Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Nethermoor Care Home

50-52 Bridge Street, Killamarsh, Sheffield, S21 1AL

Tel: 01142481418

Date of Inspection: 08 July 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Statement of purpose	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Nethermoor Care Home Limited
Registered Manager	Ms. Sonia Vallance
Overview of the service	Nethermoor is a care home with nursing for older people, some of whom have dementia. The home is situated in the town of Killamarsh in north Derbyshire close to the border with South Yorkshire.
Type of services	Care home service with nursing Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 July 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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

What people told us and what we found

On the day of our site visit to Nethermoor there were seventeen people living at the home.

We were told that the registered manager had left her post at the beginning of June 2013. The Care Quality Commission had not been notified of this, although a notification was received the day after the inspection visit.

We carried out a Short Observational Framework for Inspection (a SOFI) during this inspection visit. This involved observing activity in the home for an hour over the lunch period. This enabled us to see how the staff spoke with people, and how they offered help and support. This method of observation is also very useful for identifying issues relating to privacy, dignity and respect. Our observations showed that people were treated with respect, and that staff had good relationships with the people who live at the care home. We saw staff offering support and encouragement in a pleasant, friendly and helpful manner. We particularly noted one staff member who made good eye contact and spoke to people in a very positive and supportive way.

We spoke with three people who live at Nethermoor. One person said: "I'm very settled thank you, the staff work very hard, and I am very happy." A second person said: "I've got everything I need, and the staff are very kind." The third person said: "Have you seen the painting on the wall outside? We did that with the staff. They worked very hard, and it's much, much better."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Regulation 18 of the Heath & Social Care Act (2008) which relates to consent was amended in 2012. This was to take account of the Mental Capacity Act (2005) and the amended regulation is more specific in relation to obtaining consent, particularly from those persons who are unable to give their own informed consent.

We looked at four people's care files. We saw that there were some examples of people signing in their care files to show their agreement with their care plans.

Capacity is defined in the Mental Capacity Act (2005) as: "The ability to make a decision about a particular matter at the time the decision needs to be made." We saw that several people who live at Nethermoor either lack capacity, or their capacity varies from time to time. We saw that some people had capacity assessments in their care files, with best interests decisions recorded, to guide staff, where the person was unable to make their own decision relating to their care.

During our visit we saw that there were care plans in place regarding the restriction of peoples' movement through the use of keypads and locked doors. We discussed this with the manager who showed us documentation to support that the decisions had been taken in the person's best interests.

We also saw that there was 'Do not resuscitate' documentation in some care files. These were also discussed with the manager. The documentation met with the requirements, however the manager said that she was not happy with some aspects and would be reviewing the documentation with people's G.P.'s.

Nethermoor have a Facebook page on the internet, and we saw that one person who lives at the home had used the Facebook page to communicate with family members overseas. This person had given their consent to using photographs on the Facebook page, and understood that anyone could see their photograph anywhere in the world. The manager

said that there were other photographs that were being considered for use on the page; however people's consent had not been gathered. As a result of the discussions the consent form used to gain people's permission for use of their photographs had been updated to include the internet. The manager said that no person living at the care homes' photograph would appear on the Facebook page until they had given their express permission to do so.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People who live at Nethermoor experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We saw the care files for four people. Each file had an assessment of need completed by the staff, and in some cases there were also assessment documents completed by a social worker from the local authority. Within each of the four files we saw monitoring forms for falls, nutrition and tissue viability. We saw that care plans had been reviewed monthly, and we saw examples of updated assessments which corresponded to information in the review documents.

Over the lunch period we spent an hour observing what was happening within the dining room and lounge. This was part of the Short Observational Framework for Inspection (SOFI) method of inspecting. We saw that staff spoke with people in a respectful manner and took the time to offer assistance to those people who needed it. We saw that staff offered encouragement in a positive manner, and we saw that choice was offered in both the choice of meal and in the level of assistance provided. Staff asked people if they needed any help, and where this was provided, it was done respectfully. With staff being focussed on the individual.

We saw that people who lived at the care home had health related care plans and risk assessments in place, which enabled the staff to monitor and record any information related to an individual's health.

We spoke with three people who live at Nethermoor. All three appeared well cared for, and spoke positively about their experiences in the home. One person said: "I'm very settled thank you, the staff work very hard, and I am very happy." A second person said: "I've got everything I need, and the staff are very kind." The third person said: "Have you seen the painting on the wall outside? We did that with the staff. They worked very hard, and it's much, much better."

Each of the files we saw had a list of health and social care contacts, and hospital appointments with health care professionals including the person's own doctor were also recorded. Within each of the four care files we also saw a falls diary which recorded any falls the person had had, together with any other relevant information about the fall, which would be useful to the staff in monitoring the situation.

We saw that there were several risk assessments in people's files, and that the risk assessments were attached to a care plan, which gave staff guidance and support in managing the risks.

In addition we saw that there was an audit tool in each of the four care plans that we saw, with evidence of management monitoring and assessing the care records for each person. This showed that the care plans were being monitored by the manager, and any issues were being followed up and dealt with.

We also saw that everyone had a personal fire evacuation plan based on risk for the individual. This was colour coded based on risk, which quickly identified which people needed the most help in being evacuated in an emergency.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who live at Nethermoor were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse from happening.

Reasons for our judgement

We saw the care home's safeguarding policy, and documentation for making a safeguarding referral should the need arise. The resources for safeguarding included the relevant telephone numbers to make a referral. We saw that there was a copy of the safeguarding adult's poster and information leaflets on display in the foyer. The poster gave information to anyone who either lives in the home or any visitor about safeguarding, including the contact details for the local authority.

We carried out a Short Observational Framework for Inspection (a SOFI) during this inspection visit. This involved us observing for an hour over the lunch period. This enabled us to see how the staff spoke with people who live at the home, and to see how comfortable and relaxed people were in their home surroundings. Our observations did not raise any concerns, and people appeared relaxed and comfortable with the staff.

We saw the home's staff training records and these showed that the majority of staff had undertaken the necessary and relevant training in keeping people safe. We saw that the staff who had not received the relevant training had been identified as needing to have their training updated and we were shown plans to deal with this.

We also saw the home's safeguarding records and these showed that there had been one referral made to the local authority in relation to safeguarding adults in the past twelve months. Discussions with the manager about this referral and a review of the documentation identified that the safeguarding referral related to individual staff practice, and had been triggered by a complaint from relatives. The necessary notification about this incident had also been sent to the Care Quality Commission in line with the regulations. We saw that the local authority had decided that the home had taken appropriate action, and no further action was required.

We saw that some people had bed rails in place to help keep them safe, and reduce the risk of them falling out of bed. We saw that there were risk assessments related to bed rails in place in a file, and discussions with staff members identified that they understood the risks associated with the use of bed rails.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We were taken on a partial tour of the building and grounds including some of the bedrooms. We saw that the majority of the bedrooms were of a good size, with most having an en-suite toilet. We noted that there were no unpleasant odours, and we found the premises to be clean and tidy.

Nethermoor had recently had an art therapy student on placement, and they had been responsible for painting a mural on the walls in the courtyard area, depicting the seaside. Several of the people who live at Nethermoor had helped in the painting, and they also commented on the mural, all of them thought it was very good, and a big improvement.

The upper floor of the building was not being used for care, and all of the occupied bedrooms were on the ground floor. We saw that bedrooms were well personalised, and comfortable.

We spoke with the manager about routine maintenance, and checks. We were shown a variety of records which showed for example: that the fire alarm system and the passenger lift had been serviced within the expected time frame, and the records showed that they were working correctly at the time of the service. Observations made during our visit did not raise any concerns.

Therefore the records and our visual tour showed that the premises were safe, and the risks associated with unsafe premises had been considered.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

During our tour of the building we carried out a visual check of various items of equipment. We had no concerns regarding the safety of any of the equipment that we saw.

We also spoke with staff in the kitchen, who said that they were satisfied with the equipment available to them. Staff said that the equipment was more than adequate to cater for the people in the care home, and there were maintenance contracts to ensure that equipment was serviced and in good working order.

We saw the file which contained all of the records relating to the maintenance of the equipment in the building. We were shown the maintenance contract and details of the last scheduled inspection and maintenance for all of the items of equipment we identified. We also saw that the PAT (Portable Appliance Testing) testing of all portable electrical equipment (anything that had a plug on it) had been completed in July 2013. We saw that the five year electrical safety certificate which was dated 12 October 2012. The records and certificates showed that the provider understood the importance of safe and suitable equipment.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People who live at Nethermoor were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at six personnel files for members of staff working at Nethermoor. The files were from a range of different staff grades, and for staff with different lengths of service. Each file contained the necessary documentation to demonstrate that staff had been recruited in a safe and appropriate manner.

Documents included evidence of a Disclosure and Barring Service Check (DBS) which was formerly known as a Criminal Records Bureau check (CRB). These showed that appropriate checks were undertaken before staff began working at the home. We also saw application forms, which identified the person's previous experience and skills, two written references, and in some cases evidence of a medical assessment that the person was fit to do their job. We also saw that some people had the interview notes in their file, which showed that the interview process had been robust.

Nethermoor does provide nursing care, and employs nurses to deliver care. We saw that the nurses registration with the Nursing & Midwifery Council (NMC) was checked on a six monthly basis through the NMC website.

Staff we spoke with told us about the recruitment process used by the provider. Staff also told us that they had completed an induction programme prior to starting work in the centre and that this had involved shadowing more experienced members of staff.

Statement of purpose ✓ Met this standard

The service must tell us about what kinds of services it provides

Our judgement

The provider was meeting this standard.

People who lived at Nethermoor benefited from the knowledge that the Care Quality Commission was informed of the services being provided.

Reasons for our judgement

We saw the statement of purpose for Nethermoor. The statement of purpose contained the information that the Health and Social Care Act (2008) required.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of the service that people receive at Nethermoor.

Reasons for our judgement

We noted that there had been a number of improvements at the home since our last inspection visits in June and October 2012. These included increased night staffing levels, improvements to the care plan records and risk assessments, and improvements to the environment.

We saw that the provider was making regular visits to Nethermoor and completing monitoring reports approximately once a month to audit the quality of the service. We saw reports dated: 8 January 2013, 20 March 2013, 3 May 2013 and 20 July 2013. Discussions with the manager and a review of the reports showed that the audit process by the provider was thorough and covered a wide range of topics.

The manager showed us that a number of internal audits were also taking place within the home to check on the quality of the service, and we were shown for example: a medication audit, care plan audits and minutes of meetings with domestic staff to discuss the quality of the cleaning. The manager also demonstrated how information from the audits was used to improve and monitor the activity in the care home. This was done through action plans that were generated to address any issues that had been highlighted, together with discussions in team meetings, which took place approximately every two weeks. We saw the minutes of the last two team meetings dated 3 June 2013 and 24 June 2013, and saw that issues relating to quality had been discussed.

We saw that there were meetings held for people who live at the care home, and we saw the minutes of these meetings, and how people had the opportunity to comment on the service that they were receiving, and raise any concerns or issues. The date of the most recent meeting was 20 June 2013.

We also saw that questionnaires were sent out to people living at the care home, their families and staff. This was done through head office, and the latest questionnaires were due to be sent out shortly. We looked at questionnaires that had been sent out previously, and saw how the results had been evaluated.

We looked at the records of complaints received by the home, and saw that there was a complaints procedure on display to inform people how to complain and who to. The records showed that there had been one complaint in the last twelve months, and this had resulted in a safeguarding referral to the local authority.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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