carried out, employment references and proof of identification.

All areas of the home were seen to be kept clean and hygienic. No malodours were noted during our inspection.

## Is the service effective?

### Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. Comments from people using the service included, "The staff do seem to be well trained", "The staff work so hard here", "They are good at their jobs" and "The staff are very professional."

Staff told us they received training to care effectively for people and meet their needs. One staff told us, "I'm always asked in supervision, do you need any more training?" Another staff member said, "I have regular supervision and training, I've just finished medicines training."

There was a training and development programme for staff that included a structured induction and mandatory learning for all new staff. The service had implemented the Care Certificate as part of their induction training for all new staff. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. It covers 15 topics that are common to all health and social care settings and became effective from 1 April 2015. New staff shadowed more experienced staff members on shift when they commenced employment.

The training programme for existing staff consisted of e-learning in the following areas, first aid, moving and handling, health and safety, fire safety, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), person centred care, nutrition and diet, medicines, safeguarding, dementia, Control of Substances Hazardous to Health (COSHH) and fire safety. Classroom training was additionally provided for moving and handling and first aid.

Staff confirmed they were supported by their line managers through regular staff meetings, one to one and group supervision meetings and annual appraisals. We saw records to support this. One staff member told us that senior staff were 'easy to talk to' and another staff member commented, "Any problems, I go to them and they sort it out."

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

The registered manager understood how the Deprivation of Liberty Safeguards (DoLS) applied to the people who used the service and had sought DoLS authorisations where required. Records showed, where people lacked mental capacity, staff sought to obtain their consent and work in their best interests. Staff completed Mental Capacity Act (MCA) training that helped them to understand issues around capacity and support people effectively. Information was also displayed for staff to reference around the MCA and DoLS.

People told us they were able to make choices about the day to day care they received, such as what they wanted to eat and drink and what they wanted to wear. We observed staff gaining people's consent and helping people to make choices. For example, staff asked people's permission before providing support with care and gave information and choices while giving assistance with meals. One relative told us that the service worked with them in the person's best interest to make sure the person received regular support with their personal care.

People using the service told us they enjoyed the food provided to them and were supported to have sufficient amounts to eat and drink. Comments included, "The meals are OK, they will do alternatives if you want", "Quantities are fine and the food is usually hot enough" and "We can have drinks at any time of the day."

People's meal preferences were recorded in their care records. A Malnutrition Universal Screening Tool (MUST) was used to assess people who may be at risk of malnutrition. Staff were familiar with the dietary requirements of people using the service, such as those who were diabetic or who needed additional support to eat.

People were supported to keep well and had access to the health care services they needed. One person told us, "The doctor visits weekly and you can see him if you are not well." Another person said "The doctor can be called if you are not well" and said they also regularly saw a physiotherapist and a chiropodist. A relative of one person commented, "The GP response is quick." Records showed the service recognised when people became unwell and took appropriate action such as requesting a visit from the GP or making a referral to other healthcare professionals involved in the person's care.

## Is the service caring?

### Our findings

People we spoke with were happy living at Nettlestead and were positive about the care staff who supported them. One person using the service told us, "The staff are lovely, very kind." Another person told us, "Most of the staff are jolly, kind and attentive." A third person commented, "We have a good rapport with the staff."

Relatives and friends visited during our inspection. One relative told us, "You couldn't have a more caring place." Another relative said, "The care is good here. The staff are lovely." One relative described Nettlestead as "A homely place."

People told us that staff treated them with dignity and respect. One person said, "The staff are very respectful, they knock on my door before coming in." Another person commented, "They do knock on the door when coming into my room." A relative said, "The staff are respectful towards residents and try to preserve their dignity when taking them to the toilet."

Staff spoke positively about the service provided and gave us examples of how they ensured the privacy and dignity of people using the service including knocking on doors and making sure the person's privacy was upheld when they received personal care. One staff member told us, "We all strive to keep people happy and independent." Another staff member commented, "Its relaxed, staff get on well with the people here."

We spent time in the communal areas observing the interactions between people and the staff who provided their care and support. The atmosphere at the service was friendly and relaxed. Our observation was that staff treated people with dignity and respect. Some staff clearly knew people very well and there was great familiarity between them and people using the service. Staff were able to tell us about individual's likes and dislikes, which matched what was recorded in individual care records. One staff member told us that they would always consult the care plan if they did not know something saying, "Anything you need to know, you can look." A relative commented, "Staff are attentive, caring and knowledgeable about [the person] and other residents." Staff members were observed to support people in a kind and sensitive manner throughout our inspection.

The care records for each person gave guidance to staff about the person, their preferences and what was important to them along with information about their life. This helped staff to know each person as an individual and personalise their care. For example, one person's care record included detailed information about their preferred daily routine, how they liked to be supported retiring to bed and possible topics for conversation.

Staff had recently been issued with small notebooks to assist them to make notes when on shift to aid communication and accurate record keeping. One staff told us how this had helped them to remember things when updating people's care notes at the end of each shift.

Meetings of regular meetings held with people using the service included discussion about activities, food,

the home environment and any concerns or suggestions. The minutes recorded where action was required.

## Is the service responsive?

### Our findings

People's needs were regularly assessed and responded to. People using the service felt that the care provided was individualised and responsive to their needs.

People's individual needs were assessed before they came to live at Nettlestead. A pre-admission assessment was completed that senior staff used to discuss with the person and / or their representatives about how they wanted to be supported. We saw the electronic care records included details related to each person's admission, their personal information and a one page profile about them.

Care plans addressed areas such as finance, mental capacity, activities, medicines, personal care, nutrition and cultural needs amongst others. All of the information we saw contained a good level of detail about the person's needs and the support they required. The electronic care plan system flagged important information for staff, any high risk areas and prompted staff to review and update records regularly.

Some people using the service said they had been involved with the planning of their care. Their comments included, "We are aware of our care plans" and "I have been part of a review of my care plan."

Care workers completed daily care records documenting the support provided to people. For example, with meals, personal care and their mood. Staff had recently been issued with small notebooks to assist them to make notes when on shift to aid communication and accurate record keeping. One staff told us how this had helped them to remember things when updating people's care notes at the end of each shift.

A full time co-ordinator was employed to provide activities at Nettlestead. They were clearly enthusiastic about their work and were assisted by other staff and regular visiting entertainers.

People using the service said, "The activities programme is good", "We do have the choice if we want to join in the activities" and "We do get out in a car sometimes." We saw monthly events and activities were planned ahead with people using the service.

Regular exercise sessions were held at the home. Other events included regular visiting entertainers, craft and quiz sessions. People using the service were able to enjoy trips in to the local community using the home's own car. Records were kept to log the activities people participated in and the programme was reviewed on a quarterly basis to make sure it was meeting people's needs. Visiting theatre and musical entertainment were provided on the day of our inspection. A religious service was held at the home each Sunday. One person told us, "We do have visiting ministers and we have a carol service at Christmas."

A copy of the complaints procedure was displayed in the front reception area. People told us they felt able to talk to a member of staff or managers if they had a concern or wanted to raise a complaint. We saw records were kept of any complaints with timescales and action taken clearly recorded.

## Is the service well-led?

### Our findings

People using the service and their visitors spoke positively about the registered manager, saying that she was visible and approachable. One person told us, "You can go to both the manager and assistant if you need to." Another person said, "On the whole it seems well managed." A third person said, "In general I think the management is good and I know who to go to if I have a problem." One relative commented, "It's well run" and "I'd recommend it."

Staff spoke positively about the registered manager and other senior staff, saying that they were visible and approachable. One staff member told us, "Very approachable people, they do listen." All of the staff spoken with said they felt part of a team and that people worked well together to the benefit of the people using the service.

Staff told us that they enjoyed working at Nettlestead and were confident about the quality of service being provided. One staff member said, "The care is brilliant. I never dread coming to work." Another staff member told us, "I would never have a problem recommending the care here, it is excellent." A third staff member commented, "I'm proud to work for this company."

Since July 2014 the provider had transitioned to becoming employee owned. Employee owned businesses are totally or significantly owned by their employees. This included operating open-book management and having employee representatives sitting on the management board. Staff spoken with were positive about the organisation that they were part of and felt that they were listened to by senior management. Regular management games were used to engage staff, develop their skills and help drive improvement within the service.

The service also operated a management pool which gave existing members of staff an opportunity to develop management skills and be ready to take up any management vacancies. A staff member was 'acting head of home' when we visited and they told us they were rostered to do this on a regular basis along with other members of staff.

There was a quality assurance system in place that included regular audits of care records, medicine administration and health and safety. These documented where any action was required and we saw they were then monitored to make sure improvements had been made. Further audits were completed by the provider looking at compliance with CQC standards and associated regulations. Other regular checks included night visits by the managers.

Weekly medicines audits checked that medicine administration record (MAR) charts were completed correctly, dated, allergies recorded and signed by care workers. More detailed monthly medicines audits also took place looking at areas such as storage, stock levels, disposal practices and information sheets. Regular meetings were held that enabled staff to discuss issues and keep up to date with current practice.

Records at the service were kept securely in office areas. A computerised system for care planning and risk

assessment helped staff to make sure that information was fully maintained and kept confidential by password protection.

The organisation had received accreditation from an external organisation which recognised that it had attained set standards in providing retirement care for older people. The service engaged with the local community through sponsorship of a local bowls team.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not being protected against the risks associated with the unsafe use and management of medicines.